

2021 Proposed Convention Resolutions



**Compiled By
The 2021 Resolutions Committee
John Margowski, Chair
Sharon Hodge, Staff Advisor
For Consideration at the
Twentieth National Convention
Greensboro, NC
November 2-6, 2021**

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AGENT ORANGE/DIOXIN COMMITTEE

Committee Resolutions offered for retirement

AO-15 Government's Responsibility for Veterans Right to Know
AO-16 Blue Water Navy Exposures during Vietnam War

Resolutions Adopted by the Committee

AO – XX

Submitted by Salvadore Farina– Proposed Resolution 15

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 685

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Agent Orange

Is this a revision of an existing Resolution? No

1 **Issue:** Whereas the National Academies of Sciences, Engineering and
2 Medicine, update 11, March 10, 2021, to the 117th Congress, Veterans
3 Affairs Committee, made the decision to change the classification from
4 limited or suggestive to sufficient evidence of an association of
5 Hypertension to Agent Orange.

6
7 **Background:** A 2016 study by VA researchers, Yasmin Cypel and
8 colleagues, clearly showed that self-reported Hypertension rates were
9 highest among those military personnel with the greatest opportunity for
10 exposure to Agent Orange.

11 **Proposed Position:** Now and therefore be it resolved, by the Vietnam
12 Veterans of America at the 2021 National Convention, assembled in
13 Greensboro, North Carolina on November 2-6, 2021, hereby address the
14 Congress of the United States of America, Veterans Affairs Committee and
15 the President of the United States of America to include Hypertension to the
16 list of presumptive diseases associated to Agent Orange.

Resolutions NOT adopted by the Agent Orange/Dioxin Committee

Submitted by Danny Lee Slaughter– Proposed Resolution 2

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Agent Orange

Is this a revision of an existing Resolution? No

1 **Issue:** Post Peripheral Neuropathy

2 **Background:** Most early discharge Vietnam Veterans did not know about
3 Peripheral Neuropathy until 10 years after discharge or that we could use the
4 VA

5 **Proposed position:** Change Peripheral Neuropathy date starting from 1
6 year after discharge for anybody who has PN included in AO disability

GOVERNMENT AFFAIRS COMMITTEE

Committee Resolutions offered for retirement

G-19 Dependent Indemnity Compensation (DIC)

Committee Resolution Proposed for Transfer

GA-14 State Veterans Homes
Transfer to the Public Affairs Committee

Resolutions Adopted by the Committee

GA-XX

Submitted by Jeff Harbin– Proposed Resolution 7

Has this Resolution been endorsed by a Chapter? No
Has this Resolution been endorsed by a State Council? No
Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Dates of Eligibility for Vietnam Service Medal

2 **Background:** The current end date of eligibility for the Vietnam Service
3 Medal is March 28, 1973. Eligibility was later amended to include April
4 29th and April 30th, 1975. Between March 28th, 1973, and April 29th, 1975,
5 hundreds of Marines and other servicemen served in Vietnam at the
6 Embassy and Consulates throughout Vietnam but remain ineligible for the
7 Vietnam Service Medal.

8 **Proposed Position:** Amend the eligibility dates for the Vietnam Service
9 Medal to include the period between March 28, 1973, and April 29th. 1975.

Resolutions NOT Adopted by the Government Affairs Committee

Submitted by Carl J. Cieslikowski– Proposed Resolution 6

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? Yes GA-21

1 I renewed my membership last year, but I was actually a member 30
2 years ago in Monterey County. I also founded Vietnam Veterans of
3 Monterey County. So, I do have some understanding of the needs of
4 Vietnam Veterans.

5 This document is offered to address the issues surrounding GA-21. I have
6 offered the following as some possible solutions to the issue of limited
7 membership going forward. I am opposed to changing the name for the
8 reasons stated below.

9 **Problem:** Future membership will decrease because of natural death.

10 **Presented solutions:**

11 *Study what other similar veteran organizations have done to increase
12 membership, i.e., Study what the Daughters of the American Revolution
13 has accomplished to foster membership throughout the centuries.

14 * Make spouses or designated family members, associates until the Vietnam
15 Veteran principal has passed, at which time they become fully invested into
16 the organization with all the rights and privileges. And continue with this
17 format.

Government Affairs, Continued

Submitted by George Swift– Proposed Resolution 11

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 47

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Maintain Vietnam Veterans of America as a "last person standing"
2 organization without changing its name.

3 **Background:** Over the years the Vietnam Veterans of America, Officers,
4 and Board members have attempted to expand our organization's
5 membership to include all veterans who served after the Vietnam era. In
6 2019 GA-21 was adopted and will be voted on in 2021 at the National
7 Convention.

8 **Proposed Position:** Vietnam Veterans of America, its Officers and Board
9 members be prohibited from changing the organization's name and/or
10 creating any new veteran's organization to replace our current one; thus
11 making us a "last person standing" organization.

12 **We ask the proposed changes be presented to the delegates at the 2021**
13 **convention for ratification.**

Submitted by Jerry Orlemann– Proposed Resolution 14

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? Yes GA-17

1 **Issue:** The construction of permanent, supportive housing for Veterans
2 on the West Los Angeles Veterans Affairs (WLAVA) Medical Center
3 campus comprised of approximately 388 acres located in the heart of Los
4 Angeles.

5 **Background:** In March 1888, the United States received a donation of
6 the land, now comprising the WLAVA campus, from John P. Jones,
7 Arcadia B. DeBaker, and John Wolfskills, for the specific purpose to be
8 used to establish a Pacific Branch of the National Home for Disabled
9 Volunteer Soldiers. The Federal government maintained this purpose for
10 the property with fidelity until the 1970's. Following damage from the
11 1971 Sylmar earthquake, the VA began transitioning away from housing
12 with much of the property ultimately being leased to private, non-Veteran
13 focused companies (e.g., a rental car business, a hotel laundry facility,
14 etc.).

15 In June 2011, Valentini et al. v Shinseki et al. was filed in U.S. District
16 Court on behalf of homeless veterans, Vietnam Veterans of America, and
17 Carolina Barrie (a descendant of the family that donated the land to the
18 government) for misusing the WLAVA campus. The suit argued that the
19 388-acre campus, donated to the federal government in 1888 for the
20 purpose of being a National Home for Disabled Volunteer Soldiers, was
21 misappropriated for uses that in no way provided housing or healthcare
22 services to veterans.

23 The Honorable S. James Otero ruled in August 2013 that the VA violated
24 federal law when it leased portions of its WLAVA campus to 11
25 businesses and organizations for purposes unrelated to Veterans'
26 interests. The court did not specify remedy and encouraged settlement
27 negotiations between the parties.

28 In January 2015, VA Secretary Bob McDonald and Plaintiff Partners
29 signed the "Principles for Partnership and Framework for Settlement"
30 agreement which called for the creation of a veterans homelessness
31 strategy, mutual cooperation in the development of a Master Plan to set
32 out the most effective use of the campus for veterans, development of an
33 exit strategy for leases not pertaining to veteran healthcare or housing,
34 and the creation of a non-profit entity to assist in such efforts. Both
35 parties also agreed to file a joint motion to the District Court that would
36 vacate its judgment in Valentini v. McDonald.

37 A Draft Master Plan was created and signed by VA Secretary Bob
38 McDonald on January 28, 2016. Key to the creation of the Master Plan,
39 and stipulated in the Partnership Agreement, was the solicited input from
40 a full range of stakeholders in determining how best to use the campus in
41 a Veteran-centric manner so that Veterans living on or visiting the
42 campus would experience superior care, support, convenience, and
43 customer service. The results of this outreach, which included input from

44 thousands of Veterans (including representatives from Vietnam Veterans
45 of America) in working sessions throughout LA county, a public
46 comment period that collected a record number of entries (1,002) on the
47 federal register, and several surveys led to the goals used to drive the
48 Plan.

