

**2011
CONVENTION RESOLUTIONS**



**15TH NATIONAL CONVENTION
RENO, NEVADA
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1

VVA FOUNDING PRINCIPLE

History: First adopted at the founding convention in 1983 as G-1-83, "Statement of Principle"

Issue: VVA first National Convention resolution vowed: Never again will one generation of veterans abandon another.

Background: Since 1983, VVA has supported veterans of other generations in their pursuit of health care and compensation for service-related diseases and disabilities. For example, VVA entered an amicus brief in support of the National Atomic Radiation Survivors, was the primary force behind judicial review that benefited veterans of all generations, and, most recently, has taken up the cause of Operation Desert Storm veterans in seeking answers to the causes of numerous illnesses since their return from that war.

In past years, delegates to VVA's National Conventions have approved resolutions to work on behalf of other generations of veterans: Specifically, AO-4-95 (Health Care for Veterans Exposed to Toxic Chemicals and Ionizing Radiation); E-7-91 (Desert Storm Educational Readjustment); E-13-95 (Transition Assistance to Separating Veterans); and P-7-95 (Endorsement for the Korean War Veterans Memorial). In addition, throughout past convention resolutions, there are numerous references to problems by all generations of veterans, such as employment readjustment, health care, POW/MIAs, and homelessness.

Resolved, That Vietnam Veterans of America continues as a Founding Principle, Never again will one generation of veterans abandon another.

2

RECOGNITION OF THE KOREAN WAR VETERANS

History: First adopted in 1993 as 2-93

Issue: The American government and public have now recognized the sacrifices, heroism, and deeds of our Korean War veterans.

Background: On July 27, 1953, a cease-fire was ordered in the Korean War. After fighting for nearly three years, the veterans of that war came home to no parades, no national message of thanks nor a job well done, even though, thanks to those veterans, the citizens of South Korea remain free to this day.

54,246 of our brother and sister veterans died in action there; 103,284 were wounded; and 8,139 remain POW/MIA. Although the Korean War is known as the Forgotten War, these veterans and their families certainly have not forgotten it.

At long last the veterans of the Korean War have a memorial dedicated to the veterans and casualties of that war, across the reflecting pool from our own Vietnam Veterans Memorial.

Resolved, That Vietnam Veterans of America recognizes the sacrifice and deeds performed by the Korean War veterans and says to them with a strong voice, You have not been forgotten. Welcome home!

3

VVA STRONGLY SUPPORTS THE ASSOCIATES OF VIETNAM VETERANS OF AMERICA

History: First adopted in 1999 as 3-99

Issue: Vietnam Veterans of America must continue to be committed to the improvement of the condition of Vietnam-era veterans, their families and others.

Background: Veterans' families and others have been a significant support system for many Vietnam veterans. Vietnam Veterans of America has always viewed its organization as family-oriented. Because of the IRS position, VVA has to change its current membership of associates and form a new organization called "Associates of Vietnam Veterans of America". Vietnam Veterans of America will support AVVA, to the fullest this new organization.

Resolved, That: Vietnam Veterans of America supports AVVA at all levels in VVA, the active involvement and input of family.

AGENT ORANGE/DIOXIN

AO-1

RESEARCH ON AGENT ORANGE/DIOXIN EFFECTS

History:

First adopted in 1989 as V-5-89 and as V-6-89
Amended in 1991 as AO-1-91
Updated in 1993 as AO-1-93
Updated in 2003 as AO-1-03
Renumbered as AO-1 in 2011

Issue: Research into human health effects of exposure to the ingredients in Agent Orange/Dioxin and other herbicides and toxic chemicals used in Vietnam needs to continue in order to provide for the most complete understanding of these effects.

Background: While numerous scientific studies have revealed significant harmful effects of exposure to the ingredients of Agent Orange/Dioxin as well as other herbicides and toxic substances on humans and animals, continued research is needed to fully understand the entire range of the possible effects of such exposure. The National Academy of Sciences (NAS) review of scientific information indicated there are a number of studies that need replication in order to reach a scientifically accepted standard of significant association. VVA believes there needs to be a large-scale study of the effects on Vietnam veterans and their children and that other studies of positively exposed groups are needed to add to the knowledge on this issue. One critical component of such studies must be the effects on the children of Vietnam veterans and other exposed individuals. This resolution amends AO-1-01.

Resolved, That: Vietnam Veterans of America, in light of the National Academy of Sciences (NAS) reports, demands that the U.S. Congress and the Department of Veterans Affairs (DVA) and other appropriate federal agencies initiate and support an independent comprehensive health study on veterans and their children, which includes determination of the delayed effects of exposure to the ingredients in Agent Orange/Dioxin and other toxic chemicals used primarily

in Vietnam, this research which bases its decisions on scientifically accepted standards, i.e.: Standard Mortality Ratios (SMRs) determines significant associations for diseases currently recognized by the DVA as related to herbicide exposure to assist all veterans and families. The DVA must go beyond the SMRs and start to utilize and recognize Standard Incident measurements when determining significant associations of all diseases. In addition, VVA supports and encourages valid, independent, on-site, scientific research in Southeast Asia to ascertain the delayed effects of exposure to Agent Orange/Dioxin and other herbicides and toxic substances used during the Vietnam War. VVA supports and encourages continuing scientific research in communities, industries, and hazardous waste sites in the United States where workers and residents have been exposed to toxic substances similar to those used in Southeast Asia, and further supports studies of the delayed effects of exposure.

AO-2

AGENT ORANGE/DIOXIN CHILDRENS REGISTRY; RECOGNIZING THE CONNECTION BETWEEN DIOXIN & LEARNING DISABLED CHILDREN

History:

First adopted in 1989 as G-4-89

In 1997 AO-16-97 was adopted to address the connection between learning disabled children and dioxin

They were combined to create AO-2 in 2007

Renumbered in 2011 as AO-2

Issue: Many veterans, having been exposed to Agent Orange/Dioxin during their military service or elsewhere; subsequently, have become parents of children who may be physically or developmentally impaired as a result of such exposure (e.g., spina bifida). Currently, there is no mechanism currently in place to monitor these children to establish patterns of physical or developmental impairments for purposes of ascertaining the effects of Agent Orange/Dioxin exposure on the parents of these children. It is also evident, from the scientific literature, that those of our children with a Learning Disabilities diagnosis lack the proper treatment and education needed to ultimately become productive members of society. And, because of parental exposure to Dioxins during the Vietnam era, studies have shown a marked increase in the number of children with learning disabilities. In particular, such evidence has shown a proportionally higher number of veterans' offspring are affected than those of non-veterans.

Background: It would contribute significantly to the information available on the effects of exposure to Agent Orange/Dioxin on the children of exposed veterans if a data registry system were developed. Furthermore, the development and maintenance of a national register/data bank of these children must include mechanisms that protect the privacy of these children and their families. This resolution amends and combines AO-2-01 and AO-15-01.

Resolved, That: Vietnam Veterans of America calls upon the U.S. Congress and the Department of Veterans Affairs to recognize the work already done by the BIRTH DEFECT RESEARCH FOR CHILDREN (BDRC) ORGANIZATION, formerly the Association of Birth Defect Children. BDRC should continue to register the children of Agent Orange/Dioxin-exposed veterans for the purpose of identification of any possible linkage between parental exposure and the health problems of such children. Furthermore, VVA supports BDRC in its continuing research of present and future generations of Agent Orange/Dioxin exposed children. Furthermore, that VVA:

Strongly urge that chapters and state councils educate their membership on the cause and effect of exposure of the veteran. In addition, it should include the effect this exposure has had or could have on their children and grandchildren.

Strongly urge that VVA request that the Congress enact legislation that will mandate that the Department of Veterans Affairs or related agencies assist or compensate affected children.

AO-4 VVA AGENT ORANGE/DIOXIN GUIDE

History:

First adopted as in 1991 as AO-6-91

Renumbered in 1995 as AO-4-95

Renumbered in 2011 as AO-4

Issue: New research, new Department of Veterans Affairs (DVA) regulations, and new legislation have, over the years, increased the knowledge about, and access to services for veterans regarding Agent Orange/Dioxin exposure. Veterans and veterans advocates need to have timely and accurate information to address their concerns and those affected veterans and their families.

Background: Vietnam Veterans of America has printed a number of editions of the highly regarded VVA Guide on Agent Orange. Copies have been provided to all VVA chapters and state councils, VVA service representatives, congressional offices, and veterans and their families and more recently has purchased and distributed the National Veterans Legal Services Programs (NVLSP) "Self-Help Guide on Agent Orange". Through the use of this guide, VVA members have become the most knowledgeable group of veterans on this issue and have used this knowledge to advocate for successful legislative and regulatory initiatives.

Resolved, That: Vietnam Veterans of America mandates biennial revision and distribution of the VVA GUIDE ON AGENT ORANGE and encourages the periodic update of the NVLSP "Self-Help Guide on Agent Orange".

AO-5 ASSURE PROPER IMPLEMENTATION OF THE AGENT ORANGE ACT OF 1991

History:

First adopted in 1991 as AO-7-9

Renumbered in 1995 as AO-5-95

Renumbered in 2011 as AO-5

Issue: While the legislation enacted on February 6, 1991, PL 102-04, represents legitimate progress toward a long-term resolution of the Agent Orange/Dioxin issue, success of the statute relies heavily upon the panel assembled by the National Academy of Sciences (NAS) and upon the willingness of the Department of Veterans Affairs (DVA) to accept its recommendations.

Background: Under the circumstances, the proper execution of the law's intent requires careful monitoring of both the DVA and the NAS in order to assure that the NAS panel maintains scientific objectivity and that the DVA implements any clinical recommendations of the NAS. This resolution amends AO-5-01.

Resolved, That: Vietnam Veterans of America will monitor the make-up of the NAS or any other contracted panel to assure its integrity as intended by law and will take all steps necessary to promote remedial legislation or other action as needed.

AO-6 DIOXIN DISPOSAL METHODS

History:

First adopted in 1993 as AO-9-93

Updated in 1995 as AO-6-95

Renumbered in 2011 as AO-6

Issue: Disposal and storage of Dioxin-contaminated materials and sediments can have a direct health impact on all citizens of this country.

Background: Ocean dumping of contaminated materials can directly impact on the food chain, leading to ingestion of food products containing Dioxin. In addition, unrestricted disposal of Dioxin-contaminated materials in landfills can affect ground water reservoirs and aquifers. Incineration of these materials may result in release into the atmosphere of potentially hazardous substances. Proper and safe disposal must be used in dealing with Dioxins. VVA must remain knowledgeable about the science of dioxin-contaminated sediments and supports necessary research to guarantee minimal health risks to the community. This resolution amends AO-6-01.

Resolved, That: Vietnam Veterans of America opposes ocean dumping of Dioxin-contaminated materials and calls for immediate termination of EPA-approved dumping permits. VVA supports research on existing methods of disposal or storage of Dioxin-contaminated sediments and stands ready to work with all concerned scientific and ecological groups to ensure proper disposal or storage of these contaminated sediments.

AO-7 CHILDREN'S HEALTH CARE

History:

First adopted in 1991 as AO-3-91

Updated in 1995 as AO-8-95

Amended in 1997 as AO-8-97

Renumbered in 2003 as AO-7-03

Renumbered in 2011 as AO-7

Issue: Health care, compensation, and education has been awarded to the children of veterans who have spina bifida as a result of their parents' exposure to Agent Orange/Dioxin and other toxic chemicals while in military service. However, there are more birth defects that are associated with this exposure.

Background: New studies are now showing a wide variety of birth defects in the children of civilians and veterans who were exposed to Agent Orange/Dioxin.

Resolved, That: Vietnam Veterans of America, supports a comprehensive health-care and special needs program and compensation to assist Vietnam veterans' children and subsequent

generations who have birth defects, deficiencies, or disabilities reasonably associated with parental exposure to Agent Orange/Dioxin and other toxic chemicals while in military service.

AO-8 AGENT ORANGE/DIOXIN NETWORK

History:

First adopted in 1991 as AO-8-91
Updated in 1993 as AO-8-93
Updated in 1995 as AO-9-95
Amended in 1997 as AO-9-97
Renumbered in 2003 as AO-8-03
Renumbered in 2011 as AO-8

Issue: Although Vietnam veterans have information available to them on Agent Orange/Dioxin, they lack the immediate help and support that could be achieved through a veterans' Agent Orange/Dioxin network. We need more expansion and development of the network because of the releases of the National Academy of Sciences (NAS) reports.

Background: Vietnam veterans and their families are frustrated over the lack of immediate information on Agent Orange/Dioxin. The DVA has not cooperated in the dissemination of timely and accurate information. Veterans and their families need to know that there is immediate help and information for this intensely human problem. This includes the personal support that affected veterans can receive from other veterans through a network.

Resolved, That: Vietnam Veterans of America, directs that the national Agent Orange/Dioxin Committee under the direction of the National Agent Orange/Dioxin chair, shall;

1. Hold biennial Agent Orange/Dioxin symposium in conjunction with the National Leadership Conference. Chapter and state council Agent Orange/Dioxin committee chairpersons and any other interested parties may and are encouraged to attend, for the purpose of:
 - Continuing the development of national programs of direct and/or referral services;
 - Continuing and enhancing an interstate and intrastate networking model of information and support services; and
 - Continuing the development and implementation of questionnaires for the purpose of recording and measuring the past and current health status of VVA members, their spouses, their children, and their grandchildren.
2. Require the National Board of Directors to maintain budget allocations for the aforementioned activities.
3. Actively promote and expand the Agent Orange/Dioxin network.

AO-9

PAPERMAKING MANUFACTURING PROCESSES

History:

First adopted in 1995 as AO-10-95
Amended in 1997 as AO-10-97
Amended in 1999 as AO-10-99
Renumbered in 2003 as AO-9-03
Renumbered in 2011 as AO-9

Issue: Promoting the elimination of Dioxins introduced into the environment from papermaking manufacturing process should be an objective of Vietnam Veterans of America.

Background: The use of chlorine in the papermaking industry's bleaching processes has been proven to create Dioxins, which are released into the environment. In recent years, concerned with their role and their responsibility to help protect the environment, a segment of the papermaking industry has worked to develop and market chlorine-free paper. The term chlorine-free is applicable to two different processes. The most widespread process called elemental chlorine-free paper uses chlorine in the process, but does not contribute to Dioxins as a by-product. Today, elemental chlorine-free paper comprises about 60-70% of the print paper market. A small but growing segment of the industry has gone one step further. It has developed and markets a total chlorine-free paper, which is totally free of chlorine in the manufacturing process. Total chlorine-free paper now makes up less than 1% of the print paper market. Both types of chlorine-free paper are available and cost about 10-25% more than paper that is not chlorine-free.

Resolved, That: Vietnam Veterans of America, commends those segments of the papermaking industry who are engaged in research and development of alternative manufacturing processes to eliminate further introduction of Dioxins into the environment, especially those papermakers who have gone the extra mile in developing and manufacturing total chlorine-free paper; and, in support of attaining a Dioxin-free environment, VVA shall take all necessary measures to maximize the use of paper products utilized and consumed by VVA that are manufactured using the chlorine-free processes and VVA encourages its state councils and chapters to do likewise. Also, Vietnam Veterans of America should make every effort to stop pulp and paper processes that create Dioxin.

AO-10

BAN THE MANUFACTURING, SALE AND USE OF 2,4-D

History:

First adopted in 1995 as AO-11-95
Amended in 1999 as AO-11-99
Renumbered in 2003 as AO-10-03
Renumbered in 2011 as AO-10

Issue: For at least fifty years, the Department of Defense has intentionally exposed military personnel to potentially dangerous substances, often in secret. During the war in Vietnam when herbicides were used to defoliate dense jungle, our service members were not aware of the toxicity of the chemicals used. As a result of the service members' exposure to 2,4-D in Vietnam, veterans are being diagnosed twenty years later with rare cancers, sarcomas, immune deficiencies and Central Nervous System disorders. Children of exposed veterans are born with learning disabilities, birth defects and deficiencies. Today, herbicide 2,4-D is being used for

weed control across the United States; at National Cemeteries, schoolyards, golf courses and hospitals. Utility companies, the Department of Transportation, and railroads use it. Additionally, farmers are using 2,4-D, which in turn is contaminating food crops, cattle, pigs, chickens, etc. In addition, 2,4-D is being used to eliminate the growth of plant life in our lakes, thereby contaminating our freshwater wildlife. Over 250,000 veterans have died from diseases caused by their exposure to Agent Orange/Dioxin, and that number climbs every day. The continued use of 2,4-D today further exposes our families to the same chemical veterans were exposed to in Vietnam. This exposure jeopardizes the health of our families and future generations, making them susceptible to the same diseases from which our veterans are dying.

Background: Vietnam veterans are acutely aware of the deadly consequences of exposure to 2,4-D. Health and Welfare Canada and the United States Environmental Protection Agency have identified at least four different isomers of Dioxin as contaminants in 2,4-D. These Dioxins include the 2,3,7,8-TCDD isomer, which is the most deadly poison known to man. Dioxin is contaminating the food chain which results in the compromising of the immune system of all Americans. Even more ludicrous, 2,4-D is being used at national cemeteries, which shows the government's insensitivity to victims that have died of Dioxin-related cancers.