49 The West Los Angeles Leasing Act of 2016 reauthorized leasing activity
50 on the WLAVA campus under specific Veteran-centric activities e.g.,
51 supportive housing, health and wellness, education, vocational training,
52 legal and federal benefits assistance, family support services, and
53 transportation. The act also required the formation of a Federal Advisory
54 Committee (FAC), the Veterans and Community Oversight and
55 Engagement Board (VCOEB), assigned to three functional areas of
56 expertise: Master Plan, Services, and Outreach. The VCOEB was
57 established on June 1, 2017.

58 In July 2018, VA released solicitation in a competitive bid process for
59 private sector affordable housing construction and financing services. The
60 West L.A. Veterans Collective LLC (WLAVC) comprised of three well-
61 respected Los Angeles based organizations: Century Housing
62 Corporation, U.S. VETS, and Thomas Safran & Associates, was selected
63 as Principal Developer in November.

64 During the first week of October 2019, members of the VA/Central
65 Office, Office of General Counsel, conducted a series of meetings with
66 VSO representatives and WLAVA staff, the primary purpose of which
67 was to 'brainstorm' regarding funding for the development of supportive
68 housing on the WLAVA campus. Discussion centered on how to increase
69 funds available for building and to address a \$100 million infrastructure
70 shortfall. The VA was legally prohibited from building housing, so the
71 money for housing at WLAVA came from the enhanced use leases.

72 The two primary means discussed for accomplishing that were regarding
73 the funds from easements (e.g., the Purple Line) and funds from
74 money/property seized (e.g., from Richard Scott, the Westside parking lot
75 operator). However, that would require legislative changes to the West
76 Los Angeles Leasing Act of 2016.

77 In late October, VSO representatives (including from Vietnam Veterans
78 of America), and community Veterans advocates (including a member of
79 Associates of Vietnam Veterans of America) met with Congressman Ted
80 Lieu.

81 Discussion centered on funding means and sources. On June 23, 2021,

82 President Biden signed the West Los Angeles VA Campus Improvement
83 Act of 2021 into law allowing the VA to spend revenue generated
84 through land-use agreements on campus to help fund housing, services
85 and infrastructure upgrades, and making approximately \$10 million
86 immediately available for wrap-around and supportive services.

87 **Proposed Position:** Vietnam Veterans of America supports the
88 continuous progress of the WLAVA Master Plan and the WLA Principal
89 Developer in the construction of approximately 1,691 units of permanent,
90 supportive housing on the WLAVA campus as a home for Veterans.

MEMBERSHIP AFFAIRS COMMITTEE

Resolutions Adopted by the Committee

M-XX

Submitted by James Ulinski– Proposed Resolution 8

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 349

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Membership Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** 32,517 Korean Veterans served in Vietnam from 1967 until the end
2 of the war at the request of the U.S. Currently approximately 3,000 Korean
3 American Veterans live in the U.S., but not permitted to join our Vietnam
4 Veterans organization and have a separate organization.

5 **Background:** 5,099 Korean soldiers were killed and 10,962 injured in
6 Vietnam. They served with the same honor, sense of duty, and valor as we
7 did. These patriots and citizens continue to fight for the same values as our
8 VVA does. Where they were born should not matter.

9 **Proposed position:** Vietnam Veterans of America should allow our Korean
10 Vietnam American Veterans brothers to become full fledged members of our
11 great organization. They had our backs many years ago and we should have
12 theirs now. None of our brothers should be left behind. It should be noted
13 that our chapter voted unanimously on this proposed convention resolutions.

Resolutions NOT adopted by the Membership Affairs Committee

Submitted by James Barnes– Proposed Resolution 3

Has this Resolution been endorsed by a Chapter? No

Enter Chapter number:

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Membership Affairs

Is this a revision of an existing Resolution? No

- 1 **Issue:** Vietnam and other Conflicts of America
- 2 **Background:** NA
- 3 **Proposed Position:** New Members

MINORITY AFFAIRS COMMITTEE

Resolutions Adopted by the committee

MA-XX

Submitted by Frederick Gasior – Proposed Resolution 4

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 126

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Minority Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Health care and adhering to “Never Again will one Generations of
2 Veterans Abandon Another”

3
4 Today there are over 2800 Korean American War Veterans who are
5 American citizens. These men and women served alongside and
6 independently in the air, sea and ground of South Vietnam from 1964 to
7 1973. They were exposed to many perils including Agent Orange related
8 illnesses and disease. Today many of these troops are falling ill due to their
9 Agent Orange exposure. Medical care is not available to them through the
10 VA Healthcare system. The conventional medical community has very little
11 knowledge of the effects or treatment of Agent Orange related illnesses.

12
13 Today, the VA and our government has not reached out to the U.S. Korean
14 community with any information or assistance relating to war time illness.
15 No treatment has been made available for Agent Orange diseases, PTSD or
16 other combat affiliations.

17 The United States government has been supporting the reclamation of toxic
18 exposed land in South Vietnam. The war is long over and we have restored
19 the economy of the new unified Vietnam. We have embraced our former
20 enemy, supplied technical and material aid, and free medical assistance to
21 their population.

22 Our government has abandoned our South Korean allies and fellow veterans;
23 but has embraced and supported a former enemy, North Vietnam: Our
24 government should no longer abandon our South Korean allies and fellow
25 veterans. It should instead be supporting our fellow Korean combatants in a
26 way equal to our benefits and of course to the embrace and support it is
27 providing to our former enemy, North Korea.

28

29 **Background:** In 1964, the Government of the United States asked South
30 Korea to join in a coalition of allied nations for the prevention of
31 Communism in Southeast Asia. This coalition led to the insertion of combat
32 troops into South Vietnam. During the period 1964 – 1973 the nation of
33 South Korea had over 330,000 troops deployed in South making South
34 Korea second largest combat force in South Vietnam. South Korean troops
35 had over 10% casualties with more than 5,000 KIA.

36

37 South Korean troops were deployed throughout South Vietnam including
38 the waterways inland and the South China Sea. These troops supported and
39 protected United States forces in II Corp and the Central Highlands and
40 other places. The actions of the South Korean troops have been widely
41 acknowledged in securing areas within South Vietnam that had been
42 uncontrollable and had provided sanctions to enemy troops.

43

44 Time is not on the side of these brave men and women. The effects of Agent
45 Orange exposures and related diseases have thinned the ranks of this aging
46 veteran population. Medical care in the United States is not available
47 through the VA for diagnosis or treatment. These men and are the forgotten
48 ally who fought and died with our troops in the land, sea and air of Southeast
49 Asia.

50

51 Once we, American Vietnam Veterans, were the forgotten warriors of a war
52 no one wanted to remember. It took us many years to have our government
53 recognize, diagnose and treat illnesses afflicted on us by our war time
54 exposure. Today we are still fighting and will continue for yesterday's
55 Veterans, today's Veterans and future Veterans.

56

57 Our South Korean American Veterans are now suffering and are in the same
58 position we were in. Are we going to abandon these Veterans? The
59 resources to help these men and women are available now. War has no

60 winners, but for us to ignore and abandon the South Korean warriors who
61 fought by our side for liberty, democracy and freedom is immoral. They
62 suffer and struggle and their families are asking WHY are they forgotten?

63

64 **Proposed Position:** We ask the Vietnam Veterans of America to use their
65 resources to support HR 5590 (KOREAN AMERICAN VALOR ACT)
66 currently in congressional committee. This bill is related to gaining VA
67 healthcare benefits for South Korean Vietnam Veterans who served in
68 Vietnam from 1964 - 1973 and are now American Citizens. These veterans
69 need access for healthcare diagnosis and treatment for alt related illness
70 pertaining to their service in Southeast Asia. All Congressional
71 representatives must be made aware of the importance of supporting this
72 bill.

Resolutions NOT Adopted by the Minority Affairs Committee

Submitted by Charles Odom– Proposed Resolution 9

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 1057

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Minority Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Because of the heightened tensions between political parties in this country
2 many ethnic groups are divided into different camps based on perceived or actual
3 belief systems leading to discord and increased sensitivities and failures to
4 establish meaningful dialogue between races for example. Dealing with this has
5 been a problem within various chapters in the VVA. Many have not established
6 guidelines for their chapters to deal with these issues.

7 **Background:** I know that many members have taken umbrage with others who
8 may say "All Lives Matter" or "Black Lives Matter" or "White Privilege" or
9 accusations that someone may not be woke enough, when no slight was intended

1 or implied. These types of comments invite discourse and discussion but rarely
2 have meaningful dialogues ensued.

3 **Proposed Position:** I propose that a national committee be formed that would
4 formulate guidelines after discussion and consults with professionals and educators
5 and or representatives of the major ethnic groups. That would help us to mitigate
6 incidents before they escalate and possibly result in animus formed in some of the
7 membership. I had several meetings with chapter leadership and appointed a
8 Minority Affairs committee within the chapter where we discussed these issues and
9 then the Election and COVID created both discord as well as COVID shutting
10 down further dialogue. I would be happy to share a workbook that I created that
11 gave us the topics and how to discuss peacefully them with each other. VVA
12 National should be out front with this sort of training for the chapters so that each
13 member becomes an ambassador of change with respect to understanding these
14 issues and to see each other's viewpoint. Thank you for your consideration.

POW/MIA COMMITTEE

Resolutions NOT Adopted by the Committee

Submitted by Gene Spanos– Proposed Resolution 1

Has this Resolution been endorsed by a Chapter? No

Enter Chapter number:

Has this Resolution been endorsed by a State Council? No

Responsible Committee: POWMIA

Is this a revision of an existing Resolution? No

1 **Issue:** Missing In Action world-wide abandoned in place. Vietnam-Laos-
2 Cambodia-China-Russia-North Korea-Germany-Japan vs. Improper Use of USA-
3 DOD-DPAA solicited JFR - JFI Updates by VVA Staffer.

4 **Background:** To wit; That all information must be forwarded via proper USA-
5 DOD channels to the MIA impacted families without any interference by the
6 national league of families and Mrs. AMG who at this date continues to run ramrod
7 over he impacted families as stated in the recently completed POW-MIA impacted
8 family survey. To also include the behind the backs of the people while having
9 knowledge of the 2007 empty casket held at JBPH tarmac incident(s). Per AMG
10 who knew in advance of this scam yet remained quiet not wanting to seek justice
11 against those responsible still to this date.

12 **Proposed Position:** Whereby; the need to see that all miss9ng in action are
13 located recovered and identified. Whereby, that all MIA gravesites are fully
14 investigated and never walked away from per the ongoing (MEL) Master
15 Excavation Listings country by country.

PUBLIC AFFAIRS COMMITTEE

Committee Resolution Transferred

GA-14 State Veterans Homes proposed for transfer from the Government Affairs Committee. If adopted, **(P-XX) State Veterans Homes**

Resolutions NOT Adopted by the Committee

Submitted by Charlie Saulenas Proposed Resolution 5

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 53

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Public Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** The plan is to simply ask, at all public events where our flag is saluted or
2 our National Anthem sung, for all active service and military veterans to the stand
3 up and be recognized. They will be invited to stand before the pledge or Anthem.
4 The announcer will make a statement to the effect that 'We honor those who make
5 it possible for us to be here today!'

6 Experience has shown that the process of inviting active service and military
7 veterans to stand and be recognized takes approximately five seconds and involves
8 no monetary expense. But it means so much those who have served our country.
9 This recognition is referred to as the S.A.F.E. (Salute our Armed Forces Everyday)
10 program.

11 **Background:** Military service to the United States of American requires devotion
12 to duty and a willingness to sacrifice personal comfort and safety. Inherent in
13 military service are stresses and even traumatic stress for some. Recognition of
14 veterans and active-duty personnel by fellow-Americans is both deserved and
15 appreciated. For some, this recognition can be therapeutic as they struggle with
16 suicidal thoughts and other effects of traumatic stress from combat.

17 **Proposed position:** Endorse the S.A.F.E. Program and promulgate it for
18 implementation nationwide. The Board of Chapter 53 has approved the newest
19 program to honor our men and women in uniform who do so much to make this

20 world a safer place. This recognition is referred to as the S.A.F.E. (Salute our
21 Armed Forces Everyday) program. The plan is to simply ask, at all public events
22 where our flag is saluted or our National Anthem sung, for all active service and
23 military veterans to stand up and be recognized. They will be invited to stand
24 before the pledge or Anthem. The announcer will make a statement to the effect
25 that 'We honor those who make it possible for us to be here today!' Experience has
26 shown that the process of inviting active service and military veterans to stand and
27 be recognized takes approximately five seconds and involves no monetary
28 expense. But it means so much those who have served our country.

Submitted by Robert Chiota – Proposed Resolution 12

Has this Resolution been endorsed by a Chapter? Yes

Enter Chapter number: 53

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Public Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** A Recommended Program to increase Public Awareness of Veterans
2 Military service to the United States of America requires devotion to duty and a
3 willingness to sacrifice personal comfort and safety. Inherent in military service
4 are stresses, including traumatic stress for some. Recognition of Veterans and
5 active-duty personnel by fellow-Americans is both deserved and appreciated.
6 Currently less than 1% of the United States population serve in the military. This
7 recognition can be therapeutic as many struggles with suicidal thoughts and other
8 effects of extreme stress from exposure to combat. No matter where a service
9 member is stationed, they pledge to defend the Constitution including making the
10 ultimate sacrifice.

11 **Background:** In keeping with the spirit of Vietnam Veterans of America’s very
12 First adopted resolution, “Never again will one generation of veterans abandon
13 another” The plan is to simply ask, at all public events where our flag is saluted or
14 our National Anthem sung, for all active service and military veterans be asked to
15 stand up and be recognized. The announcer will make a statement to the effect
16 that “We honor those who make it possible for us to be here today!” Experience
17 has shown that the process of inviting active service and military veterans to stand
18 and be recognized takes approximately five seconds and involves no monetary
19 expense. But it means so much to those who have served our country. This
20 recognition is referred to as the S.A.F.E. (Salute Armed Forces Everyday)
21 program.

22 **Proposed Position:** Vietnam Veterans of America, Inc. National Council at the
23 National Convention, Greensboro NC 2-6 November 2021, affirms its
24 commitment to all Veterans of Military service to the United States of America
25 and Endorses the S.A.F.E. Program and its promulgation for implementation
26 nationwide.

27

VETERANS BENEFITS COMMITTEE

Committee Resolutions Offered for Retirement

- VB-6 Just Compensation for Injuries Sustained by Active-Duty Military Personnel
- VB-9 DVA Implementation of U.S. Court of Appeal for Veterans Claims
- VB-10 Veterans Benefits & Services
- VB-11 Veterans Benefits System
- VB-16 Copy of Military Records upon Discharge

Resolutions Adopted by the Committee

VB-XX

Submitted by Alec Ghezzi– Proposed Resolution 13

Has this Resolution been endorsed by a Chapter? No
 Has this Resolution been endorsed by a State Council? No
 Responsible Committee: Veterans Benefits

Is this a revision of an existing Resolution? No

1

2 **Issue:** Ensure that taxpayer-funded medical examinations provided to
3 veterans by VA are adequate.

4 **Background:** Although VA has been required by law, for decades, to
5 provide veterans with free competent medical examinations to support their
6 claims for disability benefits, it has never succeeded in implementing a
7 system to ensure compliance with CAVC standards.

8 Initially performed by the Veterans Health Administration (VHA), these
9 exams have been outsourced to contractors such as QTC and LHI at
10 progressively greater rates over time. VA’s stated goal is to fully privatize
11 the C&P examination process within the next few years.

12 While these contractors have been adept at managing the scheduling aspect
13 of the process, VVA has observed no meaningful efforts to ensure that
14 medical professionals hired by them provide an “adequate” examination.

15 This term has been clearly defined by the CAVC in a long series of
16 precedential decisions, yet VVA advocates continue to see hundreds of
17 inadequate exam reports produced each year.

18 Invariably, these inadequate examinations are relied upon by VA
19 adjudicators (who are prohibited from making medical determinations),
20 resulting in the improper denial of benefits and waste of taxpayer funds.

21

22 **Proposed Position:** Vietnam Veterans of America support the following
23 initiatives:

24 1) Work with BVA, the Secretary of Veterans Affairs, and Congress to
25 ensure that proper training, resources, and time is provided to examiners
26 employed or contracted by VA.