Resolved, That: Vietnam Veterans of America, will seek legislation and administrative action to ban the manufacture, sale, and use of 2,4-D worldwide.

1. VVA will take all steps necessary to promote legislation to carry out this action.
2. VVA encourages its membership through the chapters and state councils to work with Congressional representatives and state legislators to obtain their support to ban the manufacturing, sale, and use of 2,4-D worldwide.

AO-12

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS) FUNDING FOR RESEARCH IN VIETNAM

History:

First adopted in 1995 as AO-14-95
Amended in 1997 as AO-14-97
Amended in 1999 as AO-14-99
Renumbered in 2001 as AO-13-01
Amended in 2003 as AO-12-03
Renumbered in 2011 as AO-12

Issue: The best laboratory for research on the environment and health risks associated with Agent Orange/Dioxin contamination is Vietnam. Continued funding must be provided for this essential research to find the final solution/resolution to the Dioxin problem.

Background: The National Institute of Environmental Health Sciences (NIEHS) has agreed to spend a minimal amount (less than \$2 million) for health-related studies in Vietnam. This resolution amends AO-12-01.

Resolved, That: Vietnam Veterans of America, supports continued advocacy with the National Institute of Environmental Health Sciences (NIEHS) for increased funding for health-related studies in Vietnam in conjunction with the protocol established by the Memorandum of Understanding signed by the governments of Vietnam and the United States on March 10, 2002.

AO-13

AGENT ORANGE/DIOXIN AWARENESS MONTH

History:

First adopted in 1997 as AO-15-97
Amended in 1999 as AO-15-99
Amended in 2001 as AO-14-01
Amended in 2003 as AO-13-03
Renumbered in 2011 as AO-13

Issue: To promote and support a national Agent Orange/Dioxin Awareness Effort by expanding and developing programs for Vietnam veterans, their dependents and survivors at all levels, including all U.S. territories and possessions.

Background: The month of October has been nationally designated as Breast Cancer and Prostate/Colon Cancer Awareness Month. In conjunction with this, several state legislatures have declared October as Agent Orange Awareness Month. This resolution amends AO-13-01.

Resolved, That: Vietnam Veterans of America, hereby declares October as Agent Orange/Dioxin Awareness month. Vietnam Veterans of America, Inc. will take appropriate measures to ensure that October is declared as Agent Orange/Dioxin month by all levels of government (national, state, and local). Additionally, the Vietnam Veterans of America National Agent Orange/Dioxin Committee will work closely with all VVA state councils and chapters to develop programs in their local areas. Further, that VVA publicize the Agent Orange Flag, preserve its history, and make it available to all levels of the organization and interested parties.

AO-14

HEARING LOSS ADDED TO THE LIST OF BIRTH DEFECTS DUE TO EXPOSURE TO AGENT ORANGE

History:

First adopted in 2011 as AO-14

Issue: Urge Legislation to Have Hearing Loss Added to the List of Birth Defects Due to Exposure to Agent Orange

Background:

Agent Orange causes birth defects.

Agent Orange causes nerve damage.

Damage to hair cells in the inner ear that connect to the auditory nerve causes hearing loss.

Hearing loss in children of veterans who were exposed to Agent Orange is a matter of fact.

The statistics to evaluate the rate of hearing loss in children of veterans exposed to Agent Orange can be gathered from the Agent Orange Registry.

The Ford Foundation Study shows that birth defects are showing up in second and third generation children of people exposed to Agent Orange including nerve damage.

Studies have shown that Agent Orange causes changes to chromosomes in the DNA of people exposed to dioxin which leads to birth defects among families of people who were exposed to Agent Orange.

Resolved, That: Vietnam Veterans of America, urge Congress to pass appropriate legislation to have hearing loss in children and grandchildren of service members and veterans, who were exposed to Agent Orange, be added to the List of Birth Defects recognized by the Department of Veterans Affairs.

AO-15

GOVERNMENT'S RESPONSIBILITY FOR VETERANS RIGHT TO KNOW

History:

First adopted in 2003 as HC-6-03

Renumbered in 2005 as HC-3-03

Renumbered in 2007 as HC-1-03

Renumbered in 2011 as AO-15

Issue: The Department of Defense has a history of using military personnel for covert medical experiments. During deployments military personnel are often exposed to dangerous conditions such as chemicals and biological that are harmful to human health. At the time of these exposures the true nature of their effects on human health may not have been fully understood. These individuals are discharged with no knowledge of their exposure or the possible consequence to their health and the health of their families.

Background: In 2002, the Department of Defense revealed some of the details of chemical and biological tests that were conducted during the Vietnam Era which is now known as Shipboard Hazards and Decontaminations/Defense (SHAD). These experiments were part of a larger portion called Project 112 which includes land based testing. These revelations are the latest in a long line of human subject research which includes atomic testing, LSD experiments during the Korean War, and hazardous exposures like herbicides (i.e., Agent Orange) during Vietnam, depleted uranium during Gulf War I and other known and unknown exposures to toxic substances and dangerous experiments. When men and women in uniform risk their lives in service to this nation, their rights to informed consent must be paramount. Further it is incumbent on the government that these citizens be informed about any adverse health conditions resulting from exposures during their services to their country. This information will be an immediate full disclosure of what is known about these exposures and their potential threats to their health and the health of their families. In the past, this information has been intentionally withheld by various government agencies and officials, as well as, withheld from appropriate congressional committees.

Resolved, That: Vietnam Veterans of America, dedicated to ensuring that the injuries and death caused by military toxic exposures will never happen again. VVA will investigate all aspects of Project 112; promote full disclosure of our findings to the public and to hold accountable by agency and individual those responsible for injuries and deaths. This task force intends to accomplish these objectives through the legislation process, litigation, outreach and education. By so doing, we will protect the health, safety and constitutional rights of past, present and future U.S. military service personnel.

ECONOMIC OPPORTUNITIES

E-1 JOBS IN THE PUBLIC SECTOR

History:

First adopted in 1983 as E-13-83

In 1991 E-12-91 replaced E-18-83 and E-14-91 was adopted

In 1993 E-12-93 replaced E-12-91 and E-14-93 updated E-14-91

In 1995 E-8-95 updated E-12-91 and E-9-95 updated E-14-93

In 1997 E-1-97 replaced E-8-95 & E-9-95

Amended and renumbered as E-1 in 2011

Issue: VVA has favored veterans' preference since our founding convention in 1983. VVA believes that veterans' preference is an earned individual right and benefit. Veterans' preference is not as meaningful today as it was following World War II. Said simply, veterans' preference is not uniformly enforced in the hiring, promotion, and retention of the public workforce at the federal, state, and local level.

Background: The central problem with veterans' preference at the federal level, and in most states and jurisdictions, is that there is no means for a veteran who believes that his or her earned right to veterans' preference has been abridged to seek redress. There is no incentive for officials making hiring, promotion, and retention decisions to obey the law because there are no sanctions if they circumvent the law through various administrative means developed over the last fifty years. A not inconsiderable factor often is the perception of the presence of subtle and overt prejudice against veterans, particularly Vietnam veterans and disabled veterans.

Resolved, That: Vietnam Veterans of America takes the following positions: VVA favors federal legislation that will provide for an effective and clear redress mechanism for veterans who believe that their earned rights to veterans' preference have been violated. Such legislation must include the means for holding agencies and individual managers responsible for actions that abridge the **earned** rights of veterans. Such means of accountability must be published, widely distributed, and implemented throughout all federal agencies.

VVA favors similar legislation and executive action in each of the fifty states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and all other United States territories and possessions, which would serve to establish veterans' preference where it does not exist and strengthen the enforcement of any veterans' preference statutes that currently exist.

VVA strongly recommends that OPM take a pro-active role in recruitment and reporting of all Federal Agencies **and challenges every state to enact and enthusiastically administer similar actions that recognize the value of our veterans.**

E-2 JOB TRAINING AND OTHER SERVICES

History:

First adopted in 1983 as a series of resolutions E-4-83, E-5-83, E-6-83, E-7-83, and E-8-83

Consolidated in 1985 as E-2-85

Updated in 1987 as E-6-87

Updated in 1989 as E-6-89

Updated as E-6-91
Replaced in 1993 by E-6-93
Renumbered in 1995 as E-4-95
Amended in 1997 as E-2-97
Amended and renumbered as E-2 in 2011

Issue: The availability of employment, training, and vocational rehabilitation services to veterans in the last thirty-**five** years has been sporadic. VVA believes that the opportunity to obtain and sustain meaningful employment at a decent living wage is the central event in the readjustment process for all veterans. One illustration of this is that the most successful VA Vet Centers are those that have been able to secure a strong employment-placement component in the mix of services available. The problem is that there is no consistent availability of training funds for veterans and for service providers who can help meet the special needs of veterans.

Background: VVA has found that if veterans are not explicitly written into the many Federal laws that create funds for job training and placement and for services that assist individuals to overcome or ameliorate conditions that serve as barriers to getting and keeping a job, then veterans are expressly "read out" of the law at the state and service-delivery level. The continuing movement toward block grants will only make this problem more difficult for veterans.

The additional problem that has vexed many is that there is not enough accountability for performance, nor monetary incentives for good performance on the part of organizations, government entities, and individuals.

Resolved, That: Vietnam Veterans of America takes the following positions: VVA holds that accountability, open competition, incentives for performance, and free market principles need to be written into all of the **federal and state** laws that govern employment, training, and related services.

VVA holds that proportionate services to meet the special needs of veterans in all of these programs must be explicitly written into the governing statutes and regulations, with reasonable reporting, accountability mechanism, and public oversight by the Congress **and our state legislatures**.

This includes virtually all of the programs funded through the Department of Labor, Housing and Urban Development, Health and Human Services, Veterans Affairs, and selected human services programs at such agencies as the National Institutes of Health.

E-3 VETERANS IN BUSINESS

History:

First adopted in 1983 as E-2-83
As a series of resolutions in 1985 as E-9-85, E-10-85, E-11-85, E-12-85 and E-13-85
Amended in 1987 as E-11-87
Replaced in 1991 by E-3-91
Replaced in 1993 by E-3-93
Updated in 1995 as E-11-95
Amended in 1997 as E-3-97
Amended and renumbered in 2011 as E-3

Issue: Veterans have tried to secure assistance to enter successfully into their own business for decades. The Small Business Administration has made only modest gestures from time to time to assist veterans, always under intense pressure from the Congress and veterans' community. As soon as that pressure relents even slightly, the agency efforts virtually cease again. Similarly, veterans in business often have dropped being a veteran from their resumes as it has impeded their careers. Despite this problem, the leaders of many of our most successful businesses, large and small, are veterans.

Background: If veterans are not explicitly written into every provision of law that affects the services and opportunities available to business, veterans will be expressly "read out." Similarly, much needs to be done by the veterans' community and the business community to enhance the image of veterans, particularly disabled veterans. Another problem is that full implementation of P.L. 106-50 Veterans Entrepreneurship Act of 1999 has not been accomplished throughout all Federal agencies.

Resolved, That Vietnam Veterans of America takes the following positions: VVA in the strongest language possible recommends that legislation that mandates the full implementation of P.L.106-50, The Veterans Entrepreneurship Act of 1999, be accomplished throughout the Federal agencies. Those agencies, individual managers responsible for the implementation, by written policy and/or oversight **must** be held accountable. Such means of accountability and ramification of breach must be published, widely distributed and implemented throughout all Federal agencies.

VVA calls on the organized business community and individual businesses to work closely with VVA and other veteran's organizations to enhance the possibilities and opportunities for veterans to succeed in business. A special effort must be made to assist disabled veterans who have the skills and attributes that would suit them to such a career.

VVA calls on the Congress and the Executive Branch to take necessary steps to ensure that veteran-owned businesses, particularly disabled-owned businesses, have every reasonable opportunity to secure a share of Federal contracts that purchase goods and services for the Federal government. Similarly, VVA calls on the states to take similar steps modeled on the action taken by the state of California to provide opportunities for disabled veteran-owned businesses.

VVA calls on each state's Congressional delegation to jointly sponsor, no less than every other off election year a program in their states that brings every federal procurement officer for every federal agencies that does business within that state to train veteran owned business in how to work with their respective agencies.

VVA also calls on all state executives and legislatures to implement veteran business preference legislation for veteran owned business in all state procurements.

E-18

A COMPREHENSIVE EMPLOYMENT RESOURCE DEVELOPMENT PROGRAM

History:

First adopted in 1995 as E-18-95

Amended in 1997 as E-4-97

Amended in 2005 as E-18-05

Amended in 2007 as E-18-07

Renumbered in 2011 as E-18

Issue: Continued unemployment and underemployment create an insecure and unstable quality of life for many Vietnam and recently returning veterans. Employment and mental health needs are frequently unmet by existing local and national policies.

Background: Many Vietnam veterans are vulnerable to the numerous cutbacks, layoffs, early retirements, and industrial closings that occur daily throughout the nation. While most unemployment service agencies are responsive to veterans, frequently the special needs of aging Vietnam veterans are not met. Many of the veterans returning from harm's way are not having their unseen disabilities addressed in order to maintain a living wage for themselves and their families. This resolution amends E-18-05.

Vietnam Veterans of America resolves to set forth guidelines for establishing a comprehensive employment resource development program to assist with employment and job searches, thereby creating an improved quality of life.

Resolved that: That in order to live up to its motto of "Never Again Will One Generation of Veterans Abandon Another," Vietnam Veterans of America will actively advocate for increases in federal funding for mental health services and programs at all Vet Centers and VHA facilities in order to assist veterans and their families (including members of the Reserve and National Guard) with mental health illnesses caused by their military service, thereby better ensuring an opportunity for the veteran's successful reintegration into the workplace and community.

E-19

A MEANINGFUL JOB AT A LIVING WAGE

History:

First adopted in 2007 as E-19-07

Amended and renumbered in 2011 as E-19

Issue: OEF and OIF Veterans are suffering physical and mental health illnesses that keep them from getting and keeping a meaningful job at a living wage. Veterans make up a larger percentage of agencies' new hires than they did five years ago, but they are being placed disproportionately in entry-level clerical jobs. There are employment programs on the books, such as "Welcome Home to Work", "Hire a Vet First:" and "Jobs for Veterans Act", that are insufficient to meet Veterans' needs because of a lack of funding, ignorance, and or purposeful intent.

Background: The national unemployment rate, according to the Department of Labor is about **nine point five (9/5%)but in some economies exceeds twenty percent (20%)** while the rate for 18 – 24 year old Veterans is about fifteen (15) percent. Our new veterans are being diagnosed with "Readjustment Problems", "Personality Disorders" and other terms that keep them from receiving VA compensation or vocational training benefits.

Resolved, That: Vietnam Veterans of America takes the following positions: VVA calls on all federal **and state** agencies to implement to the highest degree the "Welcome Home to Work", "Hire a Vet First" and "Jobs for Veterans Act". Agencies and their individual responsible managers must be held accountable for the implementation by written policy and GAO oversight. The means of accountability and penalties must be published, widely distributed and implemented throughout all federal agencies.

Because returning Veterans have problems in finding work and getting necessary medical assistance for themselves and their family, VVA will make available the "VVA Guide to Veterans Employment", "VVA Guide to Veterans Preference", "VVA Guide to Vocational Rehabilitation", "VVA Guide to Veterans Entrepreneurship", "VVA Guide to PTSD" and information on Women in Service Issues and Homeless Veterans programs.

GOVERNMENT AFFAIRS

G-7

SERVICE CONNECTION FOR HEPATITIS C

History:

First adopted in 1999 as G-7-99

Renumbered in 2011 as G-7

Issue: Service connection for Hepatitis C.

Background: Thousands of veterans, perhaps as many as 20,000 are contending they suffer from Hepatitis C and the secondary effect of such disease, especially dysfunction of the liver and pancreases. Many veterans currently are suffering from Hepatitis C but are unable to establish service connection because of the difficulties in establishing proof. A presumptive type of statute for service connection for Hepatitis C pursuant to 38 C.F.R. 3.309 would greatly reduce the burden of proof and allow these veterans to be compensated for Hepatitis C unless it is clearly and affirmatively established that the Hepatitis C was acquired post-service.

Resolved, That: Vietnam Veterans of America, urges Congress to pass appropriate legislation to establish Hepatitis C be considered a presumptive disability.

G-9

AWARDING OF THE COMBAT MEDEVAC BADGE (CMB)

History:

First adopted in 2003 as G-9-03

Renumbered in 2011 as G-9

Issue: Awarding of the Combat Medevac Badge (CMB) to Medics who were assigned to Air Ambulance Units, "DUSTOFF" during the Vietnam War.

Background: Until recently most Vietnam Veterans including Dustoff pilots assumed medics assigned to Dustoff were awarded the CMB. We have since learned that this was not done due to the way the regulation was written in 1945. In Vietnam, Dustoff crews flew over 400,000 missions and carried over 900,000 patients. There are over 200 aero medical crew members names on the WALL including over 50 Dustoff medics.

Resolved, That: Vietnam Veterans of America, supports the efforts of veterans and veterans service organizations who seek to change the regulations that have prevented the issuance of the Combat Medevac Badge to those individuals who served as aero medical crew members during the Vietnam War. Now, therefore it be further resolved that the delegates in assembly at the 11th National Convention in St. Louis, Missouri, July 29 to August 3, do hereby charge the Government Affairs Committee with the task of reviewing the criteria for all combat awards, ribbons and decorations. The committee shall render a study and report to the VVA

board of directors in one year, and be ready for any possible and appropriate resolutions recommending criteria changes for the consideration in 2005 at the 12th National Convention in Reno, Nevada.

G-10

ENDORSEMENT FOR LEGISLATION TO CREATE MINIMUM PRIVATE-SECTOR HEALTH-CARE COVERAGE FOR UNINSURED AND UNDERINSURED VETERANS AND THEIR FAMILIES

History:

First adopted in 1991 as P-18-91
Renumbered in 1993 as P-13-93
Renumbered in 1995 as P-7-95
Amended in 1997 as V-12-97
Amended in 1999 as V-12-99
Amended in 2001 as V-12-01
Amended in 2003 as V-9-03
Amended in 2005 as V-12-01
Renumbered in 2007 as G-10-07
Renumbered in 2011 as G-10

Issue: Even if they were clearly entitled to access the Department of Veterans Affairs (DVA) health-care system, significant numbers of Vietnam-era veterans have refused to do so. In an era of shrinking federal budgets, policy changes have made tens of thousands of additional veterans ineligible for DVA services. They and their families have no choice but to turn to the private health-care system. However, here, too, they face severe problems. Health-care costs are rising at a rate significantly higher than the consumer price index. Over 35 million working Americans are uninsured. When speaking of the American health-care system, you could paraphrase Ben Franklin's adage that "Nothing is certain but death and taxes" to say that if the system is left unchanged, "Nothing is certain but cost and chaos." Most agree there is a need for significant constructive reform in the health-care delivery and payment system. The problem lies in enacting meaningful legislation that balances the needs and concerns of health-care providers who deliver service, employers and government who pay for it, and most of all, employees--many of them Vietnam-era veterans and their families--who will make use of health-care services. This resolution amends V-12-01

Background: A goal of VVA's strategic plan is to enhance a new identity for veterans--to help them achieve pride in citizenship that transcends their military experience and includes a commitment to political participation for positive social change. Among the objectives of this goal are the recognition of issues affecting family members and increased participation by veterans in the political process.

Resolved, That: Vietnam Veterans of America, supports legislation ensuring that all veterans and their families have access to health-care coverage which meets minimum requirements and which is provided at a reasonable cost to both the veteran and his or her family.

G-13

CESSATION AND PROHIBITION OF THE UTILIZATION OF THE U.S. MILITARY PERSONNEL AS NON-CONSENSUAL PARTICIPANTS IN THE TESTING BY THE U.S. GOVERNMENT OF VACCINES AND OTHER MEDICAL TREATMENTS

History:

First adopted in 1999 as V-16-99

Renumbered in 2003 as V-13-03

Renumbered in 2005 as V-16-99

Renumbered in 2009 as G-13-07

Renumbered in 2011 as G-13

Issue: The U.S. Government must immediately cease coercing members of the U.S. military to become voluntary test subjects for vaccines, immunizations, medication and other medical treatments, which have not been fully tested and approved for use on human subjects.

Background: In an incident earlier this year, various military personnel on orders for duty in the Balkans, were ordered to allow themselves to be administered an anti-anthrax medication. Approximately two hundred of the U.S. Marines refused to consent because of short and long-term concerns about the extent of medication's testing and the potential effects on their health if they allowed the administration of the medication. Five subsequently subjected top military judicial proceedings, were convicted of refusing the order to take the medication, and received sentences calling for imprisonment and bad conduct discharges.

Historically, the Department of Defense and the U.S. military have on numerous occasions used military personnel as unwitting or not fully informed subjects for the testing of vaccines, immunizations, medications and other medical treatments. Military personnel, in most instances, were not fully informed of the degree and outcome of any relevant testing already conducted or potential health effects on them and/or their families. They were also not given the option of refusing to participate on the basis of their concerns and/or reservations.

This historical practice must cease immediately on the basis of an executive order by the President of the United States and/or act of Congress along with specific and appropriate guidelines and standards established to determine when a member of the U.S. military must be allowed the right to give or withhold informed consent prior to the administration of vaccines, immunizations, medications and other medical treatment. Additionally, the military must be barred from taking any type of disciplinary or coercive measures if a military member refuses to provide informed consent when the aforementioned guidelines permit.

Resolved, That: Vietnam Veterans of America, strongly urges the President of the United States to issue an executive order and/or for Congress to enact legislation calling for the immediate cessation and prohibition of the utilization of U.S. military personnel as non-consensual participants in the testing by the U.S. government of vaccines, immunizations, medications and other medical treatments. We also urge that the President and/or Congress:

1. Establish, without any undue delay, specific and appropriate guidelines and standards to determine when a member of the U.S. military must be allowed the right to give or withhold informed consent prior to the administration of vaccines, immunizations, medications and other medical treatments;

2. Bar the Department of Defense and the military from taking any type of disciplinary or coercive measure if a military member refuses to provide informed consent when the aforementioned guidelines permit.

G-14

STATE VETERANS HOMES

History:

First adopted in 2003 as V-14-03

Renumbered in 2005 as V-17-03

Renumbered in 2009 as G-14-07

Renumbered in 2011 as G-14

Issue: Nearly every state in the nation has committed itself to caring for our veterans by opening and maintaining state veterans homes to deliver services to meet their care need. Today these homes are underfunded and the turn of the economy will result in less access to care and poor quality of care.

Background: A grateful nation has embraced the supporting of our veterans in their time of need since the late eighteenth century. These warriors, who have fought for and defended our nation and our freedoms, as well as their spouses, have felt secure that in their time of need the country would be there for them.

Many of the state veteran homes have received significant reductions in the reimbursement for care. Many state homes have reported reduction of staffing and some have even stopped admitting new veterans. On a national level the centers for Medicare and Medicaid have cut reimbursement for Medicare significantly. Known as the Medicare Cliff, this reduction in funding averages over \$24.00 for each patient every day. At the same time the federal government has reduced its reimbursement to state governments thus stressing the already difficult financial positions of each state. This has caused many states to lower their reimbursements to nursing homes including state veterans homes, for Medicaid.

A decision by our government must be made: do we continue to provide the quality of care our veterans deserve, or once again do we turn our backs on the very individuals who have won for us the liberties and freedom we so cherish.

Resolved, That: Vietnam Veterans of America maintain that:

Each state council and its chapter make themselves aware of the plight of the veterans home in their state and support the high quality of care that these homes deliver to our veterans in need.

To work with their state representatives, demanding that the veterans home in their state are properly funded with enough reimbursement to deliver the level of care that our brothers and sisters have earned and deserve.

To work with their member of congress to push for adequate federal funds for veterans state homes in their district.

G-15

VIETNAM WAR IN MEMORY MEMORIAL PLAQUE PROJECT

History:

First adopted in 2001 as P-9-01

Amended in 2005 as P-9-05

Amended in 2007

Renumbered in 2011 as G-15

Issue: Many men and women who served in Vietnam returned home only to die years later as a direct result of their service in Vietnam.

Background: The dedication of the Vietnam War In Memory Plaque on November 10, 2004 in Washington, D.C., recognized forever the memory of those who have died young from illnesses stemming from toxic herbicides (cancers; diabetes), war wounds, PTSD (heart attacks; suicide), and Hepatitis C, among others. The death toll continues to climb and is expected to get worse. The In Memory Plaque contains no individual names, but a simple statement recognizing the fact that so many have died as a result of their service, forever ensuring that all the sacrifices will be acknowledged.

Sadly the placement of the In Memory Plaque has been designed in a style (known as 'Cathedral') that virtually hides the plaque from the public, subjects it to be constantly walked on because of its inconspicuous placement, and since the dedication has caused the plaque to appear deteriorated and uncared for.

The memories of those this plaque commemorates deserve to be honored and respected as their service was as honorable distinguished as their comrades on The Wall. This resolution amends P-9-01

Resolved, That: Vietnam Veterans of America calls upon Vietnam veterans and their families to support all efforts to have the American Battle Monuments Commission (ABMC) place the Vietnam War Memorial In Memory Plaque on an appropriate pedestal, raised above ground level so that its inclusion in the Vietnam Veterans Memorial area is conspicuous, honorable, and respectful in an appropriate location within the area defined by the National Park Services as the Vietnam Veterans Memorial site.

G-16

SEXUAL HARASSMENT

History:

First adopted in 1993 as V-15-93

Renumbered in 1995 as V-8-95

Renumbered in 2003 as V-5-03

Amended in 2005 as V-8-95

Amended in 2007 as VB-22-07

Renumbered in 2009 as VB-22

Renumbered in 2011 as G-16

Issue: Sexual misconduct within the United States Armed Forces and the Department of Veterans Affairs and its facilities.

Background: Sexual misconduct in any form is unacceptable. Sexual misconduct can be found in every community, corporation and culture. The U. S. military and Federal Government are not exceptions.

The U. S. Senate Veterans Affairs Committee heightened public awareness of Military Sexual Trauma within the nation's military ranks in 1992 which resulted in the passing of P. L. 102-585 followed by P. L. 103-452 in 1994. Military sexual misconduct remains a disturbing fact. Mandatory Military Sexual Trauma screening was implemented by the Veterans Administration in March 2002. Forty-two thousand of the 1.6 million male and female veterans who were screened during the first six-months of the screening requirement reported a Military Sexual Trauma experience. These numbers are alarming when one considers that data from the National Victims Center indicates that only 15% of rape cases are reported.

In 2004, the U. S. Armed Services Committee called for and received investigative reports with recommendations from two Sexual Trauma Task Forces. The outcome was the formation of a permanent Joint Task Force for Sexual Assault Prevention and Response which is currently providing policy and implementing the recommendations of the original task forces. This resolution amends V-8-95

Resolved, That: Vietnam Veterans of America, at the National Convention in Reno, take the following positions:

1. That VVA condemns any form of sexual misconduct that includes but is not limited to sexual harassment, sexual abuse, sexual assault be it verbal or physical.
2. That VVA urges Congress to require the permanent oversight of the Department of Defense regarding the development and implementation of sexual misconduct policies and treatment of service members affected by sexual misconduct.
3. That Congress call for a review of the Uniform Code of Military Justice to determine whether existing penalties for sexual misconduct are commensurate with the offenses and consistent with penalties applied for the same offenses in civil courts.
4. That Congress call for strict enforcement of the Uniform Code of Military Justice penalties (regardless of rank) and other relevant Uniform Code of Military Justice provisions associated with sexual misconduct across all branches of the military.
5. That Congress call for consistent application of civil law with civilian employees (regardless of position) within the U. S. Government whose sexual misconduct is prosecutable.

G-17

PROPER USE OF REAL ESTATE AT WEST LOS ANGELES DVA MEDICAL CENTER

History:

First adopted in 1991 as V-26-91
Renumbered as V-21-93 in 1993
Renumbered as V-13-95 in 1995
Amended in 1997 as V-11-97
Renumbered in 2003 as V-8-03
Renumbered in 2005 as V-11-95

Renumbered in 2011 as G-17

Issue: A parcel of real estate adjoining the West Los Angeles, Department of Veterans Affairs (DVA) Medical Center, intended by its donor to be used for purposes of providing services to veterans, has never been developed as intended.

Background: The West Los Angeles DVA Medical Center is located on a parcel of property, 547.7 acres of which were donated to the federal government in 1888 for the express purpose of maintaining a home for disabled veterans and a cemetery. The 431.2 acres unused portion of this parcel never has been developed for its intended purposes, and some of the medical buildings on the medical campus are empty, are used for storage, or are leased to non-veteran groups for assorted purposes.

Over the years since this property was transferred to the federal government, land values in the neighboring residential community have soared, reaching upwards of \$5,000,000 per acre, making the unused DVA parcel highly desirable by both developers and the local residential community. In recent years, plans by the DVA to make the property available to developers were legislatively blocked, leaving the parcel in DVA hands but still without development consistent with the purposes for which the property was originally donated.

Most recently, a private group of local residents has sought to acquire the 265-acre unused parcel of DVA property through a lease. The objective of acquiring the property is to establish mixed-use recreational facilities for the principal benefit of the neighboring community and also for use by veterans. Unfortunately, the planned use of this parcel continues to be inconsistent with the kinds of services for veterans that are most in need and were intended by the original donor.

Over the last several years, the availability of needed services for veterans at the West Los Angeles DVA Medical Center has been in decline. The new use of the property would do little, if anything, to stem this decline.

Resolved, That: Vietnam Veterans of America, opposes the use of the undeveloped property at the West Los Angeles DVA Medical Center for purposes other than those consistent with the intentions of the original donor. It is the further position of VVA that any vacant or otherwise undeveloped DVA real estate or capital-plant assets should be refurbished, affording continued services for veterans and, most especially, for service-connected disabled veterans.

MEMBERSHIP AFFAIRS

M-1

VERIFICATION AND SECURITY OF DD FORM 214

History:

First adopted in 1983 as M-9-83

Amended in 1991 as M-4-91

Amended in 1993 as M-4-93

Renumbered in 1997 as M-2-97

Renumbered in 1999 as M-1-99

Renumbered in 2011 as M-1

Issue: In the past, there have been situations where persons have falsely represented themselves as Vietnam veterans to the detriment of the organization. Additionally, methods to ensure eligibility for individual membership must continue to be addressed.

Background: The problem of identifying fully qualified persons for individual membership will continue to be a problem needing intensive management at all levels in VVA.

Resolved, That: Vietnam Veterans of America requires that all applicants for individual membership in VVA must provide a copy of their DD Form 214 or other acceptable documentation establishing eligibility for membership. These documents are to be kept at the local level in a confidential and secure manner in accordance with the provisions of the Constitution. Verification to the national organization shall be done by the local chapter secretary or, in the absence of the secretary, a designated chapter official.

M-2 COMMUNICATION BETWEEN VVA'S ORGANIZATIONAL LEVELS

History:

First adopted in 1983 as M-10-83
Renumbered in 1991 as M-5-91
Updated in 1993 as M-5-93
Amended in 1995 as M-10-95
Amended in 1997 as M-6-97
Amended in 1999 as M-2-99
Amended in 2001 as M-2-01
Renumbered in 2011 as M-2

Issue: Communication at all levels is necessary for the effective functioning of VVA. A reaffirmation of this necessity is evident.

Background: In the ever-changing dynamics of VVA's leadership at all levels, it is essential to take a firm stand on the importance of open and continuous communication.

Resolved, That: Vietnam Veterans of America recognizes that the national office must reply to all communications from state councils and chapters within five working days and state councils and chapters must reply to all communications from the national office within ten working days.

MINORITY AFFAIRS

MA-1 LANGUAGE-TRANSLATED DVA BENEFITS MATERIALS

History:

First adopted in 1987 as MA-1-87
Updated in 1991 as MA-3-91
Revised in 1993 as MA-2-93
Renumbered in 1995 as MA-1-95
Renumbered in 2011 as MA-1

Issue: A significant number of Vietnam-era veterans are of Hispanic descent, and Spanish is their first/primary language.

Background: This resolution calls on the Department of Veterans Affairs (DVA) to assess the need to produce its service literature in Spanish and other languages as needed and to make this literature available to its clients when appropriate and requested.

Resolved, That: Vietnam Veterans of America, continues its support for distribution by the DVA of materials outlining benefits, programs, and adjudication guides in Spanish as well as in other appropriate languages.

MA-2 MINORITY AFFAIRS COVERAGE IN THE VVA VETERAN

History:

First adopted in 1989 as MA-3-89

Renumbered in 1991 as MA-4-91

Updated in 1993 as MA-3-93

Updated in 1995 as MA-2-95

Renumbered in 2011 as MA-2

Issue: Minority affairs issues are an important part of the lifeblood of VVA's membership.

Background: Regular minority affairs features in The VVA Veteran should be continued. There are many resources available for the production of such features and these resources need to be used.

Resolved, That: Vietnam Veterans of America, continues production of a regular minority affairs feature in addition to the quarterly report focusing on various minority groups in The VVA Veteran, with the understanding that such articles are to be both educational and informative.

MA-3 ASIAN AMERICAN AND PACIFIC ISLANDER VETERANS

History:

First adopted in 1987 as MA-3-87

Updated in 1991 as MA-5-91

Renumbered in 1993 as MA-4-93

Updated in 1995 as MA-3-95

Renumbered in 2011 as MA-3

Issue: Vietnam Veterans of America is dedicated to fair and equitable treatment for all veterans. A significant number of Vietnam-era veterans are of Asian American/Pacific Islander heritage.