27 2) Work with BVA, the Secretary of Veterans Affairs, and Congress to
28 promote policies that hold individual examiners and contractor scheduling
29 companies accountable when they produce inadequate examinations.

VB – XX

IMPROVED QUALITY AND LEGAL ACCURACY IN VA DECISIONS

Submitted by the Veterans Benefits Committee

1

2 **Issue:** Vietnam Veterans of America’s Service Representatives report that
3 the Department of Veterans Affairs (DVA) often has failed to implement
4 decisions by the U.S. Court of Appeals for Veterans Claims (CAVC),
5 renders poor quality decisions, and continues to create unnecessary delays to
6 claims adjudication.

7 **Background:** In 1988, Congress passed the Veterans Judicial Review Act
8 (VJRA), creating the U.S. Court of Appeals for Veterans Claims (CAVC).
9 This law stated that the Court's opinions would have binding authority on the
10 DVA in all similar cases 38 U.S.C. §§ 7251, 7261.

11 In the nine years since the U.S. Court of Appeals for Veterans Claims
12 (CAVC) has been in existence, it has issued numerous decisions expanding
13 the rights of veterans who are seeking benefits from the DVA. However,
14 VVA Service Representatives and other veterans ‘advocates report that
15 DVA often is reluctant to follow the court’s instructions in a particular
16 veteran’s case, which has been remanded, by the court? The DVA also has
17 been reluctant to follow the rules of law contained in the court’s decisions by
18 applying these rules to all cases, which DVA adjudicates.

19 The quality of VA decisions continues to be less than adequate. Even
20 though VA reports a +95% accuracy rating of original adjudication of
21 claims, approximately 75% that are appealed are either granted or remanded
22 at the Board of Veterans Appeals.

23 The Veterans Benefits Administration has the responsibility of providing a
24 variety of services to veterans, including eligibility verification, adjudication
25 and processing of disability claims, vocational rehabilitation programs,
26 home loans, and burial benefits. Any delay or disruption of the
27 administration of these services causes undue hardship for veterans and their
28 beneficiaries. It is imperative that VBA assure due process and expedite the
29 process for awarding benefits and services. VVA believes the primary

30 responsibility for development of claims before the Board of Veterans
31 Appeals (BVA) lies with VBA, and not exclusively with the veteran
32 petitioning for benefits.

33 **Resolved, That:** Vietnam Veterans of America, will continue to urge DVA
34 and Congress to ensure that VBA is timely implementing and following all
35 CAVC decisions that create binding law on DVA and urgently requests
36 Congress to support its national moral and legal obligation to the men and
37 women who served in the defense of our country in the following ways:

- 38 1. To initiate an honest assessment of what is needed, in terms of
39 personnel and equipment, to provide timely and quality benefit
40 decisions to veterans, and to ensure that veterans service
41 organizations, including VVA, is included in the assessment process.
- 42 2. To legislate mandatory spending to ensure adequate support, both in
43 personnel and equipment, to meet those demands for timely and
44 quality delivery of benefits.
- 45 3. That Congress set, and VBA meet timely standards for benefits
46 delivery.
- 47 4. And that Congress expands entitlement accounts to fund VBA
48 functions to provide timely and quality delivery of authorized
49 benefits.
- 50 5. Support a significant increase in the staffing (full-time employee
51 equivalent) of the vocational rehabilitation and counseling divisions
52 with such increased staffing assigned to community offices in order to
53 provide easy access for disabled veterans, better supervision of
54 vocational rehabilitation clients, and greater labor-market penetration
55 to assure such clients are placed in permanent, stable employment at
56 the completion of training.
- 57 6. Call upon DVA to regularly publish and widely disseminate in the
58 veteran community and to the general public materials on the DVA
59 vocational rehabilitation program.
- 60 7. To assure due process, expeditious processing of claims and quality of
61 services delivered, VVA supports the retention of adjudication and

62 rating board employees and seeks exemptions of these personnel from
63 hiring freezes and/or budgetary cuts.

Veterans Benefits Committee Resolutions Offered for Amendment

VB-12

DEPARTMENT OF VETERANS AFFAIRS (DVA) SERVICE- CONNECTED DISABILITY COMPENSATION PAYMENTS & MILITARY RETIREMENT PAY OFFSET

Amend by inserting the **bold underlined** words.

History:

First adopted in 1989 as V-3-89

Renumbered in 1991 as V-13-91

Renumbered in 1993 as V-20-93

Updated in 1995 as V-12-95

Renumbered in 1997 as VA-13-97

Renumbered in 1999 as VB-12-99

Amended in 2001 as VB-12-01 A

Amended in 2003 as VB-12-03

Renumbered in 2011 as VB-12

Amended in 2013 as VB-12

Amended in 2017

Amended in 2021

1 **Issue:** Military retirement pay is offset by the amount of Department of Veterans
2 Affairs (DVA) compensation payable.

3 **Background:** There is only one United States Federal government. Department of
4 Veterans Affairs (DVA) disability compensation and civilian or military retirement
5 pay serves two distinct purposes. However, both are designed to protect Federal
6 employees, some in the military service to the Federal government and some in the
7 civilian service to the same Federal government. Department of Veterans Affairs
8 (DVA) disability compensation is established to replace the loss of earnings by a
9 reduced ability to work.

10 Military retirement pay is earned for faithful service and is an inducement to attract
11 and retain qualified people to the military as a career. Military Retirement pay is
12 offset by the same amount as their Department of Veterans Affairs (DVA)
13 disabilities compensation, while Federal Retirees keep both the retirement annuity

14 and Department of Veterans Affairs (DVA) disability compensation. Military
15 retirees are the only group of former Federal employees subject to this offset. The
16 National Defense Authorization Act for Fiscal Year 2004 added concurrent receipt
17 of benefits for retirees but only for those with disability rating at 50% and higher.
18 Eliminating this unfair practice will have minimal impact on the Department of
19 Veterans Affairs (DVA) funding.

20 **Resolved, That:** Vietnam Veterans of America, supports federal legislation
21 accompanied by full authorization and appropriations of necessary funds, which
22 will allow concurrent payment of military retirement and Department of Veterans
23 Affairs (DVA) compensation as follows:

- 24 • All concurrent payment of Department of Veterans Affairs (DVA)
25 compensation and Military retirement shall be paid when the individual's
26 retirement is based upon length of service.
- 27 • All retirees shall be entitled to concurrent Department of Veterans Affairs
28 (DVA) compensation for any new or secondary disability established by
29 DVA as service- connected subsequent to retirement and medically
30 discharged veterans with less than 20 years of service, **regardless of their**
31 **combined DVA rating.**

Resolutions NOT Adopted by the Veterans Benefits Committee

Submitted by Samuel Brick Proposed Resolution 10

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Veterans Benefits

Is this a revision of an existing Resolution? No

1 **Issue:** The transfer by the VVA or any of its committees, officers, employees,
2 agents, members, or assignees of any and all current and future operational
3 functions of the Vietnam Veterans of America in assisting, processing, and
4 adjudicating veterans in claims against the Veterans Administration for payments
5 for disabilities suffered as a consequence of military service; its desirability, and
6 the need for membership approval.