Background: In 1987 the delegates to the 3rd National Convention of VVA called on the Department of Veterans Affairs (DVA) to create an Asian American veterans working group within its Advisory Committee on Readjustment of Vietnam Veterans in order to assure attention in the DVA to the special needs of Asian American and Pacific Islander veterans. No study has ever been conducted by the DVA to show the social and psychological effects of military service on Asian American and Pacific Islander Vietnam veterans and how the American public perceives them in light of accepted stereotypes.

Resolved, That: Vietnam Veterans of America, continues its support for the creation of an Asian American and Pacific Islander working group within the Department of Veterans Affairs. Vietnam Veterans of America further requests a study to be conducted by the Department of Veterans Affairs on the social and psychological effects of military service on Asian American and Pacific Islander veterans during and after the Vietnam War.

MA-5

FOREIGN NATIONAL VIETNAM VETERANS IMMIGRATION

History:

First adopted in 1989 as G-3-89
Replaced in 1991 by V-19-91
Updated in 1993 as VA-15-93
Renumbered in 1995 as MA-5-95
Renumbered in 2011 as MA-5

Issue: Because of an anomaly in U.S. immigration laws, Vietnam veterans who are foreign nationals may be barred from entry into the United States owing to disabilities incurred during military service in the U.S. Armed Forces. Similarly, these veterans may be denied naturalization status.

Background: During the Vietnam War, foreign nationals volunteered and served in the military of the United States of America. An unknown number of these volunteers were wounded in action, killed, or listed as POW/MIA. Upon returning to the United States, many of these veterans elected to remain and become American citizens, while many others chose to return to their homes. It should be noted that many of the men who volunteered to serve did so in combat units.

The Canadian government never formally recognized the U.S. involvement in Southeast Asia and will not, therefore, under most circumstances, provide medical assistance to these veterans for wounds and disabilities sustained while serving in the U.S. Armed Forces. Fortunately, through legislation supported by VVA, Canadian Vietnam veterans may now receive some medical care in Canadian medical facilities at U.S. Department of Veterans Affairs (DVA) expense. Other types of Medical care uniquely indicated for some types of disabilities remain unavailable except in DVA facilities within the United States.

For those Canadian Vietnam veterans seeking care in the United States, the possibility of being denied entry into the country remains. Because under the U.S. immigration policy this nation reserves the right to refuse entry based on the potential of foreign nationals to become wards of the state, Canadian Vietnam veterans can be denied the medical care they both need and deserve.

Resolved, That: Vietnam Veterans of America, supports legislation to permit free entry into the United States of any foreign nationals who served in the U.S. Armed Forces and who are Vietnam veterans seeking medical care for service-related disabilities, regardless of length of service. This legislation should also give disabled foreign national Vietnam veterans eligibility for naturalization irrespective of the 24-month period required in the current statutes (Title 8 and Title 9 U.S.C.) for naturalization status.

MA-6

INVOLVEMENT BY MINORITY VETERANS WELCOMED IN VVA

History:

First adopted in 1983 as V-1-83
Updated in 1987 as MA-2-87
Updated in 1989 as MA-2-89
Updated in 1991 as MA-1-91
Updated in 1993 as MA-1-93
Updated in 1995 as MA-6-95
Renumbered in 2011 as MA-6

Issue: The Vietnam generation of veterans experienced treatment as a separate class of veterans. These veterans came from a wide range of social, economic, ethnic, and racial backgrounds. In some cases veterans still experience "second-class status" in their communities and within the veterans movement because of historical events.

Background: Vietnam Veterans of America always has promoted itself as an inclusive rather than exclusive organization. We always have prided ourselves on the fact that we are an organization whose strength lies in the diversity of its membership. Our mission is to assist veterans who served during the Vietnam era without regard to race, creed, color, religion, sex, sexual preference, or national origin.

VVA must assist and advise whenever appropriate to attract these disenfranchised veterans and assist them to change the historical legacy of neglect and indifference.

Resolved, That: Vietnam Veterans of America, continues its commitment to minority affairs programs by encouraging all veterans to become involved at all levels of the organization, and that VVA work more closely with other minority veterans organizations. VVA will devote appropriate staff and resources to continue a long-range, comprehensive Minority Affairs program directed at recruiting, education, and involvement. The Minority Affairs Committee will monitor the plan outline adopted by the Board of Directors.

MA-7

PUERTO RICAN VETERANS AND U.S. VIRGIN ISLANDERS

History:

First adopted in 1987 as V-15-87
Updated in 1991 as V-12-91
In 1993 V-12-91 was rolled into V-1-93 and V-2-93
In 1995 MA-4-95 was created,
In 1997 MA-7-97 came into being
In 2011 it was renumbered as MA-7

Issue: Puerto Rican veterans and U.S. Virgin Islanders populations are to disproportionately larger compared to the percentage of total U.S. population based on the 1992 census and VA statistics. Of this veteran's population, only a small percentage has been able to use Department of Veterans Affairs (DVA) services because of budget cuts.

Background: Over the last five years, medical services in the Commonwealth of Puerto Rico and U.S. Virgin Islands have become less than state of the art in medical care and mental healthcare. The veterans are suffering at an alarming rate from the lack of these services.

Resolved, That: Vietnam Veterans of America, renews its commitment for the continuum of healthcare and VA services to Puerto Rican and U.S. Virgin Islanders and their families, and to increase awareness of the availability of these services.

MA-8

RECOGNITION OF THE SERVICES AND SACRIFICES MADE BY THE VETERANS OF THE TERRITORY OF GUAM AND U.S. PACIFIC ISLANDERS

History:

First adopted in 1997 as MA-8-97

Renumbered in 2011 as MA-8

Issues: According to the March 1993 issue of VFW magazine, 58.9 of every 100,000 males was the national average state death rate during the Vietnam War; West Virginia had the highest state death rate: 84.1 for every 100,000 males. According to the 1990 U.S. Census of Guam, there were 47,362 males on the island of Guam. Guam had 71 of their sons die in the Vietnam War. These 71 out of 47,362 is a ratio of 149.8 per 100,000.

Background: There are currently 8,037 veterans of Guam who have proudly and honorably served in the armed forces of the United States of America in World War II, the Korean War, the Vietnam War, and the Persian Gulf War. The programs and services available to the veterans of Guam are severely limited in comparison to their comrades on the U.S. mainland. It is 3,500 miles to the nearest fully staffed VA Outpatient Clinic and over 7,000 miles to the nearest U.S. DVA medical center. 3,142 Vietnam-era veterans reside on the island of Guam and 71 sons of Guam died in the Vietnam War, a ratio of 149.8 per 100,000 males, a proportion higher than any other state or unincorporated territory.

The island of Guam, "Where America's Day Begins," also is the first American soil reached by the repatriated remains of POW/MIAs on their journey back from Vietnam, and appropriate ceremonies mark each occasion.

Resolved, That: Vietnam Veterans of America recognizes the contributions made by the veterans of Guam; and commends and salutes the Vietnam veterans of Guam for their courageous and gallant contributions to the United States of America during the Vietnam War. Furthermore, VVA strongly supports the improvement of veteran's benefits and health care provided to veterans of Guam and other U.S. Pacific Islanders.

MA-9

AWARENESS AND SENSITIVITY TO RACIAL, CULTURAL AND GENDER-RELATED EQUITY ISSUES

History:

First adopted in 1999 as MA-9-99

Renumbered in 2011 as MA-9

Issue: Society is becoming more diverse. There is a need for awareness and sensitivity to racial, cultural and gender-related equity issues.

Background: Vietnam Veterans of America has always promoted itself as an inclusive rather than exclusive organization.

Resolved, That: Vietnam Veterans of America will promote active Diversity Forums/Seminars training program at all levels of VVA especially during the time that the National Leadership Conference or National Convention are held.

MA-10 SELF-DETERMINATION FOR PUERTO RICO

History:

First adopted in 2003 as MA-10-03

Renumbered in 2011 as MA-10

Issue: The United States Constitution promises equal protection under the law to all U.S. citizens, and yet the island's current political status treats veterans and other U.S. citizens resident in Puerto Rico differently than citizens residing in the fifty states of the Union, reminiscent of the "separate but equal" standard of past era which, although eventually overturned, causes our society to continue to struggle with its repercussions.

Background: On May 3, 1917, Puerto Ricans embarked on a mission in defense of the nations during WWI by protecting the Panama Canal Zone; and during WWII, Puerto Rico's 65th Infantry Regiment was decorated for its participation in the Naples-Foggian, Rome-Arno, Central Europe, and Rhineland campaigns; and during the Korea Conflict, more than 800 Puerto Ricans made the ultimate sacrifice in defense of the universal right of self-determination; and during the Vietnam War, more than 500 Puerto Ricans gave their lives for the nation. There exists an ever-growing consensus among American veterans and leading veterans organizations, such as the American GI Forum, that the time has come to empower Puerto Rican men and women who have served with courage and distinction in the armed forces of the United States, and their fellow Puerto Ricans to make a decision regarding their island's ultimate destiny.

Resolved, That: Vietnam Veterans of America, supports legislation whereby the United States Congress would define the political status options available to United States citizens of Puerto Rico and authorize a plebiscite to provide an opportunity for Puerto Ricans to make an informed decision regarding the island's future.

MA-11 U.S. MONTAGNARD VETERANS

History:

First adopted in 2003 as MA-11-03

Renumbered in 2011 as MA-11

Issue: There is a need to carefully examine and assess whether proper treatment has been accorded to indigenous peoples who fought with us in Vietnam who now reside in America, and to act to seek redress as appropriate.

Background: A significant number of Hmong, Montagnards and other indigenous peoples served faithfully with American forces in Vietnam. Many died alongside American forces and many Americans lived to return home because of the sacrifices of these indigenous comrades in arms.

Many of those same people and their families now live in the United States of America and now suffer from the same maladies as American veterans of Vietnam. However, these people

receive no benefits or healthcare comparable to the benefits, services and care accorded to American veterans.

Whereas, it is the duty of American Vietnam veterans to never again let any generation of American veterans abandon another, it is also our moral duty not to abandon those who fought at our side; and

Whereas there is no comprehensive study of the number of indigenous people residing in America who fought along side of us, nor how many are actually ill or injured as a result of that service; now

Resolved, That: Vietnam Veterans of America request that the Government Affairs Committee, with the active cooperation of the other appropriate Vietnam Veterans of America National Committees conduct a thorough study and formal report of the state of these comrades in arms and their families. Said report shall be furnished to the National Board of Directors no later than the Spring 2004 meeting of the Board of Directors for appropriate action and advocacy with the Congress and the Executive Branch to assist these people, as appropriate to secure some proper measure of justice.

POW/MIA

PM-3

DECLASSIFICATION OF INFORMATION AND DILIGENT EFFORT

History:

First adopted in 1989 as G-16-89

Amended in 1991 as PM-2-91

Renumbered in 1995 as PM-1-95

Amended in 2003 as PM-5-03

Renumbered in 2011 as PM-3

Issue: Virtually all of the factual information regarding live Americans in Vietnam and elsewhere in Southeast Asia is in classified documents that are unavailable to all but intelligence agency personnel. In recent years, continuing allegations of incompetence, dishonesty, disinformation, and lack of diligent effort have been leveled against the U.S. government and its principal agencies for their failure to resolve the status of American personnel still unaccounted for. In addition, a previously released congressional report, charge that the U.S. government demonstrated at minimum a lack of diligence in demanding an accounting of those missing in action or known to have been taken prisoner.

Background: For a number of years, there have been reports as well as much speculation, personal opinion, and hypothesis that there are living Americans being held against their will in Southeast Asia. In the absence of factual information, incomplete or false information has been circulated in this country and in Southeast Asia. With respect to POW/MIAs in Southeast Asia, these allegations, if true, contradict the public commitments by former Presidents Reagan, Bush, and Clinton that resolution of the POW/MIA issue is 'of the highest national priority'. These allegations have evoked proposals for congressional and internal agency investigations. While these investigations may reveal the existence and extent of any lack of diligence, they may equally distract government resources from the continuing search for answers as to the fate of those still missing.

Resolved, That: Vietnam Veterans of America acknowledges the U.S. government efforts to accelerate the declassification of those documents and materials essential to the resolution of this issue, and further to publish and disseminate this material to interested parties upon request. Realizing there is still much to be done, VVA strongly urges and supports the continuing efforts to declassify all intelligence reports and all other classified documents related to American POW/MIA's. Such declassified documents shall respect legitimate concerns for U.S. intelligence methods, the privacy of families, and the freedom and safety of the source of the information.

Furthermore, VVA affirms that the repatriation of any live prisoner of war merits substantial priority over the return of remains and other issues that are the subject of negotiation between the U.S. and Vietnamese governments. VVA calls for the substantial upgrading of intelligence-collection and analysis capability, including on-the-ground resources and new personnel in the evaluation process.

Finally, VVA most forcefully urges all parties to this controversial issue to immediately cease and desist in recriminations regarding alleged "misinformation," "cover-up," and "conspiracy" and instead focus all energies toward obtaining the fullest and most complete answers possible to the compelling and agonizing questions which remain regarding the fate of missing Americans in Southeast Asia. VVA continues to demand the U.S. government's commitment to act decisively to return any Americans confirmed in captivity and urges Congress to request an investigation by the General Accounting Office (GAO) of activities by current or former government officials responsible for the POW/MIA accounting process.

PM-4 AMERICANS MISSING IN LAOS AND CAMBODIA

History:

First adopted in 1991 as PM-9-91 and PM-7-91

Renumbered in 1993 as PM-6-93

Updated in 1995 as PM-3-95 and PM-12-95

Amended in 1997 as PM-3-97 and PM-11-97

Amended in 1999 as PM-2-99 and PM-9-99

Consolidated in 2003 as PM-4-03

Renumbered in 2011 as PM-4

Issue: The United States of America and the governments of Laos and Cambodia currently have diplomatic relations. The pace of resolution of the remaining cases of Americans missing in Laos has improved; however, it is slow, there are still unresolved cases of Americans missing in Cambodia. There is a need to have multiple border crossing from Laos to Cambodia and from Cambodia to Vietnam. As of this date, approximately sixty-seven Americans still remain unaccounted for in Cambodia. There is a need to continue increasing the number of investigations concerning Americans missing in Laos.

Background: During the Vietnam War diplomatic relations with Laos were never broken and continue to this day. Prior to and during the war, the central Laotian government was neutral. The communist faction that was active during the Vietnam War is now the governing party of Laos.

Efforts at securing information relating to missing Americans in Laos have heretofore been focused on the Vietnamese government because a large majority of U.S. losses in Laos were in

areas controlled by the North Vietnamese forces. As of this date, approximately 381 Americans still remain unaccounted for from Laos.

Efforts at securing information on Americans missing in Cambodia have been stymied due to relationships between Vietnam and Cambodia. Many unresolved cases being investigated in Cambodia require a crossing of borders from Cambodia to Laos and Laos to Cambodia. As of this date, approximately sixty-seven Americans still remain unaccounted for in Cambodia.

Resolved, That: Vietnam Veterans of America strongly recommends that:

1. The governments of Laos and Cambodia continue to exhibit and increase cooperation in granting unrestricted access to its territory, records, and witnesses to incidences of missing Americans.
2. The United States government provides all resources necessary in Laos and Cambodia to insure the fullest possible accounting of those Americans missing in Laos and Cambodia.
3. The governments of Laos, Cambodia and Vietnam cooperate with the United States on the following points:
 - (a) The governments of Laos and Cambodia continue to expedite and permit unannounced live-sighting investigations and unfettered access to, and spontaneous interviews with witnesses by U.S. investigators.
 - (b) The governments of Laos and Cambodia continue to issue multiple-entry visas to U.S. teams investigating POW/MIA cases in the border areas between Vietnam, Cambodia and Laos.
 - (c) The governments of Laos and Cambodia continue to issue multiple-entry visas to U.S. teams investigating POW/MIA cases in the border area between Laos and Cambodia.
4. VVA commends the Laos government for its increased cooperation with the U.S. Government in resolving cases of U.S. service personnel unaccounted for in Laos, and urges the Laos government to increase the pace and scope of these activities.
5. Failure to provide the above required assistance will result in a recommendation by VVA to the U.S. government to downgrade or discontinue diplomatic relations with Cambodia.

PM-7

POSSIBILITY OF LIVE POW/MIAs, AND FACILITATING THE RETURN OF THOSE WHO REMAIN IN SOUTHEAST ASIA

History:

First adopted in 1987 as G-5-87

Updated in 1989 as G-11-89

Updated in 1991 as PM-1-91

Updated in 1995 as PM-7-95 and PM-10-95

Amended in 1997 as PM-7-97 and PM-9-97

In 1999 PM-7-97 was renumbered as PM-5-99 and PM-9-97 was renumbered as PM-7-99

Consolidated in 2003 as PM-2-03

Amended and renumbered in 2011 as PM-7

Issue: VVA has formally acknowledged the possibility of live Americans being left in Southeast Asia at the end of the Vietnam War, **and elsewhere worldwide, as a result of later military operations and wars.** The issue of those Americans who remain unaccounted for is still a matter of great concern for members of Vietnam Veterans of America and all Americans.

Background: Many members of VVA believe that American POWs and MIAs were left behind at the end of the Vietnam War. Testimony and documents gathered over the years, and those documents disclosed during the Senate Select Committee on POW/MIA Affairs hearings and the Military Personnel Subcommittee of the 104th Congress, add considerable weight to this belief. VVA has been and continues to be actively involved in attempts to arrive at the fullest possible accounting of American POWs and MIAs. Through the resolution process, the VVA POW/MIA Committee is directed to research, analyze, and seek information regarding POW/MIAs. In addition, the Veterans Initiative project is designed to provide the opportunity for a veteran-to-veteran dialogue regarding information that may eventually help resolve the fate of many Americans. So that it may be presented at appropriate times during discussions, VVA leaders need to know the position of the members regarding the possibility of live Americans who have been unable to return home. There continue to be reports and indications of Americans living by choice or otherwise in Vietnam and elsewhere in Southeast Asia. Whether in prisoner status or not, it is in the interests of family members and Vietnam Veterans of America that VVA provide whatever assistance possible to facilitate the return of these Americans, if they so desire, with no punitive action by U.S. authorities. **Since the end of the Vietnam War, several military operations and wars have occurred involving members of the United States Armed Forces. These conflicts have resulted in personnel listed as Missing In Action. In the spirit of VVA's Founding Principle, "Never again will one generation of veterans abandon another", the POW/MIA Committee must extend the existing mission to include all post-Vietnam War U.S. military personnel designated as Missing In Action or other such classification, as a result of later military operations and wars worldwide.**

Resolve, That, Vietnam Veterans of America recognizes and acknowledges that the preponderance of information substantiates that there exist the possibility that there may be live American POWs or other Americans held against their will from the Vietnam War that are unable to return home, and directs that the POW/MIA Committee and the Veterans Initiative Task Force in their efforts must bring to the discussion this position. VVA also urges that all intelligence documents concerning this issue must be declassified, that should a missing American surface in those countries, such an individual would not face punitive action or monetary penalty, and that the U.S. government would take further steps to facilitate repatriation of any such American, and the immediate family members, if any, who choose to return to the United States. VVA stands ready to facilitate the return of any missing American who has been living in Southeast Asia or any other foreign country since the end of the Vietnam War and to provide legal assistance as determined by the National Board of Directors of VVA on a case-by-case basis to such an individual regardless of status. **VVA will seek and support legislation that protects such an individual and/or his family from punitive action or monetary penalty.**

Further, in the spirit of VVA's Founding Principle "Never again will one generation of veteran abandon another", the POW/MIA Committee must extend the existing mission to include all post-Vietnam U.S. military personnel designated as Missing In Action or other such classification, as a result of later military operations and wars worldwide.

PM-8

FULLEST POSSIBLE ACCOUNTING OF POW/MIAs IN VIETNAM

History:

First adopted in 1993 as PM-10-93

Amended as PM-11-95

Amended in 1997 as PM-10-97

Amended in 1999 as PM-8-99

Renumbered in 2003 as PM-6-03

Renumbered in 2007 as PM-8-07

Renumbered in 2011 as PM-8

Issue: Vietnam Veterans of America has a long-established position opposing further normalization of diplomatic and economic relations between the United States and Vietnam until the fullest possible accounting of POW/MIAs lost in the Vietnam War has been achieved.

Background: At every opportunity, VVA has urged the United States government to continue to press the Vietnamese government to increase its unilateral efforts and to demonstrate greater cooperation by facilitating follow-up of live sighting reports, expanding its participation in joint remains recovery efforts, opening its wartime archives, and helping to locate Vietnamese citizens and soldiers who witnessed incidents of loss. Since the establishment of the Joint Task Force Full Accounting (JTF-FA) in early 1992, U.S. officials directly involved with the accounting process have claimed that the Vietnamese government has recently demonstrated increased cooperation in resolving the fate of American POW/MIAs and that American field investigators have been able to follow up live sighting reports with very little prior clearance by local Vietnamese officials, and that the number of joint remains recovery teams operating throughout Vietnam has increased. Despite U.S. government claims, American specialists have been given only limited access to Vietnamese national and local wartime archives and to witnesses of incidents of loss. Vietnam has provided alleged witnesses for trilateral investigations with American and Laos teams in those areas of Laos controlled during the war by Vietnamese armed forces; however, Vietnam has not yet provided relevant documents to help resolve such cases.

U.S. government officials attribute Vietnam's increased cooperation for joint activities to the lifting of the trade embargo in February 1994 and the agreement to open embassies in Washington and Hanoi.

Even these U.S. government officials, however, have reported that the Vietnamese government has not been fully candid about information it is believed to have on MIAs last known to be alive and those who died in captivity, as well as other discrepancy cases.

On July 11, 1999, despite the opposition of VVA and other veterans and family organizations, President Clinton announced the establishment of diplomatic relations with Vietnam. On May 9, 1999, this decision resulted in the opening of an American embassy in Hanoi and Vietnam's embassy in Washington, D.C. There are, however, further steps in the 'normalization' process that have not yet been taken, such as extending Overseas Private Investment Corporation (OPIC) insurance, which safeguards private investments in foreign countries, and Normal Trade Relations (NTR) status, which greatly reduces tariffs on goods imported from NTR countries.

Resolved, That: Vietnam Veterans of America strongly urges that:

1. The President of the United States continue, as a matter of highest priority, to press the Vietnamese government for the fullest possible accounting of POW/MIAs lost in the Vietnam War through both joint and unilateral activities.
2. Priority of effort be placed on accounting for a) any American POW/MIAs who may still be alive in Southeast Asia, and b) those last known alive or known to have died in captivity.
3. The President measure progress on fullest possible accounting by the four criteria established in 1994 by the Clinton administration:
 - a) Concrete results from efforts on Vietnam's part to recover and repatriate American remains;
 - b) Continued resolution of remaining discrepancy cases, live sightings, and field activities;
 - c) Further assistance in implementing trilateral investigation with Laos; and
 - d) Accelerated efforts to provide all POW/MIA-related documents that will help lead to genuine answers. VVA endorses the definition of 'fullest possible accounting' that has been accepted by the major veterans service organizations and the National League of Families of American Prisoners and Missing in Southeast Asia: namely, the repatriation of a live American POW/MIA, the return of his remains, or compelling evidence why neither of these is possible. VVA affirms that the impact of our position on this issue is strengthened when we are able to work cooperatively with these other organizations.

With respect to OPIC, NTR status, and other steps toward normalization of relations with Vietnam, VVA most strongly urges the President to certify to Congress and the American people that the Vietnamese Government has demonstrated measurably increased unilateral efforts that have yielded concrete results in terms of accounting for American POW/MIAs. Moreover, VVA urges the President to hold to his commitment to the major veterans service organizations and the National League of Families of American Prisoners and Missing in Southeast Asia to seek their input prior to considering such decisions.

PM-11

HONORING ALL RETURNED POW'S, AND GIVING RECOGNITION OF AMERICAN CIVILIANS HELD AS POW/INTERNEED DURING WWII

History:

First adopted in 1991 as PM-11-91
Renumbered in 1993 as PM-8-93,
Renumbered in 1995 as PM-5-95
Amended in 1999 as PM-4-99
Amended in 2001 as PM-4-01 & PM-11-01
Updated & Renumbered in 2003 as PM-3-03
Renumbered in 2011 as PM-11

Issue: For many Vietnam-era veterans, the prospect of capture and imprisonment was an auxiliary burden added to the possibility of death or disability, resulting from service in Southeast Asia.

Recognizing the suffering and hardship endured by 18,745 American civilian prisoners of war during World War II.

Recognition of extraordinary service rendered to resolve the issue of prisoners and missing from the Vietnam War and other conflicts.

Background: In early 1973, Vietnam released 591 prisoners of war. These and others who escaped or were released earlier deserve the respect of all Vietnam veterans for their sacrifices and hardships.

During World War II, American civilians were incarcerated by the Axis nations. This violated international human rights principles. These civilians were subjected to barbaric prison conditions and endured torture, starvation, and disease. Their sacrifice has never received formal recognition.

Substantial resources and personnel of the U.S. government and its citizens have been and are being dedicated to bringing resolution to the issue of prisoners and missing from the Vietnam War and other conflicts.

Resolved, That: Vietnam Veterans of America declares its respect and admiration for those of our fellow comrades-in-arms of the Vietnam War and all of this nation's wars who endured and survived captivity. VVA also extends to the families of ex-POWs our deepest respect. VVA urges all of its chapters and state councils to seek opportunities to honor local ex-POWs and their families.

VVA recognizes the suffering and hardship endured by American civilian prisoners of war during World War II and commends these brave men and women and their families for their extraordinary service to our nation. Furthermore, VVA desires that Congress enact legislation to formally recognize the sacrifices of these individuals.

Further, VVA commends the extraordinary service rendered by those public servants, military personnel, and citizens who have devoted their life, vocation, time, and personal resources to resolving the issue of prisoners and missing from the Vietnam War and other conflicts.

PM-13 PUBLIC AWARENESS AND EDUCATION ON THE POW/MIA FLAG

History:

First adopted in 1989 as G-8-89
Amended in 1991 as PM-4-91
Amended in 1993 as PM-4-93
Amended in 1995 as PM-8-95
Amended in 1997 as PM-8-97
Amended in 1999 as PM-6-99
Amended in 2001 as PM-6-01
Amended in 2003 as PM-7-03
Amended in 2005 as PM-7-05
Renumbered in 2011 as PM-13

Issue: Over 1,885 Americans who served in the armed forces during the Vietnam War in Indochina are still unaccounted for. This nation is deeply indebted to its veterans for their courage and sacrifice and should demonstrate its dedication to those missing and to their families for the fullest possible accounting of those still missing.

In 1971, Mrs. Michael Hoff, a MIA wife and member of the National League of Families, recognized the need for a symbol of our POW/MIAs. Prompted by an article in the Jacksonville Florida Times-Union, Mrs. Hoff contacted Norman Rivkees, Vice-President of Annin & Company, which had made a banner for the newest member of the United Nations, the People's Republic of China, as part of their policy to provide flags to all United Nations member states. Mrs. Hoff found Mr. Rivkees very sympathetic to the POW/MIA issue, and he, along with Annin advertising agency, designed a flag to represent our missing men. Following League approval, the flags were manufactured for distribution.

There is no consistency among VVA units displaying or carrying colors regarding the use or position of the POW/MIA flag in official VVA represented events or meetings. There is no U.S. government publication specifying the protocol for use or display of the POW/MIA flag.

Background: On March 9, 1989, an official League flag, which flew over the White House in 1988, for National POW/MIA Recognition Day, was installed in the U.S. Capitol Rotunda as a result of legislation passed overwhelmingly during the 100th Congress. In a demonstration of bipartisan congressional support, the leadership of both Houses hosted the installation ceremony. The League's POW/MIA flag is the only flag ever displayed in the U.S. Capitol Rotunda where it will stand as a powerful symbol of national commitment to America's POW/MIAs until the fullest possible accounting has been achieved for U.S. personnel still missing and unaccounted for.

On August 10, 1990, the 101st Congress passed U.S. Public Law 101-355, which recognized the League's POW/MIA flag and designated it as the symbol of our Nation's concern and commitment to resolving as fully as possible the fates of Americans still prisoner, missing and unaccounted for in Southeast Asia, thus ending the uncertainty for their families and the Nation.

Vietnam Veterans of America recognizes the importance of the League's POW/MIA flag lies in its continued visibility, a constant reminder of the plight of America's POW/MIAs. Other than 'Old Glory', the League's POW/MIA flag is the only flag ever to fly over the White House, having been displayed in the place of honor on National POW/MIA Recognition Day in 1982. With passage of Section 1082 of the 1998 Defense Authorization Act during the first term of the 105th Congress, the League's POW/MIA flag will fly each year on six designated federal holidays: Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day, and Veterans Day on the grounds or in public lobbies of major military installations as designated by the Secretary of Defense, all Federal National Cemeteries, the National Korean War Veterans Memorial, the National Vietnam Veterans Memorial, the White House, the United States Postal Service post offices, and at the official offices of the Secretaries of State, Defense, Veteran Affairs, and Director of the Selective Service System.

Resolution PM-6-99, POW/MIA Flag & Public-Awareness Campaigns, states that "VVA supports ...organizations committed to generating public awareness on the POW/MIA issue..."The National League of Families is such an organization. The League of Families has published documentation suggesting the use and positioning of the POW/MIA Flag.

Resolved, That: Vietnam Veterans of America desires that Congress enact legislation that allows and recommends the flying of the POW/MIA flag be flown daily at all facilities owned and operated by the U.S. government, including U.S. postal services facilities and the Vietnam Veterans Memorial. VVA urges state, county, and municipal governments to enact similar legislation. In addition, VVA will continue to participate in and encourage meaningful public-awareness programs aimed at keeping our organization in the forefront of seeking solutions to

these issues. VVA supports responsible efforts on the part of groups and organizations committed to generating public awareness on the POW/MIA issue, provided that such programs are responsible, non-confrontational, respectful of our fallen and missing comrades, and consistent with VVA's convention resolutions.

Vietnam Veterans of America further encourages and supports compliance of U.S. Public Law 101-355. We further resolved to continue our efforts to educate public officials and others on the history and meaning of the POW/MIA flag and its proper display under P.L. 101-355.

Furthermore, Vietnam Veterans of America recognizes that any official VVA function displaying the national colors should include the POW/MIA flag; the POW/MIA flag shall be posted or flown to the immediate left of the national colors. All other flags used in the display shall be flown to the left of the POW/MIA flag following published guidelines for positioning protocol.

PM-14 FOREVER POW/MIA STAMP

History:

First adopted in 2011 as PM-14

Issue: To provide for the issuance of a "Perpetual/Forever Stamp" by the United States Postal Service to recognize and honor the sacrifices and service of those brave men and women of the Armed Forces of the United States, who have been held captive as **Prisoner of War**, or are **Missing in Action** or otherwise listed as unaccounted for from all military actions, conflicts and wars that the United States has been involved in, past, present and future.

Background: (1) The six-cent "U.S. Servicemen" stamp, was first issued by the United States Postal Service on November 24, 1970, read "Honoring U.S. Servicemen -- Prisoners of War -- Missing and Killed in Action", was a two stamp set also Honoring the "Disabled American Veterans".

(2) The "POW & MIA" postage stamp was issued again by the United States Postal Service, in a new design, on May 29, 1995, and honors the sacrifices of the brave men and women of the armed forces who have been held captive as Prisoner Of War or Missing In Action or otherwise unaccounted for and awarded the POW/MIA Medal.

The following is the official announcement of the POW MIA stamp.

March 29, 1995 - Stamp News Release Number 95-027 WASHINGTON, D.C. -- The symbolic representation of a pair of military identification tags embossed with the words "POW & MIA -- NEVER FORGOTTEN," displayed in front of the "Stars and Stripes" waving against a blue sky, comprise the unforgettable image on a new U.S. Postal Service stamp honoring American POWs and MIAs. First-day-of-issue ceremonies for the POW & MIA stamp will take place in Washington, D.C., as the stamps go on sale nationwide Memorial Day, May 29. Customers should contact local post offices to find out where stamps will be available in their area Memorial Day. "The ID tag has come to represent many things in the modern military," said Postmaster General Marvin Runyon in announcing the design. "The identification of each person as a unique individual who has the right to hope, to survive, and to ultimately have life after the wounds of combat. "It is a symbol of accounting for and caring for all our men and women in uniform. It is a symbol for commemorating and remembering all our POWs and MIAs -- from the Revolutionary War to Somalia." Many veterans save their ID tags as treasured keepsakes,

carrying them around their necks, in their billfolds, on their key chains, and stored with their valuable jewelry. They pass them down to their children and grandchildren as heirlooms. They reflect on them, and remember the sacrifices they and others made -- and they remember those captured by hostile forces and terrorists, and those who remain missing in action. Carl Herrman designed the stamp after a concept created by Gary Viskupic of Centerport, N.Y. Herrman combined Ivy Bigbee's photo of the ID tags with an image of the American flag taken by prominent photographer Robert Llewellen of Charlottesville, Va. The development of this stamp was coordinated with various veteran and family organizations. This is the second stamp issued by the Postal Service honoring America's POWs and MIAs. The six-cent "U.S. Servicemen" stamp, issued in 1970, read, "Honoring U.S. Servicemen -- Prisoners of War -- Missing and Killed in Action."

The Perpetual POW/MIA Stamp will be the re-issuance of the 1995 design .32 cent stamp but with appropriate changes to reflect that it is a perpetual stamp, not bearing a fixed amount value.

(a) In General- In order to continue to honor the sacrifices of the brave men and women of the armed forces who have been awarded the POW/MIA Medal, the Postmaster General shall provide for the issuance of a forever stamp suitable for that purpose.