7 **Background:** There has been a recent push by several current and former
8 employees of the Vietnam Veterans of America to transfer the free provision by
9 the VVA of assistance, processing, adjudication, and administration of veterans
10 claims to another corporation with the VVA continuing to pay that new
11 organization the costs of these functions. These costs would include the
12 continued payment of VVA attorney employee wages for functions they would
13 perform on behalf of the receiving corporation. This is designed to ensure a
14 continuity of veteran's benefits in claims against the VA by VVA represented
15 claimants. The Benefits Committee has examined this and the VVA supervisory
16 attorney has briefed the State Council Presidents on behalf of this group that as
17 of early June 2021. This new group has no authority from the VA to do such
18 work and has not advised the VVA as to its corporate structure. It boldly states it
19 is doing this methodically yet is pressing for an arrangement with the VVA now
20 to provide for its infrastructure, its costs, and payment of the legal fees in
21 adjudicating the VA claims. While it professes to be a nonprofit corporation, it is
22 not incorporated in Delaware as such and even after state council presidents
23 requested it to provide IRS certification it has not done so. A motion prepared by
24 the VVA supervisory attorney to allow the Benefits Committee of which she is
25 an operational member to negotiate such a transfer was withdrawn by the
26 President. The Vice President stated that there was no agreement or
27 consideration of an agreement with this organization. A copy of a proposed
28 agreement was circulated among members of the Benefits Committee and State
29 Council Presidents that clearly was a first offer by the employees. The current
30 supervisory attorney has not recused herself from acting on behalf of the

31 Membership Committee on this issue but her presentation on behalf of the
32 proposed new group to the State Council Presidents clearly showed a bias for
33 transferring the functions of which she has a role and which would benefit her
34 should any agreement be reached that would perpetuate the requesting current
35 and former employee corporation's role in this VVA benefit. While assisting
36 veterans in finding help in submitting and processing claims is well within our
37 corporate purpose and is ongoing throughout chapters and state councils
38 throughout the VVA, a clear position should be taken to clarify expectations of
39 those who rely on the VVA for assisting in their claims against the VA. Legal
40 associations have enunciated that claimants who are being provided free
41 assistance in filing and processing claims should have no expectations of
42 continued representation throughout the claims administration, something the
43 VVA tries to do. There also are specific rules in the adjudication of claims with
44 the VA should legal representation no longer be provided on an individual claim.
45 Such rules normally favor the withdrawing legal representative. The issue is not
46 the same as in criminal cases. Clarity is needed in this area to disabuse employee
47 expectations that they can take whatever work they have with the VVA to a new
48 entity with the VVA continuing to pay for and support their efforts. Clarity also
49 is needed for claimants to understand that the VVA may not be able to represent
50 them throughout their claim's litigations.

51 **Proposed Position:** Resolved That: The VVA shall continue to provide
52 assistance to veterans for the processing and adjudication of claims against the
53 VA for disabilities suffered as a consequence of United States military service. It
54 shall not transfer its functions in this regard to any corporation while continuing
55 to finance such activity and shall not make payments or donations to any
56 organization with the purpose of paying for current claims work. This should not
57 impede the provision to prospective veteran claimants of information of other
58 organizations that provide free claims assistance; however, any such information
59 shall include the names of at least three such other entities from which a
60 prospective claimant may choose to represent him or her. The VVA shall advise
61 any veterans for which it accepts responsibility for assistance with the processing
62 and adjudication of claims after the adoption of this Resolution that such
63 assistance may not be available through the completion of the claim.

WOMEN VETERANS COMMITTEE

Committee Resolutions Offered for Retirement

WV-10 Travel for Veterans HealthCare (VHA) Treatment

Committee Resolutions Offered for Amendment

WV-2

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

Amend by striking the words with the ~~strike-through~~ and inserting the **bold underlined** words.

History:

First adopted in 1983 as R-4-83(Medical Treatment of Women Veterans by DVA

Amended and renumbered in 1993 as V-WV-18-93

Renumbered in 1995 as WV-5-95

Amended & renumbered in 1999 as WV-4-99

Amended and renumbered in 2001 as WV-3-01

Amended and renumbered in 2003 as WV-2-03

Amended in 2005 and 2007

Amended and renumbered in 2011 as WV-2

Amended in 2013 as WV-2

Amended in 2015, 2017 and 2019

Amended in 2021

- 1 **Issue:** Since 1982, Vietnam Veterans of America has been a leader in advocacy
- 2 and championing appropriate and quality health care for all women veterans. The
- 3 Department of Veterans Affairs (DVA) has made many innovations, improvements
- 4 and advancements over the past thirty years. However, some concerns remain
- 5 respective of its policies, care, treatment, delivery mode, and monitoring of
- 6 services to women veterans.

7 **Background:** DVA eligible women veterans are entitled to complete health care
8 including care for gender specific illnesses, injuries and diseases. The DVA has
9 become increasingly more sensitive and responsive to the needs of women veterans
10 and many improvements have been made. Unfortunately, these changes and
11 improvements have not been completely implemented throughout the entire
12 system. In some locations, women veterans experience barriers to adequate health
13 care and oversight with accountability is lacking. Primary care is fragmented for
14 women veterans. What would be routine primary care in the community is referred
15 out to specialty clinics in the VA. One third of VA Medical Centers (VAMC) do
16 not have a gynecologist on staff. The number of women Veterans using VHA has
17 risen 80% in the last decade. Women make up nearly 11.6% -12.3% of
18 OEF/OIF/OND veterans, 57% of these women veterans have received VA health
19 care. The average age of women veterans using the VA is 48. 51%. About one in
20 three women seen at the VHA respond “yes” when screened for Military
21 Sexual Trauma. (MST)

22 **Resolved, That:** Vietnam Veterans of America will continue its advocacy to
23 secure appropriate facilities and resources for the diagnosis, care and treatment of
24 women veterans at all DVA hospitals, clinics, and Vet Centers. We ask the
25 Secretary to ensure senior leadership at all facilities and Veteran Integrated Service
26 Networks (VISN) be held accountable for ensuring women veterans receive
27 appropriate care in an appropriate environment. We ask that each VISN have a
28 woman veteran collaborating with each meeting. Further, we seek that the
29 Secretary ensures:

- 30 • Streamline eligibility and receipt of information to access health care
31 services for first time users.
- 32 • Address “sense of mistrust” in developing strategies for recruiting women
33 veterans.
- 34 • Organize the billing scales clearly for first time users. Shorten current 72
35 month billing liability.
- 36 • The competency and courtesy of staff who work with women in providing
37 gender-specific health care.
- 38 • Those women veterans are provided women's health care in a timely and
39 geographically accessible way.
- 40 • ~~Every VA Medical Facility have at least one full-time FTE designated staff~~
41 ~~for women health. Sec. 5201 H.R. 7105, P.L. 116-315~~
- 42 • That reproductive health care expands to ensure complete infertility workups
43 and fertility solutions regardless of marital status

- 44 • That appropriate **staff** training regarding issues pertinent to women veterans
45 is provided.
- 46 ~~• That there is the creation of an environment in which staff are sensitive to
47 the needs of women veterans; that this environment meets the women's
48 needs for privacy, safety, and emotional and physical comfort in all venues.
49 Sec. 5102, H.R. 7105, P.L. 116-315~~
- 50 • Those privacy policy standards are met for all patients at all VHA locations,
51 and the security of all veterans is ensured.
- 52 • That the anticipated growth of the number of women veterans should be
53 considered in all strategic plans, facility construction/utilization and human
54 capital needs. **The number is expected to rise to 15% by 2035.**
- 55 ~~• Require data collection reporting on all VA Programs serving veterans by
56 gender age and minority status. Sec. 5401, H.R. 7105, P.L. 116-315~~
- 57 • Ensure that sexual trauma care is easily and readily available to all veterans,
58 **National Guard, and Reservists**, and the VA provides care and treatment
59 by medical staff appropriately trained in military sexual trauma. Clinical
60 staff with appropriate qualification.
- 61 ~~• The VA should promote awareness of access to legal aid for women
62 veterans. Sec. 5105, H.R. 7105, P.L. 116-315~~
- 63 ~~• Require VA to report to Congress on the provision of size appropriate
64 women veteran prosthetics at each VA Medical Center. Sec. 5108, H.R.
65 7105, P.L. 116-315~~
- 66 • That an evaluation of all gender specific sexual trauma intensive treatment
67 residential programs be made to determine if this level is adequate as related
68 to level of need for each gender.
- 69 • **That Women specific Drug and Alcohol Dependency treatment and
70 rehabilitative programs for women veterans' analysis be conducted
71 nationwide by the Secretary of the VA. Pilot program findings and
72 conclusions shall be submitted to committees on Veterans Affairs.**
- 73 • Those women veterans who seek care at Community Based Outpatient
74 Clinics (CBOC) which do not provide for gender-specific medical and or
75 mental healthcare shall be authorized to have treatment within the
76 community care provider network.
- 77 • That evidenced based holistic programs for women's health, mental health
78 and rehabilitation are available in all VA Hospitals and CBOCs to ensure the
79 full continuum of care.
- 80 • **That Community Care criteria and referrals be appropriately funded in
81 a timely fashion for veteran's access to care when needed.**
- 82 • **Limitations on copayments for contraception's furnished by the VA.**