(b) Definition- For purposes of this Act, the term "forever stamp" means a definitive stamp which meets the postage required for first-class mail up to one ounce in weight, and which retains full validity for that purpose even if the rate of that postage is later increased.

(c) Effective Date- The stamp described in subsection (a) shall be issued beginning as soon as practicable after the date of the enactment of this Act and shall not thereafter be discontinued.

Resolved, That: Vietnam Veterans of America desires and urges Congress to enact legislation that recommends the re-issue of the "POW/MIA" stamp as a Perpetual/Forever Stamp by the United States Postal Service , to continue to recognize and honor the sacrifices and service of those brave men and women of the Armed Forces of the United States, who have been held captive as **Prisoner of War**, or are **Missing in Action** or otherwise listed as unaccounted for from all military actions, conflicts and wars that the United States has been involved in, past, present and future.

PUBLIC AFFAIRS

P-1 COMMUNITY SERVICE

History:

First adopted as a series of resolutions in 1983 as P-1-83, P-2-83, P-3-83, P-4-83, P-5-83, P-6-83, and P-7-83

Amended in 1985 as P-1-85

Amended in 1989 as P-1-89

Amended in 1991 as P-1-91

Amended in 1993 as P-1-93

Renumbered in 2009 as P-1

Issue: Community service should foster, encourage, and promote a positive image of Vietnam veterans so that the public will be more responsive to their legitimate concerns.

Background: Community service can enrich the quality of life in the communities where veterans live and work.

Resolved, That: Vietnam Veterans of America encourages chapters to take the initiative to make a better community for everyone and serve as a focal point to promote the interrelationship between Vietnam veterans and the community. To accomplish this mission, VVA, at the national, state, and local levels, should publish useful materials, including national and state resolutions, through the media to communicate our message.

P-2 CHILDREN'S WELFARE

History:

First adopted in 1987 as P-6-87
Updated in 1991 as P-2-91
Renumbered in 2011 as P-2

Issue: As a result of neglect, abuse, and economic shortages in this country, as well as famine, war, and natural disasters throughout the world, the lives, well-being, and development of infants and children remain in jeopardy.

Background: In 1987, VVA commended UNICEF and the United States Committee for UNICEF for their work on behalf of children. The resolution also called upon Vietnam veterans to assist in the protection and development of infants and children in this country and throughout the world.

Resolved, That: Vietnam Veterans of America, calls upon Vietnam-era veterans and their families, through financial and personal contributions, to act responsibly to ensure the protection and development of infants and children in the United States and throughout the world.

P-3 CHAPTER INVOLVEMENT WITH EDUCATIONAL INSTITUTIONS ON TEACHING THE VIETNAM WAR

History:

First adopted in 1983 as P-7-83
Amended in 1989 as P-2-89
Updated in 1991 as P-3-91
Updated in 1993 as P-3-93
Renumbered in 2011 as P-3

Issue: All too often, the teaching of the Vietnam War in secondary and post-secondary educational institutions lacks a veteran's perspective.

Background: The Vietnam War and the treatment of its veterans hold valuable lessons for future generations. Vietnam veterans are uniquely qualified to pass along the lessons of the Vietnam experience. In the experience of many VVA members who have contributed to the classroom teaching of the Vietnam War, these contributions have been appreciated and have been found to be of significant value to students. The visibility of VVA, too, has been enhanced locally where chapters have offered to become involved in teaching the Vietnam War.

Resolved, That: Vietnam Veterans of America encourages the balanced, comprehensive teaching of the Vietnam War at all educational levels, including the Department of Defense education system. Chapters are encouraged to establish ties with schools and colleges in their local areas for the purpose of making appropriate individuals available to assist in the teaching of the Vietnam War.

P- 4

REGULATION OF CERTAIN ACTIVITIES AT THE VIETNAM VETERANS MEMORIAL

History:

First adopted in 1991 as P-8-91

Updated in 1993 as P-5-93

Updated in 1995 as P-4-95

Amended in 1997 as P-4-97

Amended in 1999 as P-4-99

Renumbered in 2011 as P-4

Issue: The Vietnam Veterans Memorial has, since its dedication in 1982, become a focal point for the gathering of Vietnam veterans and all Americans, and it has contributed greatly toward healing the wounds of that war.

In recent years, the national Vietnam Veterans Memorial has been used for press conferences and as a backdrop by elected officials and others making political statements. Furthermore, certain groups have, for many years, sold Vietnam-related paraphernalia or solicited contributions for various causes in areas immediately adjacent to the Vietnam Veterans Memorial.

Background: The national Vietnam Veterans Memorial in Washington, D.C., was constructed and dedicated to the memory of those who fought and died during the Vietnam War and to those who are still missing in action or remain unaccounted for from the war. It is a special place for private remembrance, healing, and private and public acknowledgment of the cost of that war. As such, it has become the most frequently visited site in the nation's capital.

However, there has been a steady increase in the number of vendors and solicitors in the immediate vicinity of the memorial in recent years. This has created an atmosphere reminiscent of a carnival bazaar, which is totally inappropriate at this sacred place of healing, reconciliation, reflection, and remembrance.

Resolved, That: Vietnam Veterans of America, strongly recommends that the National Park Service, with the fullest capabilities of its jurisdiction and in accordance with applicable laws and regulations, prohibit the use of the national Vietnam Veterans Memorial in Washington, D.C., and adjacent areas for press conferences, politically motivated actions or statements, and all conduct not in keeping with its purpose as a place of healing, remembrance, and acknowledgment of the costs of the Vietnam War.

Furthermore, VVA urges the National Park Service to continue its vigilance concerning vendors and solicitors in the immediate vicinity of the memorial and ensure an atmosphere of reverence and respect for those honored there.

P-5

ENDORSEMENT FOR PARTICIPATION IN LOCAL ENVIRONMENTAL EFFORTS

History:

Adopted in 1991 as P-17-91
Renumbered in 1993 as P-12-93
Renumbered in 1995 as P-6-95
Renumbered in 1997 as P-5-97
Amended in 1999 as P-5-99
Renumbered in 2011 as P-5

Issue: Due to their exposure to Agent Orange as well as to other herbicides used in Vietnam, Vietnam-era veterans and their families have a greater appreciation for the ecological and personal effects of environmental abuse. The use of Dioxins and other toxic materials in our own country -- in Times Beach, Missouri; Love Canal, New York; and thousands of dumpsites nationwide -- has reinforced that appreciation. This has heightened the awareness of many veterans to engage in preventive or corrective measures in an attempt to minimize the effects of environmental abuse. While there is not a need for VVA to create a specific program in this area, there is a need for VVA to encourage Vietnam veterans and their families to participate in programs addressing environmental abuse.

Background: VVA's leadership needs to create programs of value to local communities, which contribute to justice and fairness in American life by calling upon VVA's chapters to network with other community service organizations.

Resolved, That: Vietnam Veterans of America encourages chapters and state councils to network with other groups and participate in programs and political efforts to minimize the adverse effects of toxic- and nuclear-waste dumping, collect hazardous home waste, general recycling efforts, and homesite energy efficiency.

P-7

REQUIREMENT TO REPORT PROGRESS ON ALL CURRENTLY APPROVED CONVENTION RESOLUTIONS AT LEAST ANNUALLY

History:

First adopted in 1993 as M-18-93
Renumbered in 1995 as M-9-95
Renumbered in 1997 as M-5-97
Renumbered in 1999 as P-8-99
Renumbered in 2001 as P-7-01
Amended in 2003 as P-7-03
Renumbered in 2011 as P-7

Issue: VVA's convention resolutions represent the membership's chosen agenda. The membership should be informed of the actions taken by national committees to implement these resolutions.

Background: Prior to passage of M-18-93, at the VVA 1993 National Convention in Norfolk, Virginia, there was no requirement to report any actions taken which further the implementation of convention resolutions. This resolution amends M-7-01.

Resolved, That: Vietnam Veterans of America requires that all national committees and task forces report at least annually in the VVA Veteran on actions taken which further the implementation of currently active convention resolutions.

P-8

THE VIETNAM MEMORIAL WALL

History:

First adopted in 2001 as P-8-01

Renumbered in 2011 as P-8

Issue: Vietnam Veterans of America/Associates of Vietnam Veterans of America affirm as adjunct organizations, their continued participation, with high regard, their services to and for “THE VIETNAM MEMORIAL” also known as “THE WALL”.

Background: Since the dedication of the Vietnam Memorial in Washington, D.C., Vietnam Veterans of America/Associates of Vietnam Veterans of America members have continually honored the men and women whose names are inscribed on “The Wall” for their ultimate sacrifice they made with their lives in the Vietnam War. Vietnam Veterans of America/Associates of Vietnam Veterans of America make a commitment to continue the conservation and legacy that the memorial deserves. Further, that this legacy will go on long after the veteran has died through their adjunct organization of the Associates of Vietnam Veterans of America.

The VVA/AVVA will continue to be honored to be allowed to wash the “The Wall”, assist in maintaining working lights on the perimeter and anything else that is required. “The Wall” has given respect to Vietnam veterans and their families along with a healing power that is inspirational for all.

Resolved, That: Vietnam Veterans of America, calls upon Vietnam veterans along with their adjunct organization Associates of Vietnam Veterans of America to support and maintain their commitment to conserve the legacy, respect and honor that “The Wall” has come to mean to Vietnam veterans and their families.

P-12

PUBLIC AWARENESS FOR VETERANS BENEFITS CAMPAIGN

History:

First adopted in 2007 as P-12-07

Renumbered in 2011 as P-12

Issue: Veterans of the United States armed services earned their benefits while in service to our country. Unfortunately few veterans know how to claim them. Some veterans are eligible for health and prescription care and still cannot afford to pay for their drugs. Some veterans even die because they cannot get their medicine.

Proposed Position: The members of VVA call for the Public Affairs committee to do whatever is necessary to budget at least \$20,000 in the 2008 budget to advertise to not only the membership but to the public and to publicize the availability of veteran’s benefits and how to claim them. Further the membership instructs the leadership to encourage the chapters to publicize the availability of service officers to file claims. We further request that a letter be sent to the Veterans Affairs Department with a copy of this resolution.

P-13
GOLD STAR MOTHERS NATIONAL MONUMENT

History:

First adopted in 2007 as P-13-07
Renumbered in 2009 as P-13

Issue: The American people have not publicly recognized the sacrifice of the mothers of our fallen heroes on a national basis.

Proposed Position: Vietnam Veterans of America, at the National Convention in Springfield, IL, July 17-22, 2007, applauds our Gold Star Mothers and supports the develop and construction of an American Gold Star Mothers National Monument in Washington, D.C. Further, each chapter and state council is encouraged to reach out to the Gold Star Mothers in their communities and to assist in the fund raising needed to construct the Monument.

VETERANS BENEFITS

VB-1
JUDICIAL REVIEW

History:

First adopted in 1983 as L-1-83
Updated in 1991 as L-1-91
Renumbered in 1993 as VA-1-93
Renumbered in 1999 as VB-1-99
Amended and renumbered in 2011 as VB-1

Issue: For decades, the Department of Veterans Affairs (DVA) has been sheltered from outside oversight by the lack of judicial review of DVA adjudications and the limit on attorneys' fees. Some progress has been made, and most of the goals of the first 1983 legal affairs resolution have been met with the passage of the Veterans Judicial Review Act (VJRA) in 1988. However, until the new law, which only partially removed the fee limit and which created the U.S. Court of Appeals for Veterans Claims (**CAVC**), is further amended, the resolution still remains viable.

Background: By statute, 38 U.S.C. 211 (a), the federal district courts have no jurisdiction to hear cases challenging the decisions of the DVA on claims and benefit matters. The courts have created several narrow exceptions to this rule. These exceptions involve constitutional questions and some challenges to regulations that exceed the DVA's statutory authority. As a practical matter, no one is likely to have a DVA decision overturned by a district court as a result of these exceptions, unless the **CAVC** proves to be a useful remedy.

Some proponents of judicial review successfully argued for a specialty veteran's court in Washington, D.C. The federal courts are in 94 districts throughout the country and are quite adept at handling complex questions. The desire for consistency should not be permitted to limit access of veterans with local counsel who lives outside the Washington, D.C. area. Furthermore, specialty courts tend to be staffed by people who are often close to the agency being reviewed. This, however, may not be the case with the current judges on **CAVC**, which to date have shown a great sensitivity to the problems of veterans with the DVA.

Another statute, 38 U.S.C. 3404, makes it a criminal offense for a lawyer to charge more than a certain fee to assist with a DVA claim which has not been denied by the Board of Veterans

Appeals within one year. This effectively precludes veterans from the freedom of choice to hire their chosen representative. However, once a case is lost the first time, it is often very difficult to undo the record. Furthermore, the fee structure created by the VJRA is confusing and inadequate to entice attorneys into the practice of veteran's law. Freedom of choice should prevail throughout the process (on new and reopened claims), with a reasonable limit on contingency fees as under the Federal Tort Claims Act (20 percent at the agency and 25 percent in court).

Resolved, That: Vietnam Veterans of America urges changes to the applicable law to allow veterans who terminate their attorney for matters before the DVA to remove their fee agreement on record at the DVA.

VB-3 LESS-THAN-HONORABLE ADMINISTRATIVE DISCHARGES

History:

Adopted in 1991 as L-4-91 (an Update of L-11-83, L-12-83, L-13-83, L-14-83)
Renumbered in 1993 as VA-4-93
Renumbered in 1997 as VA-3-97
Amended in 1999 as VB-3-99
Renumbered in 2011 as VB-3

Issue: The problem of less-than-honorable administrative discharges issued during the Vietnam era has not been solved. Many veterans of Southeast Asia were particularly reluctant to apply for upgrades.

Background: Prior to the 1890s, the military services only issued less-than-honorable discharges (LTHD) as a sentence of a court-martial. When administrative LTHDs began to be issued in the 1890s, some military law scholars questioned their legality. The services used various systems until 1948, when the Defense Department standardized the types of administrative discharges as Honorable (HD), General (GD), and Undesirable (UD) (now called the Discharge Under Other Than Honorable Conditions). Most veteran's organizations opposed the use of the GD and UD until the 1960s. Many courts, writers, lawyers, and veterans' organizations have criticized the administrative discharge system for not adequately providing procedural protections. Although these protections improved somewhat over the years, the system is still marked by the lack of realistic safeguards. More importantly, Congress never has explicitly authorized the system, the GD, or the UD. The use of the administrative system has increased steadily, while the use of the court-martial system with its many safeguards has declined.

Department of Defense (DoD) studies and General Accounting Office (GAO) reports have found gross inconsistencies in the types of discharges people received for the same conduct and vast racial disparities in the awarding of LTHDs. Variances run from service to service, year to year, and even command to command in the same service. Because discharge review is not automatic, the Discharge Review Boards (DRB) has not done much to remedy these inconsistencies.

Tens of thousands of HDs were issued yearly to people who were discharged as unsuitable, trainee failures, and for other reasons not normally associated with performance, proficiency, and useful service. Thus, the HD is in reality not a "reward" for honorable service, but something given to 90 percent of all discharges. (Since 1982, uncharacterized discharges have been issued to those who fail to demonstrate potential in the first six months of service.) Further,

there is no evidence that a LTHD is a deterrent to misconduct. On the other hand, there is substantial evidence that the administrative system is an incentive to manipulate an early discharge. The clear result of the system is the lifetime stigma for young people often too immature to realize the consequences of their actions and the waste of the taxpayers' money by permitting the early release of expensive trainees.

The early 1990s brought cries for reform. Secretary of Defense Laird mandated a retroactively liberal policy for drug-related discharges. Failed outreach led to a lawsuit requiring the review of many cases. The Ford Clemency Program offered no meaningful relief, and the Carter Special Discharge Review Program attracted only 10 percent of the eligible applicants. Of the approximately one-half million Vietnam-era veterans with LTHDs (800,000 from 1961-1995), less than 10 percent have been upgraded, and most of them only to GD.

Private efforts at outreach and DoD attempts (often as the result of court order) have not produced desirable results because of lack of funds or appropriate information regarding privacy and assistance. The 15-year statute of limitations for the DRBs has foreclosed Vietnam-era veterans' opportunities, and the DRBs remain largely inaccessible to the average veteran. Moreover, the rate of upgrades has dropped markedly in the last ten years, and there is an increasing tone of hostility expressed by some DRB panel members toward veterans who are able to appear at hearings.

Most veterans are unaware that they can still apply to the Boards for Correction of Military Records for upgrades. The 1983 resolutions are still viable.