83 • ~~That the Women’s Health Service aggressively seeks to determine root~~
84 ~~causes for any differences in quality measures and report these to the Deputy~~
85 ~~Under Secretary for Health, Deputy Under Secretary for Health Operations~~
86 ~~and Management, the VISN directors, facility directors and COS, and~~
87 ~~providers. Section 5402, H.R. 7105, P.L. 116-315~~

88 ~~And furthermore: Vietnam Veterans of America will seek legislation:~~

89 • ~~For a permanent VA Readjustment Counseling Service's Women Veterans~~
90 ~~Retreat Program. Sec. 5104, H.R. 7105, P.L. 116-315~~

91 • ~~To ensure that neonatal care is provided for up to 15 days as needed for the~~
92 ~~newborn children of women veterans receiving maternity/delivery care~~
93 ~~through the VA. See Sec. 3006, H.R. 7105, P.L. 116-315~~

WV-5

WOMEN VETERANS RESEARCH

Amend by striking the words with the ~~strike through~~ and inserting the **bold**
underlined words.

History:

First adopted in 2009 as WV-5-09

Amended and renumbered in 2011 as WV-5 Amended in 2013 as WV-5

Amended in 2015

Amended in 2017

Amended in 2021

1 **Issue:** Specific issues pertinent to women veterans must be adequately researched.

2 **Background:** Because women veterans have historically been a small percentage
3 of the veteran population, many issues specific to women veterans have not been
4 researched. General studies of veterans often had insufficient numbers of women
5 veterans to detect differences between male and female veterans and/or results
6 were not reported by gender. Today, however, women are projected to be more
7 than 11% of the veteran population by 2020 and 15% by 2025.

8 **Resolved, That:** Vietnam Veterans of America asks the Secretary of Veterans
9 Affairs to conduct several studies specific to women veterans and that Congress
10 pass legislation to mandate such studies if the Secretary does not act:

- 11 ~~• A comprehensive assessment of the barriers to and root causes of disparities~~
12 ~~in provision of comprehensive medical, mental health, and residential~~
13 ~~treatment care by DVA for women veterans. Sec. 5101/5102, H.R. 7105,~~
14 ~~P.L. 116-315~~
- 15 • A comprehensive assessment of the capacity and ability of women veterans'
16 health programs in VA, including Compensation and Pension examinations,
17 equality in Compensation and Pension ratings, and to meet the needs of
18 women veterans. (GAO: March 2010: VHA)
- 19 • A **continued** comprehensive study on the relationship of toxic exposures
20 during military training and service on infertility rates of veterans.
- 21 • A continued comprehensive evaluation of suicide among women veterans,
22 including rates of both attempted and completed suicides, and risk factors,
23 including comorbid diagnoses, **substance abuse**, history of sexual trauma or
24 sexual harassment, harassment, bullying, intimate partner violence,
25 unemployment, deployments, or homelessness.
- 26 • VA should continue to expand the use of a central directory and mobile apps
27 for services and programs. The VA, DOD, and even local community
28 programs should work together to create and evaluate programs to assist in
29 the support for these women veterans.
- 30 • VA should utilize local media to promote the availability of women
31 veterans' programs.

WV-6

WOMEN VETERANS AND VETERANS BENEFITS

Amend by striking the words with the ~~strike-through~~.

History:

First adopted in 2009 as WV-6-09

Amended and renumbered in 2011 as WV-6

Amended in 2013 as WV-6

Amended in 2015 and 2017

Amended 2021

1 **Issue:** Women Veterans underutilize veterans ' benefits in comparison with male
2 veterans.

3 **Background:** The Veterans Benefits Administration (VBA), and to a lesser extent,
4 the National Cemetery Administration (NCA), have been less proactive than the
5 Veterans Health Administration (VHA) in targeting outreach to women veterans
6 and in ensuring competency in managing claims filed by women veterans.

7 **Resolved, That:** The Vietnam Veterans of America will continue its advocacy to
8 secure benefits for all eligible veterans. VVA asks the Secretary to ensure:

- 9
- 10 • That the leadership in all VA Regional Offices (VARO) are cognizant of and
11 kept current on women veterans' issues; that they provide and conduct
12 aggressive and pro-active outreach activities to women veterans and; that
13 VBA leadership ensures oversight of these activities.
 - 14 • ~~That a national structure be developed within VBA for the Women Veteran~~
15 ~~Coordinator (WVC) positions, located at each VARO. Sec. 5204, H.R. 7105,~~
16 ~~P.L. 116-315~~
 - 17 • ~~That VBA develop a clear definition to the job description of the WVC and~~
18 ~~implement it as a full-time position with defined performance measures. Sec.~~
19 ~~5205, H.R. 7105, P.L. 116-315~~
 - 20 • That VBA identify a subject matter expert on gender specific claims as a
21 resource person in each regional office location.
 - 22 • That the WVC is utilized to identify training needs and coordinate
23 workshops.
 - 24 • That the WVC have a presence in the local VHA system.
 - That VBA ensure that all Regional Offices display information on the

- 25 services and assistance provided by the Women Veteran Coordinator with
26 clear designation of her contract intonation and office location.
- 27 ~~• That VBA establish a method to identify and track outcomes for all claims~~
28 ~~involving personal assault trauma, regardless of the resulting disability, such~~
29 ~~as PTSD, depression or anxiety disorder. These outcomes are reported to the~~
30 ~~VA Secretary. Sec. 5501, H.R. 7105, P.L. 116-315~~
 - 31 ~~• That VBA perform an analysis and publish the data on Military Sexual~~
32 ~~Trauma (MST) claims volume, the disparity in the claim's ratings by gender,~~
33 ~~assess the consistency of how these claims are adjudicated, and determine if~~
34 ~~increased training and testing is needed in this regard. Sec. 5502, H.R. 7105,~~
35 ~~P.L. 116-315~~
 - 36 • That all claim adjudicators who process claims for gender-specific
37 conditions and claims involving personal assault trauma receive mandatory
38 initial and regular on-going training necessary to be competent to evaluate
39 such claims.
 - 40 ~~• That the VARO create an environment in which staff are sensitive to the~~
41 ~~needs of women veterans, and the environment meets the women's needs for~~
42 ~~privacy, safety, and emotional and physical comfort. Sec. 5103, H.R. 7105,~~
43 ~~P.L. 116-315~~
 - 44 • That the National Cemetery Administration enhances its targeted outreach
45 efforts in those areas where burial benefits usage by women veterans does
46 not reflect the women veterans' population. This may include collaboration
47 with VBA and VHA in seeking means to proactively provide burial benefits
48 information to women veterans, their spouses and children, and to funeral
49 directors.
 - 50 • And further: VVA supports.
 - 51 • DVA evaluation of the efficacy of coordination of federal, state, and local
52 women veterans' programs.
 - 53 ~~• That DVA supports legislation to establish childcare services as a permanent~~
54 ~~program. Sec. 5107, H.R. 7105, P.L. 116-315~~
 - 55 • That DVA establish a functional transition program with DOD for newly
56 released military. Current program does not address information referrals for
57 women resources adequately.

WV-8

MILITARY SEXUAL TRAUMA (MST)

Amend by inserting the **bold underlined** words.

History:

First adopted in 2013 as WV-8

Amended in 2017 and 2019

Amended 2021

1 **Issue:** Currently, instances of sexual assault in the military must be reported
2 through the chain of command. This precludes impartial decision making and
3 creates a biased judicial system for the victim. The creation of a separate and
4 independent office to address such crimes would remove barriers to reporting and
5 provide additional protection and safety for the victims.

6 **Background:** Sexual Assault and Prevention Response Office (SAPRO) has
7 developed a Retaliation Prevention and Response Strategy, **according to DoD, the**
8 **majority of Military Sexual Trauma (71%) are under 24 years old and of**
9 **lower ranks; whereas the majority of assailants (59%) are between 20 and 34**
10 **years old and of a higher rank than the survivor. There was an increase of**
11 **13% women reporting in 2017, while there was no change for men. The FY**
12 **2019 Report on Sexual Assault in the Military showed 20,500 Sexual assaults**
13 **in FY2019, up from 14,900 in 2016. The official reports of sexual assault have**
14 **increased over 3% over the previous year, while less cases are being sent**
15 **forward by Commanders to trial. Women veterans are twice as likely as men**
16 **veterans to develop posttraumatic stress disorder and approximately one out**
17 **of four women veterans reports military sexual trauma.** Survivors may fear that
18 their own actions may be cause for punishment. The threat of retaliation or fear of
19 being reprimanded or disruption of their career is enough to silence many survivors
20 or have them recant their stories. **SAPRO reports of 2017-2018 showed that the**
21 **majority of reporters of Sexual Assault in military academies and armed**
22 **forces were still subjected to harassment and abusive behaviors. Failure of the**
23 **SHARP (Sexual Harassment/Assault Response Program) at the Ft. Hood, TX**
24 **independent review(2020) of 136 pages(70 recommendations) found it**
25 **ineffective and failed as a result of command enforcement below brigade level.**
26 **Failure of leadership, transparency, and care for all soldiers reflects it likely**
27 **not limited to a single installation. This showed a startling tolerance for sexual**

28 **harassment and sexual assault at the unit level. Again, this creates a total lack**
29 **of trust for reporting assaults among the units.**

30 **Resolved, That:** VVA will pursue legislation that reassigns complaints of military
31 sexual trauma by service members and all alleged perpetrators outside of their
32 immediate chain of command.

33 1. VVA requests review results of the **DOD** Retaliation Prevention and
34 Response Strategy FY **2016-2017-2019** be reported to the
35 Congressional Veterans Committees as well as the President.

36
37 2. **There should be an increase of Victim Advocates, comprised of a**
38 **hybrid of civilian and uniformed personnel at all military**
39 **installations.**

40 3. **Those perpetrators found guilty of Sexual Assault/Sexual**
41 **Harassment be removed from service-not transferred to another**
42 **base assignment.**

VETERANS HEALTH CARE COMMITTEE

Committee Resolutions being Offered for Retirement

- HC-9 Hours of Operations at VA Medical Facilities
HC-11 Testing for Hepatitis C

Committee Resolutions being Offered for Amendment

HC-2

VETERANS HEALTH CARE

Amend by inserting the **bold underlined** words.

History:

First adopted in 1983 as V-9-83
Amended in 1987 as V-5-87
Amended in 1989 as V-4-89
Amended in 1991 as V-1-91
Amended in 1993 as V-1-93
Amended in 1995 as V-1-95
Amended in 1997 as V-1-97
Renumbered in 2003 as HC-1-03
Amended in 2005 as HC-1-05
Amended and renumbered in 2007 as V-1-05
Amended and renumbered in 2011 as HC-2

Amended in 2021

1 **Issue:** The Department of Veterans Affairs (DVA) and Veterans Health
2 Administration (VHA), is responsible for providing health care to veterans with
3 service-connected disabilities and others as determined by eligibility rules
4 established by Congress. Concerns continue regarding quality of health care,
5 access, and eligibility for services.

6 **Background:** Many veterans have been adversely affected by what has been
7 described as a health-care system in crisis. This, in part, is due to budget and

8 resource limitations. Other significant factors are directly related to the massive
9 size of the centralized DVA healthcare system, its bureaucratic inertia, and its
10 inability to organize itself into an effective instrument to meet the changing
11 healthcare needs of all veterans under its care. Both service-connected and non-
12 service-connected veterans have experienced a consistent unavailability of access
13 to DVA health care, including mental health, outpatient contract, and inpatient
14 care.

15 Issues of access involve the need for many veterans to travel long distances to
16 obtain care, as occurs with veterans living in rural communities or on island
17 communities in Puerto Rico, the U.S. Virgin Islands, and Hawaii. Non-U.S. citizen
18 veterans of the U.S. Armed Forces may receive DVA treatment for service-
19 connected disabilities only if residing in the U.S. The statute allows payment for
20 the treatment of service-connected disabilities outside the U.S. for veterans of the
21 U.S. Armed Forces, only if such veterans are U.S. citizens, reside in the Republic
22 of the Philippines, or are Canadian nationals.

23 The quality of health care in DVA remains suspect as revelations of questionable
24 practices and adverse outcomes continue to emerge. DVA has lost sight of its
25 obligation to provide quality health care as defined by veterans and their families,
26 opting instead for quality as defined by health administrators and medical school
27 affiliations.

28 **Resolved, That:** Vietnam Veterans of America maintains that veterans who have
29 sustained injuries or illnesses during and/or as a result of their military service have
30 the right to the highest quality medical and mental health services for treatment of
31 those injuries and illnesses.

32 The first priority of the DVA must be to provide the highest quality evidence-based
33 medical and mental health treatment at no cost to veterans for illnesses and injuries
34 incurred during and/or as a result of their military service. Therefore, it is the
35 obligation of the Veterans Health Administration (VA) to fulfill its affirmative
36 responsibility to treat diseases, illnesses and conditions that have been diagnosed in
37 veterans under its care.

38 DVA must ensure that the highest quality evidence-based care is provided in DVA
39 healthcare facilities. Monitoring activities conducted by Quality Assurance
40 Programs must be scientifically based and include regular and consistent review by
41 the Under Secretary for Health, Deputy Under Secretaries for Health, VISN

42 Directors and the director and chief of staff of the institution. Quality data should
43 be easily available to the public.

44 When DVA cannot provide the highest quality care within a reasonable distance or
45 travel time from a veterans' home forty road miles from a VA facility that provides
46 the services needed in a timely manner (thirty days), DVA must provide care via
47 fee-basis provider of choice for service-disabled veterans to also include the
48 following states New Hampshire, Alaska and Hawaii. Additionally, DVA must
49 provide beneficiary travel reimbursement at the government rate. DVA should
50 report at least annually on the use and cost of non-VA care and contract care,
51 including the type of care and the reasons DVA could not provide it.

52 Congress should remove restrictions against providing DVA medical care to non-
53 citizen, service-connected disabled veterans of the U.S. Armed Forces in order to
54 treat equitably all those who served in the U.S. Armed Forces regardless of their
55 country of origin, citizenship, or current country of residence.

56 DVA healthcare policies must allow the veteran client to have input in VA Medical
57 Center/Outpatient Clinic operations. This should include establishment of veteran
58 advisory boards at the local level. DVA should report on how many facilities have
59 such boards, how often the boards meet, how members are selected, and how
60 meetings are publicized in the community and among veteran service
61 organizations.

62 DVA healthcare policies must be based on patient needs. Healthcare
63 implementation should be decentralized to the local level, and budgeting should
64 allow local facilities to plan for their own needs with significant consultation by
65 the local veteran advisory boards. Congress must ensure a predictable and reliable
66 funding stream for DVA health care programs indexed to medical inflation. VVA
67 vigorously opposes any philosophy or language that would limit the delivery of the
68 VA healthcare treatment and services to only a small group of veterans in order to
69 save money. VVA is committed to protecting the rights of veterans and access to
70 DVA programs and services as defined in title 38 US Code.