Resolved, That: Vietnam Veterans of America urges the following:

1. DoD and DVA should, after consultation with the veteran's organizations, conduct a meaningful outreach program to inform veterans with less-than-honorable discharges of their appeal rights.
2. The 15-year statute of limitations for Discharge Review Boards review should again be waived and meaningful access to the boards provided all veterans.
3. That the secretary of each service direct the Discharge Review Boards to consider with compassion all veterans' cases and to give the veteran the benefit of the doubt in favor of upgrading the discharge.
4. Repeal of Public Law 99-126, which was an emotionally charged response to the Carter amnesty and special discharge upgrade programs. The bar to DVA benefits created for those discharged with 180 day AWOL, even though upgraded by a DRB, is unwarranted and should be repealed.
5. A change in the standards contained in 38 C.F.R. 3.12, by which the DVA adjudicates whether an undesirable or bad-conduct (from a special court-martial) discharge was "under other-than-dishonorable conditions" for purposes of eligibility for DVA benefits. These regulations are too vague and harsh and should be revised.
6. The elimination of the administrative other-than-fully-honorable discharge and its replacement with a certificate of service. The true quality of a person's service, relevant to later civilian life, is reflected by performance ratings and similar entries. Honorable service is not enhanced by stigmatizing other people for life.

VB-5

CIVIL LIBERTIES OF ACTIVE-DUTY MILITARY PERSONNEL

History:

First adopted in 1985 as L-5-85
Renumbered in 1991 as L-8-91
Renumbered in 1993 as VA-8-93
Renumbered in 1995 as VA-5-95
Renumbered in 1999 as VB-5-99
Renumbered in 2011 as VB-5

Issue: The all-volunteer military has seemed to spawn an increase in abuse of active-duty members' civil liberties and a return to abuses, which led to the enactment of the Uniform Code of Military Justice (UCMJ). The public seems only vaguely interested.

Background: Many Vietnam veterans are currently serving in the armed forces, and there have been increasing instances among some commands of violations of a soldier's civil liberties-- such as infringement of religious freedoms, right to a fair trial free of command influence, and treatment for Post-traumatic Stress Disorder without penalty. Early returns from Desert Storm support the viability of L-5-85, which is reaffirmed and updated here.

Resolved, That: Vietnam Veterans of America affirms that VVA shall intervene in appropriate cases, or provide representation, to ensure that the civil liberties of Vietnam veterans serving in the armed forces are fully protected.

VB-6

JUST COMPENSATION FOR INJURIES SUSTAINED BY ACTIVE-DUTY MILITARY PERSONNEL

History:

First adopted in 1985 as L-6-85
Updated in 1991 as L-9-91
Renumbered in 1993 as VA-9-93
Renumbered in 1995 as VA-6-95
Renumbered in 1999 as VB-6-99
Renumbered in 2011 as VB-6

Issue: Military personnel are often not justly compensated for injuries occurring as a result of negligence of the government, government employees, or government contractors.

Background: In 1990, the U.S. Supreme Court held that active-duty military personnel cannot recover damages under the Federal Tort Claims Act for most injuries sustained by active-duty military personnel, including medical malpractice (known as the Feres doctrine). The military disability retirement system, which is tied to the rank of the injured soldier, and the Department of Veterans Affairs (DVA) service-connected disability system, provides substantially less compensation than the average civilian personal injury recovery for a similar injury.

Many Vietnam veterans are currently serving in the armed forces and are unable to obtain adequate compensation for injuries incurred on active duty due to the negligence of government personnel.

Resolved, That: Vietnam Veterans of America, urges VVA to seek legislation, or take other appropriate action, to secure a more equitable compensation system for personnel injured on active duty due to the negligence of government personnel.

VB-7

CLASS ACTIONS AT U.S. COURT OF APPEALS FOR VETERANS CLAIMS

History:

First adopted in 1991 as L-13-91
Renumbered in 1993 as VA-13-93
Updated in 1995 as VA-7-95
Amended in 1997 as VA-7-97
Amended in 1999 as VB-7-99
Renumbered in 2011 as VB-7

Issue: Before the Veterans Judicial Review Act (VJRA) was enacted, VVA was able to assist whole groups of veterans in the federal courts by filing class-action lawsuits. The VJRA is silent on such cases, and the U.S. Court of Appeals for Veterans Claims (COAVC) rules provide no rules for class actions.

Background: VVA and the Paralyzed Veterans of America petitioned U.S. Court of Appeals for Veterans Claims to adopt a class-action rule. The Court rejected our petition, victories resulting in tens of millions of dollars for thousands of Vietnam-era veterans will not be possible. Some examples of such victories are VVA's challenge to the VA's Agent Orange rules and the challenge to race-based reductions at the San Juan regional office.

Resolved, That: Vietnam Veterans of America, supports legislation to make Rule 23 of the Federal Rules of Civil Procedure (allowing class-action lawsuits), or a similar rule, applicable to appropriate cases before U.S. Court of Appeals for Veterans Claims, in order to protect the rights of veterans.

VB-9

DVA IMPLEMENTATION OF U.S. COURT OF APPEALS FOR VETERANS CLAIMS DECISIONS

History:

First adopted in 1995 as VA-9-95
Updated in 1999 as VB-9-99
Renumbered in 2011 as VB-9

Issue: Vietnam Veterans of America's Service Representatives report that the Department of Veterans Affairs (DVA) often has failed to implement decisions by the U.S. Court of Appeals for Veterans Claims (CAVC).

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

In the nine years since the U.S. Court of Appeals for Veterans Claims (CAVC) has been in existence, it has issued numerous decisions expanding the rights of veterans who are seeking benefits from the DVA. However, VVA Service Representatives and other veterans' advocates report that DVA often is reluctant to follow the court's instructions in a particular veteran's case,

which has been remanded, by the court. The DVA also has been reluctant to follow the rules of law contained in the court's decisions by applying these rules to all cases, which DVA adjudicates.

In his opening remarks at the U.S. Court of Appeals for Veterans Claims' (CAVC) Judicial Conference in October 1994, Chief Judge Frank Q. Nebeker accused the DVA of frustrating the original intent of Congress by failing to implement the court's decisions at the DVA Regional Office level. The Chief Judge asked the Secretary of Veterans Affairs to ensure that precedent opinions are followed [by the VAROs] and that judgments in specific cases are met with full and prompt compliance. Since then, DVA has formed a "CAVC Fact-finding Committee" to determine how well the VAROs are implementing the court's decisions.

Resolved, That: Vietnam Veterans of America, urges that the Department of Veterans Affairs comply with the VJRA by ensuring that its employees fully and promptly implement the decisions rendered by the U.S. Court of Appeals for Veterans Claims (CAVC).

VB-10 VETERANS BENEFITS & SERVICES

History:

First adopted in 1985 as V-1-85
Renumbered in 1991 as V-2-91
Updated in 1993 as V-2-93
Updated in 1995 as VA-11-95
Renumbered in 1999 as VB-10-99
Renumbered in 2011 as VB-10

Issue: The Department of Veterans Affairs, Veterans Benefits Administration (VBA), needs to be timely and responsive with services and programs for America's veterans and their families.

Background: The Veterans Benefits Administration has the responsibility of providing a variety of services to veterans, including: eligibility verification, adjudication and processing of disability claims, vocational rehabilitation programs, home loans, and burial benefits. Any delay or disruption of the administration of these services causes undo hardship for veterans and their beneficiaries. It is imperative that VBA assure due process and expedite the process for awarding benefits and services. VVA believes the primary responsibility for development of claims before the Board of Veterans Appeals (BVA) lies with VBA, and not exclusively with the veteran petitioning for benefits.

Resolved, That: Vietnam Veterans of America takes the following positions:

1. Supports a significant increase in the staffing (full-time employee equivalent) of the vocational rehabilitation and counseling divisions with such increased staffing assigned to community offices in order to provide easy access for disabled veterans, better supervision of vocational rehabilitation clients, and greater labor-market penetration to assure such clients are placed in permanent, stable employment at the completion of training.
2. Calls upon DVA to regularly publish and widely disseminate in the veterans' community and to the general public materials on the DVA vocational rehabilitation program.

3. To assure due process, expeditious processing of claims and quality of services delivered, VVA supports the retention of adjudication and rating board employees and seeks exemptions of these personnel from hiring freezes and/or budgetary cuts

VB-11 VETERANS BENEFITS SYSTEM

History:

First adopted in 1993 as V-16-93
Updated in 1995 as V-9-95
Amended in 1997 as VA-12-97
Amended in 1999 as VB-11-99
Renumbered in 2011 as VB-11

Issue: Vietnam Veterans of America wants to ensure the ability of Veterans Benefits Administration (VBA) to deliver timely and quality service to America's sick and disabled veterans and their families.

Background: Original compensation claims now take an average of 127 days to decide. Claims backlogged in Compensation and Pensions Service went from 391,743 in FY 91 to 411,589 in FY 99. The quality of VA decisions continues to be less than adequate.

Resolved, That: Vietnam Veterans of America, urgently requests Congress to support its national moral and legal obligation to the men and women who served in the defense of our country in the following ways:

1. To initiate an honest assessment of what is needed, in terms of personnel and equipment, to provide timely and quality benefit decisions to veterans, and to ensure that veterans service organizations, including VVA, be included in the assessment process.
2. To legislate mandatory spending to ensure adequate support, both in personnel and equipment, to meet those demands for timely and quality delivery of benefits.
3. That Congress set and VBA meet timely standards for benefits delivery.
4. And that Congress expands entitlement accounts to fund VBA functions to provide timely and quality delivery of authorized benefits.

VB-12 DEPARTMENT OF VETERANS AFFAIRS (DVA) SERVICE-CONNECTED DISABILITY COMPENSATION PAYMENTS & MILITARY RETIREMENT PAY OFFSET

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
Amended in 2003 as VB-12-03

Renumbered in 2011 as VB-12

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

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

Military retirement pay is earned for faithful service and is an inducement to attract and retain qualified people to the military as a career. Military Retirement pay is offset by the same amount as their Department of Veterans Affairs (DVA) disabilities compensation, while Federal Retirees keep both the retirement annuity and Department of Veterans Affairs (DVA) disability compensation. Military retirees are the only group of former Federal employees subject to this offset. Eliminating this unfair practice will have minimal impact on the Department of Veterans Affairs (DVA) funding.

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

1. Concurrent payment of Department of Veterans Affairs (DVA) compensation and Military retirement shall be paid when the individual's retirement is based upon length of service.
2. Retirees shall be entitled to concurrent Department of Veterans Affairs (DVA) compensation for any new or secondary disability established by DVA as service-connected subsequent to retirement.

VB-13

PRESERVATION OF VVA SERVICE REPRESENTATION AT THE NATIONAL LEVEL

History:

First adopted as VA-14-97

Renumbered in 1999 as VB-13-99

Renumbered in 2011 as VB-13

Issue: Any disruption or delay on a claim causes undo hardship for veterans and their beneficiaries. It is imperative that VVA assure continuity between accredited service representatives and the veteran at all times.

Background: VVA's goal is to maintain the continuity of direct services to veterans, which was adversely affected by the staff cutbacks in October 1996.

Resolved, That: Vietnam Veterans of America maintains that:

1. The first priority of VVA is as a veteran's services organization.
2. Veterans who have sustained injuries or illnesses during and/or as a result of their military service shall have the highest quality of representation by accredited VVA service representatives.

3. Priority for funding shall be given to these service representatives.
4. No such service representation will be suspended or terminated from service as a result of, or based solely upon, financial constraints of the Corporation without the approval of the Board of Directors prior to such suspension or termination.

VB-14

ATTORNEY REPRESENTATION AT THE VA

History:

First adopted in 1997 as VA-15-97

Renumbered in 1999 as VB-14-99

Renumbered in 2011 as VB-14

Issue: American veterans are unable to pay for legal services until after their case has been denied at the Regional Office level, and then have 1-year from the rating decision to retain an attorney.

Background: Legal counsel at the Court of Veterans Appeals is allowed to present no new evidence. Allowing veterans legal counsel at the initiation of their claim would give that claim a legal continuity. Legal counsel is the right of all Americans, except veterans.

Resolved, That: Vietnam Veterans of America actively seeks and supports legislation allowing veterans to access legal counsel at any point in their claim.

VB-16

COPY OF MILITARY RECORDS UPON DISCHARGE

History:

First adopted in 1999 as VB-16-99

Renumbered in 2011 as VB-16

Issue: Photocopy of medical records upon discharge

Background: Hardship due to lack of military records is causing problems for veteran who are applying for compensation and medical treatment at DVA Medical Centers.

Resolved, That: Vietnam Veterans of America seeks legislation requiring that the Department of Defense upon release from active duty, a veteran shall be issued a copy of their official military personnel file and their service medical records along with their DD214 and duty assignment sheet.

VB-18

THE DEPARTMENT OF VETERANS AFFAIRS VOLUNTARY SERVICE (VAVS) PROGRAM

History:

First adopted in 1991 as V-21-91

Updated in 1993 as V-11-93

Updated in 1995 as V-4-95

Renumbered in 2003 as V-1-03

Renumbered in 2005 as V-4-95
Renumbered in 2011 as VB-18

Issue: Communicating the merits of participation in the Department of Veterans Affairs (DVA) Voluntary Service program throughout the national, state council, and chapter levels of VVA.

Background: Every DVA medical center has a Voluntary Service Committee comprised of representatives of veterans' service organizations and community groups participating in the VAVS program. The committee serves in an advisory capacity in coordinating the established plans and policies for the organizations and community volunteers for the benefit of the veteran patients. VAVS help establish a strong working relationship with medical center personnel and provide a forum for interaction with the traditional veterans' organizations.

The dynamic interaction of all three levels of VVA is crucial to attaining membership on the VAVS National Advisory Committee (NAC). Current membership criteria require active VAVS representatives at 30 or more DVA facilities for full voting status (i.e., Service Member), and at 15-29 facilities for non-voting status (i.e., Associate Service Member). VVA achieved Service Member (i.e. voting member status), effective January 1995, which must be renewed every two years.

Resolved, That: Vietnam Veterans of America, supports, endorses, and encourages participation in the VAVS program on the national, state, and chapter levels and shall maintain full voting membership on the VAVS NAC.

VB-19

VETERANS ENVIRONMENTAL HEALTH EFFECTS

History:

First adopted in 1991 as V-24-91
Updated in 1993 as V-12-93
Updated in 1995 as V-5-95
Amended in 1997 as V-5-97
Renumbered in 2003 as V-2-03
Renumbered in 2005 as V-5-95
Renumbered in 2011 as VB-19

Issue: There may be adverse effects from the environments in which American military personnel serve.

Background: The U.S. government has shown a callous disregard for the health effects on veterans from potentially hazardous substances to which they are exposed while in the service of their country. This has occurred with mustard gas and ionizing radiation in World War II veterans and Agent Orange in Vietnam veterans. Reports of illnesses among veterans who served in Persian Gulf War and concern for other military personnel who serve in areas with a variety of infectious diseases necessitate a prompt and appropriate reaction from both the Department of Defense (DoD) and the Department of Veterans Affairs (DVA). Congress passed legislation requiring DoD to create a registry of individuals potentially exposed to the environmental pollution created during Operation Desert Storm. The Veterans Health Care Act of 1992 authorized DVA to establish a Persian Gulf Health Registry and calls for DVA and DoD to consult each other to ensure the data collected by each department can be cross-referenced. DVA and DoD must also contract with the National Academy of Sciences for

a review of scientific, medical, and other information on the health consequences of military service in the Persian Gulf.

Resolved, That: Vietnam Veterans of America calls upon the Department of Defense, Department of Veterans Affairs, and Department of Health and Human Services to vigorously pursue:

1. Diagnosis of environmental health effects to include petrochemical exposure, indigenous diseases and parasites to include melioidosis, depleted uranium and other radioactive substance exposure, multiple chemical sensitivity, and experimental uses of medications.
2. Appropriate treatment and compensation modalities.
3. Education of both veterans and DoD/DVA personnel on all aspects of environmental health issues, including the relationship of stress on these effects.
4. Regular analysis and publication of the data collected via the DoD/DVA registries.

VB-20

PARTICIPATION IN THE PROCESS OF ACCREDITING DVA MEDICAL CENTERS

History:

First adopted in 1993 as V-13-93

Renumbered in 1995 as V-6-95

Renumbered in 2003 as V-3-03

Renumbered in 2011 as VB-20

Issue: Consumer input into the accreditation process.

Background: The Joint Commission on Accreditation of Health Care Organizations (JCAHO) is an organization that accredits hospitals and other health-care facilities in the U.S. Although a private nonprofit organization, JCAHO, with input from professional and consumer groups, establishes the standards by which health-care facilities are evaluated. Accreditation status is used to establish eligibility for non-federal institutions to receive Medicare funds and, in some cases, to determine eligibility for licensure. Although Department of Veterans Affairs (DVA) facilities can continue operating without accreditation, all DVA Medical Centers (VAMCs) participate in the JCAHO accreditation process, and loss of accreditation or conditional accreditation is viewed as an extremely serious matter by DVA Central Office management.

The JCAHO review process is conducted at least every three years and includes on-site visits to the health-care facility. JCAHO requires that the hospital provide an opportunity for the presentation of information by consumers and the public. Anyone who has information about a hospital's compliance with the accreditation standards may request a public-information interview using the procedure established by JCAHO.

JCAHO, upon request, will publicly release the following information:

1. Current accreditation status of the hospital.
2. Hospital accreditation history.

3. The date(s) of a scheduled survey after a hospital has been notified.
4. The organizational component(s) that contributed to a decision of the conditional accreditation or denial of accreditation.