71 Additionally, to maintain medical competency and expertise in the provision of
72 healthcare services, the DVA healthcare system needs to maintain a critical mass
73 of patients if it is to continue as a highly cost-effective integrated managed care
74 system. VVA vigorously resists any attempt to degrade this system by eliminating
75 eligibility for "Priority 7" and "Priority 8" veterans – veterans who do not have
76 service-connected health conditions and who agree to modest co-payments for

77 their care, **also that Community care criteria and referrals be appropriately**
78 **funded in a timely fashion for Veterans access to Care when needed under the**
79 **Mission Act of 2018.**

HOMELESS VETERANS COMMITTEE

Committee Resolutions Being Offered for Retirement

- HVC-6 VA Homeless Grant and Per Diem Funding
- HVC-7 Homeless Veterans Reintegration Program to remain at the U.S. Department of Labor (DOL)
- HVC-8 Support for continued funding and oversight of the U.S. Department of Housing and Urban Development/U.S. Department of Veterans Affairs supportive services (HUD-VASH) program and HVC-10 Continued funding for “special needs” grants under the Department of Veterans Affairs Homeless Grants & Per Diem Program
- HVC-11 The Department of Veterans Affairs to Identify Best Practices Model Addressing Homeless Women Veteran Transitional Residential Treatment Programs Through VA Homeless Grants and Per Diem
- HVC-14 Support, Oversight and Accountability of VA Supportive Services for Veteran Families

Resolutions Adopted by the Committee

HVC-XX

VA HOMELESS GRANT AND PER DIEM FUNDING

Submitted by the Homeless Veterans Committee

- 1 **Issue:** Funding and support of the VA HGPD Program has proven to be a most
- 2 effective tool in addressing veteran homelessness.
- 3 **Background:** VA Homeless Grant and Per Diem funding must be considered a
- 4 payment rather than a reimbursement for expenses, an important change that will
- 5 enable the community-based organizations that deliver the majority of these
- 6 services to operate effectively. Non- profits have long struggled with the process
- 7 used to justify the receipt of the per diem payments from VA Homeless Grant and
- 8 Per Diem (HGPD) program. Although the amount of the per diem money received
- 9 per veteran per day provided has increased over time, the requirement
- 10 documentation to meet a 100% cost expense has created a significant burden on
- 11 non-profits.

12 Currently, the per diem amount that non-profits receive is based on the previous
13 year expenses as defined in its annual audit. It is not based on anticipated expenses
14 for the operating year in which the per diem will be paid. This causes the program
15 to fall short in meeting its expenses for the agency's operating year. For this
16 reason, we believe it is a reasonable suggestion that VA consider the distribution of
17 per diem payments in much the same way that other federal agencies operate. One
18 solution to consider would be to set up HG PD disbursements in a "draw down"
19 account similar to the system utilized by the U.S. Department of Housing and
20 Urban Development, whereby agencies submit their projected budgets, are
21 allocated the funds, and draw down on the allocated funds throughout the year. At
22 the end of year reconciliations and adjustments as made.

23 Payments need to be based on actual anticipated budgetary expenses, not based on
24 past year expenses. Non-profits cannot enhance services or hire additional
25 necessary staff before they are able to access the dollars of increased per diem to
26 pay for them. It sets in place a vicious cycle of need. (The agencies have a set per
27 diem; they need more staff; they haven't shown it as an expense on the approved
28 per diem they are receiving, so they can't afford to hire new staff because they
29 don't have the money to do so.) This process leaves the program and the agency at
30 a clear disadvantage because they do not have the money to do any advanced or
31 "real time" enhancements to the program. To do so would place them at high risk
32 and this action could be suicidal for a small non-profit. It places them at risk with
33 creditors or, the agency has to reach into its line of credit at the bank. This action
34 could result in paying in pay interest on the use of its line of credit until they can
35 be approved for higher per diem. This interest is then an added expense to the
36 program...a cost they cannot recoup.

37 Per Diem dollars received by services centers are not capable of obtaining or
38 retaining appropriate staffing to provide services supporting the "special needs" of
39 the veterans seeking assistance. Per Diem for Service Centers is provided on an
40 hourly rate, currently only \$6.24 per hour.

41 Service centers are unique and indispensable in the VA process. In many cases
42 they are the front and first exposure to the VA and VA Homeless Grant and Per
43 Diem programs. Veteran specific service centers are vital in that most city and
44 municipality social services do not have the knowledge or capacity to provide
45 appropriate supportive services that directly involve the treatment, care and
46 entitlements of veterans. Without consideration of staffing grants, the result could

47 be the demise of these critical services. The VA acknowledges this problem exists.
48 It is yet to be specifically identified how many awarded services center grantees
49 have been affected by either the inability to establish these centers or retain
50 operation because of this very funding issue.

51 **Resolved, That:** Vietnam Veterans of America:

- 52 • Urges the Department of Veterans Affairs, Homeless Grant and Per Diem
53 Program to provide payment for services rather than the reimbursement for
54 services it presently provides for transitional housing.
- 55 • Supports and seeks legislation to establish Supportive Services Staffing
56 Grants for VA Homeless Grant and Per Diem Service Center Grant
57 Awardees
- 58 • Identify and Best Practice Models of care addressing unique needs and
59 issues facing homeless women Veterans
- 60 • Continue monitoring and holding accountable entities receiving and
61 distributing funds to assist vulnerable Veteran families.

Committee Resolutions Being Offered for Amendment

HVC-1

HOMELESS VETERANS AS A “SPECIAL NEEDS POPULATION”

Amend by inserting the **bold underlined** words.

History:

First adopted in 1985 as V-12-85

Amended in 1987 as V-3-87

Amended in 1991 as E-8-91

Amended in 1995 as HTF-4-95, HTF-1-03, HTF-1-05 & HTF-2-05, HTF-1-07

Renumbered in 2011 as HVC-1

Amended in 2021

1 **Issue:** The number of homeless veterans is very fluid. However, nationally it is
2 accepted that 23-30% of the total homeless population or approximately **37,252**
3 **are homeless veterans according to 2020 Point-in-Time (PIT) count conducted**
4 **by the Department of Housing and Urban Development.** While federal agencies
5 acknowledge these statistics, they have yet to identify these veterans as a Special
6 Needs Population. Veterans make up a significant percentage (23-30%) of the

7 homeless population in America. Homeless veterans are due a Fair Share of the
8 available federal dollars for programs and services funded in the United States.

9 **Background:** Our country's homeless problem is a national disgrace that refuses
10 to fade. Homelessness has varied definitions and many contributing factors.
11 Among these are PTSD, a lack of job skills and education, substance abuse and
12 mental-health problems. The homeless require far more than just a home. A
13 comprehensive, individualized assessment and a rehabilitation/treatment program
14 are necessary, utilizing the continuum of care concept. Assistance in obtaining
15 economic stability for a successful self-sufficient transition back into the
16 community is vital. Although many need help with permanent housing, some
17 require long-term residential care.

18 In some cases, agencies deal inappropriately, without sensitivity to the particular
19 needs and issues of the homeless, especially to those of veterans. Because
20 homeless veterans do present with unique issues surrounding their military
21 experiences, we consider them a Special Needs Population. Until homeless
22 veterans achieve status as a Special Needs Population through legislative action;
23 monies earmarked by Congress to combat homelessness will fail to reach programs
24 specifically designated for these veterans.

25 The Department of Housing and Urban Development (HUD) administers the funds
26 set aside by the McKinney-Vento Act. Admitting by its own computations that
27 veterans approximate 23-30% of the entire homeless population in America, HUD
28 would have us believe that it is, in fact, reaching this population by providing a
29 general, overall relief effort to the homeless in America. With the special needs
30 status of other populations in America receiving specifically allocated funding,
31 veterans once again have to fight a war on the home front to obtain rights and
32 benefits that should rightfully be theirs. Veterans are not specifically targeted in
33 funding, and the money is wasted on stopgap measures. Mission-type meal
34 providers and overnight cots are well intentioned, but they change nothing and
35 solve nothing.

36 **Resolved, That:** Vietnam Veterans of America, urges the Presidential Interagency
37 Council on Homeless to recognize homeless veterans as a Special Needs
38 Population. Further, we urge Congress to require all entities/agencies, including
39 non-profit or governmental, that receive/utilize federal program funding dollars, to
40 report statistics on the number of veterans they serve, their residential status, and
41 the services needed. Vietnam Veterans of America strongly urges its membership,

42 at the chapter and state council level, to work with their state and federal legislators
43 to enhance services to homeless veterans and encourage them to recognize these
44 veterans as a Special Needs Population. Additionally, Vietnam Veterans of
45 America supports legislation that would incorporate a Fair Share dollar approach
46 for the federal funding of all homeless programs and services so to specifically
47 target homeless veterans. **The committee will continue to advocate for**
48 **recognizing Homeless Veterans as a Special Needs Population.**