Resolved, That: Vietnam Veterans of America takes the following positions:

1. Encourages chapters and state councils to become familiar with the accreditation standards currently used by the JCAHO.
2. Encourages chapters and state councils to participate appropriately in providing consumer input, both positive and negative, during accreditation surveys by requesting public information interviews. The national board of directors shall ensure that information pertaining to this process is disseminated to all chapters and state councils.

VB-26
AMEND POST-9/11 G.I. BILL FOR ASSESSMENT OF MILITARY
SCHOOLS/COURSE FOR CREDIT

History:

First adopted in 2011 as VB-26

Issue: Veterans are unjustly and unfairly treated by the U.S. Department of Education, public universities, and colleges regarding acceptance of quality federal schools and courses completed toward majors and degrees in direct contravention of the intent and purpose of the Post-9/11 G.I. Bill.

Resolved, That: Vietnam Veterans of America leadership and members rightly, fairly, and vigorously pursue this amendment to the Post-9/11 G.I. Bill: "Universities and colleges shall ask for, review, and assess evidences of federal military schools and courses completed by military service members and veterans, and grant credits toward their intended major as set forth in the American Council on Education's Guide to the Evaluation of Educational Experiences in the Armed Forces, pursuant to receiving federal Post-9/11 G.I. Bill funds."

Tremendous:

--Recognition of service members and veterans for their patriotic bodily contribution to the nation's defense

Evidences justice and fairness for accepting equivalent American Council on Education-approved schools and courses acquired on active, national guard, and/or reserve tours of duty

--Savings of federal funds now being expended on military schools and courses; and then, redundantly paid for the same schools, courses, and/or content at universities and colleges funded by the federal Post-9/11 G.I. Bill

VB-27
REDUCTION OF DIC SURVIVOR WAITING PERIOD

History:

First adopted in 2011 as VB-27

Issue: Urge Legislation to Amend the Rules for Dependency and Indemnity Compensation (DIC) so that Eligible Survivors Can Receive Monthly Benefits after a 1 year waiting period rather than the current 10 year waiting period.

Resolved, That: The Vietnam Veterans of America, urge Congress to pass appropriate legislation to have the waiting period for Dependency and Indemnity Compensation reduced from 10 years to 1 year.

VB-28
REMOVAL OF 5% ANNUAL DEDUCTIBLE FOR VA PENSION ELIGIBILITY

History:

First adopted in 2011 as VB-28

Issue: Resolution to remove the VA pension's Annual 5% Deductible on unreimbursed medical expenses reported on Eligibility Verification Report (E.V.R.) form 21-0516 for Veterans on VA pension.

Resolved, That: VVA support legislation that removes the Annual 5% Deductible (MAPR) from consideration of out-of pocket Medical Expenses.

VB-29
EXTEND FILING DUE DATE FOR VA PENSION ELIGIBILITY VERIFICATION REPORTS

History:

First adopted in 2011 as VB-29

Issue: Resolution to change Eligibility Verification Report (E.V.R.) Form 21-0516 Filing due date from March 1 to March 31st of current year for Veterans on VA pension.

Resolved, That: Vietnam Veterans of America support legislation that amends applicable Sections of Title 38 U.S. Code dealing with VA pension by changing the Eligibility Verification Report Form 21-0516 filing deadline due date with VA from March 1 to March 31st.

VETERANS INCARCERATED

VIN-2
VVA CHAPTER AND STATE COUNCIL RELATIONSHIPS WITH VETERANS INCARCERATED

History:

First adopted in 1987 as L-3-87

Replaced in 1991 by VI-3-91

Replaced in 1993 by V-IN-4-93
Renumbered in 1995 as VIN-2-95
Amended in 1997 by VIN-3-97
Amended in 1999 as VIN-2-99
Renumbered in 2011 as VIN-2

Issue: VVA has proven to the satisfaction of many departments of correction that membership in VVA and contact between VVA chapters and state councils has greatly improved the rehabilitation of veterans incarcerated and their readjustment upon release.

Background: Too often our emphasis has been on forming incarcerated chapters instead of on establishing working relationships between non-incarcerated members and incarcerated members. The result has been when an institution does not have enough members to charter an incarcerated chapter or if the administration will not allow VVA to form a chapter, incarcerated members are frustrated. Sometimes an institution feels insecure when a group of veterans “organizes” into a formal group. Many of our VVA state councils and chapters have organized highly successful and comprehensive programs and projects to assist incarcerated VVA members. This requires careful coordination between VVA and the state and federal departments of correction. A relationship of trust and credibility must be cultivated before a program can be introduced to veterans incarcerated.

In cases where there is a good relationship between non-incarcerated members and chapters, there is a better opportunity for a former inmate to build a new life when he is released because he has established a bond with VVA members who will help with the transition.

The intent of the state council liaison to veterans incarcerated is to help facilitate building this trust between incarcerated veterans and the federal, state, and local authorities as well as the Department of Veteran Affairs.

Veterans incarcerated will continue to be represented at the national Convention in a manner determined by the rules of the convention and the by-laws of the respective state councils.

Resolved, That: Vietnam Veterans of America, resolves that VVA state councils and chapters continue to reach out to veterans incarcerated and concentrate on building better relationships between non-incarcerated members and chapters and our veterans incarcerated and concentrate on building better relationships between non-incarcerated members and chapters and our veterans incarcerated and developing follow-up programs for veterans who have been released from prison.

VIN-3

VETERANS INCARCERATED BENEFITS AND ENTITLEMENT

History:

First adopted in 1985 as L-1-85 and L-4-85
Updated in 1989 as V-1-89
Renumbered in 1991 as VI-5-91
Amended in 1993 as V-IN-1-93
Updated in 1995 as VIN-5-95
Amended in 1997 as VIN-5-97
Amended in 1999 as VIN-3-99
Amended in 2001 as VIN-3-01
Amended in 2003 as VIN-3-03

Amended in 2005 as VIN-3-05
Amended in 2007 as VIN-3-07
Renumbered in 2011 as VIN-3

Issue: The United States Department of Veterans Affairs (DVA) is responsible for providing benefits to all veterans, including those who may be incarcerated. This resolution amends VIN-3-01

Background: Veterans incarcerated are unable to avail themselves directly of DVA services. Veterans incarcerated need services and benefits from the DVA that they are entitled to because of their veteran status.

Counseling, PTSD treatment, and educational benefits can be expected to reduce the rate of recidivism among veterans. This has been demonstrated in states where programs called Veterans Residential Treatment Programs have been instituted. The U.S. Department of Veterans Affairs has started a number of pilot programs in this area and VVA commends the VA for their early efforts.

Resolved, That: Vietnam Veterans of America urges:

1. The Department of Veterans Affairs to more aggressively provides medical treatment and counseling for veterans incarcerated with special emphasis on PTSD and other service-related disabilities.
2. The Department of Veterans Affairs to work closer with federal, state, and local correctional facilities to assist veterans incarcerated completes a successful rehabilitation.
3. The Department of Veteran Affairs to work more closely with the U.S. Department of Justice in developing a verifiable statistically sounds method for identifying veterans that are incarcerated.

VIN-4 PTSD AND PAROLE/CLEMENCY

History:

First adopted in 2011 as VIN-4

Issue: Veterans convicted of crimes prior to 1980 were not afforded the opportunity to present evidence of Post Traumatic Stress Disorder (PTSD) during their trials because PTSD had not yet been defined as an illness in the Diagnostic and Statistical Manual (DSM) used by mental health professionals until 1980. Some veterans committed crimes during a PTSD episode, or were influenced by PTSD at the time of their crimes' commission. These veterans deserve to have the role of PTSD in their crimes reviewed by the Courts and by State Boards of Pardons and Clemency or by the US Sentencing Commission. Vietnam veterans continue to be affected by the above and remain incarcerated some for more than 25 years on life sentences with no parole review. A mechanism needs to be implemented affording veterans an opportunity to present PTSD evidence for the courts and consideration by Paroling or Clemency agencies.

Background: The Vietnam Veterans of America, Inc. (VVA) first passed resolutions concerning this issue in 1995 — VIN 1 and PTSD 1. These Resolutions have been continued by the delegates to VVA National Conventions in 1997, 1999, 2001, and 2003. These Resolutions

have had no influence on the states where veterans with PTSD serving life sentences are incarcerated. To our knowledge, no veteran has gotten a legal review or had such a sentence commuted by a Pardon. A new Resolution is therefore proposed which contains a specific recommendation to remedy this situation. It has long been recognized that rates of suicide, drug and alcohol addiction, criminal and other antisocial behavior, are significantly higher in the population of combat veterans with PTSD, than in the population of veterans without combat service. This association was not considered in the criminal cases of many of those veterans incarcerated prior to 1980.

Resolved, That: The Vietnam Veterans of America (VVA), at their national convention in the year 2011, strongly recommends the U.S. Sentencing Commission and states which have no parole review for individuals sentenced for life, establish special and specific mechanisms within their respective court systems and the boards of pardons, where such exist, to address the issue of veterans with service connected post traumatic stress disorder (PTSD), who were arrested prior to 1980, and) thus, have not been afforded the opportunity to present evidence of the influence of PTSD on their criminal actions.

VIN-5 RETENTION OF BENEFITS FOR INCARCERATED VETERANS

History:

First adopted in 2011 as VIN-5

Issue: The Department of Veterans Affairs (VA) has the policy of reducing service connected disability compensation payments to veterans, when they become incarcerated on a felony charge for over 60 days. Whatever compensation the veteran receives is reduced to the 10% rating pay schedule. This policy/law unfairly discriminates against disabled veterans. For example, military retiree pension payments are not reduced by the VA, upon incarceration of the retiree. Individuals who receive disability compensation, or pensions, from civilian companies, or trust funds, who then become incarcerated, do not incur any reduction in their pension or compensation, from their sources.

Background: VVA has successfully championed the cause of concurrent receipt for military retirees who also have service-connected disabilities. While there is more to do on this issue, a first step has been taken to alleviate that injustice. The logic of the lobbying efforts on concurrent receipt has largely been that compensation for service connected disabilities is an earned payment, due to an injury suffered in defense of the nation. VA compensation for service-connected maladies is not welfare, yet it is treated as such by the legislation and resultant policies which deprive veterans who become incarcerated, of rightfully earned income.

Resolved, That, The Vietnam Veterans of America (VVA) at their National Convention in the year 2011, strongly urges and recommends to the Executive and Legislative Branches of the U. S Government, that the Code of Federal Regulations be amended, removing the reduction in payments to veterans with service-connected disabilities, who become incarcerated on felony charges, for more than 60 days. VVA asserts that such payments are income earned as a result of disabilities incurred while serving in defense of their country, and that the regulations and policies which create such reductions, are patently unfair and discriminatory to disabled veterans. The specific laws and regulations involved in this resolution are: 38 USC 5313, and 38 CFR 3.665.

VIN-6 PTSD TREATMENT OF INCARCERATED VETERANS

History:

First adopted in 2011 as VIN-6

Issue: Veterans with service connected disabilities, which become incarcerated, often do not have access to proper medical care within prison systems, especially those veterans with Post Traumatic Stress Disorder (PTSD), who need specialized mental health treatment.

Background: One of the unfortunate by-products of war is the residual of veterans with service-connected disabilities. Some of these disabilities require specialized treatment, not normally available in penal systems. PTSD disability is one such condition. It is rare to find a jail with specialized treatment programming for PTSD. A complicating and relevant factor in the example of PTSD is that the effects of this condition often contribute to behaviors such as drug/alcohol abuse, alienation from society, relationship difficulties, social isolation, poor impulse control, and explosive tempers. These factors result in a higher incidence of criminal behaviors, and eventual incarceration for combat veterans, than for non-combat veterans, or for the population of society as a whole.

Resolve That, Vietnam Veterans of America, at its National Convention in August of 2011, strongly urges and recommends to the Department of Veterans Affairs, that protocols and programs be established to address the specialized treatment needs of veterans who are incarcerated with PTSD disabilities.

PTSD/SUBSTANCE ABUSE

PTSD-1 POST-TRAUMATIC STRESS DISORDER

History:

First adopted in 1983 as L-3-83

Updated in 1991 as L-PS-3-91

Updated in 1993 as V-7-93

Updated in 1995 as PS-1-95

Renumbered in 2003 as PTSD-1-03

Renumbered in 2011 as PTSD-1

Issue: The Department of Veterans Affairs (DVA) still has not sufficiently taken the lead in many important aspects of the effects of Post-traumatic Stress Disorder among veterans.

Background: It has only been a few years since the DVA, military departments, and the criminal justice system have begun to understand the significance of delayed stress in the lives of many veterans. It is undisputed that creative treatment could rehabilitate tens of thousands of veterans, particularly those with bad discharges and criminal convictions. Many veterans languish in jails convicted and sentenced by courts that were never informed of the true psychiatric picture of the offender. The resources of the government should be used to inventory these cases.

An inquiry into the role PTSD and substance abuse may have played in a person's criminal acts are not an attempt to escape from responsibility; this inquiry is a reasonable examination into treatment and prevention of future antisocial acts.

The DVA handling of PTSD and substance-abuse compensation claims, while improving, still reflects part of the traditional attitude that such conditions only occur to those who were "predisposed." Partially, as a result, the process merely becomes a search for an objective stressor.

The DVA still sometimes very narrowly interprets whether a veteran was prevented from using educational benefits for purposes of extending a delimiting date. A very traditional view of medically disabling conditions is used. PTSD and often-attendant substance-abuse problems are usually not considered as medically disabling.

Resolved, That: Vietnam Veterans of America urges that:

1. The DVA establish a diagnostic and forensic unit or have available referral resources, which, upon request from a veteran or his/her counsel, will provide an evaluation of the role, if any, PTSD may have played in a criminal act. This requirement should apply at all stages of a criminal proceeding -- even at the parole or other post-conviction relief stage. The federal government should take the lead in establishing a program to assist the states in screening its incarcerated veteran population for legitimate PTSD cases for purposes of treatment and sentence and/or parole reevaluation and assist in the education of law-enforcement personnel who make the initial decisions concerning a veteran-arrestee.
2. The DVA act and seek legislation, if necessary, to extend the Vet Center outreach activities to incarcerated veterans. Adequate funding should be provided to meet this mandate.
3. The Veterans Benefits Administration (VBA) act decisively to revise all directives and regulations which guide the rating board's adjudication of PTSD claims. Too much emphasis is placed on combat and the objective proof of a stressor. As a result, the wrong claims may be granted purely after finding evidence of combat service, and proper claims are often denied for failure to conduct an in-depth inquiry into the true nature of the stressor. The DVA should be obligated to conduct the often-necessary unit records search to augment frequently incomplete military personnel records. Additionally, DVA Central Office policy should be changed and enforced requiring the use of current mental-health standards regarding diagnosis of PTSD as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.
4. The DVA amend its regulations specifically to recognize that a delimiting date for educational benefits can be extended if it can reasonably be shown that the veteran could not take meaningful advantage of these benefits because of PTSD, even if drugs, alcohol, and/or incarceration were part of the symptoms.

PTSD-2

SUPPORT FOR READJUSTMENT COUNSELING SERVICE PROGRAMS

History:

First adopted in 1993 as V-3-93
Updated in 1995 as PS-2-95
Amended in 1997 as PS-2-97
Amended in 1999 as PS-2-99
Renumbered in 2001 as PTSD-2-01
Amended and renumbered in 2011 as PTSD-2

Issue: Treatment of veterans' psychological needs via community-based Readjustment Counseling Service Vet Centers.

Background: The Vet Center program has proved to be a popular and effective treatment modality. Periodically, proposals have been made to cut funding, reconfigure the services offered, or relocate Vet Center staff to locations at DVA Medical Centers (VAMCs). Veterans who use the Vet Center program prefer that these centers continue to be located in local areas and choose not to use similar services available at VAMCs because of the bureaucratic environment.

Resolved That: Vietnam Veterans of America strongly recommends that Readjustment Counseling Services continue with its present line-authority and funding configuration as a community-based service provider with locations separate from VAMCs and VISNs. That legislation authorizing and funding a general expansion of the Vet Centers and Contract Care Provider Program to include rural areas be actively pursued after a needs assessment and submission of such assessment is submitted to the VA Under Secretary for Health and Director of the Readjustment Counseling Services. Both programs must include outreach to incarcerated veterans, homeless veterans, and the families and significant others of veterans diagnosed with PTSD and Substance Abuse. These programs should be an entitlement for all veterans.

PTSD-3

POST-TRAUMATIC STRESS DISORDER AND SUBSTANCE ABUSE

History:

First adopted in 1985 as a series of Resolutions: V-5-85, V-6-85, V-7-85, V-8-85, and V-9-85
Added to the series in 1989 was V-2-89
This initial series of resolutions was replaced in 1991 by V-PS-16-91
Updated in 1993 by V-7-93
Updated in 1995 by PS-3-95
Amended in 1997 as PS-3-97
Amended in 1999 as PS-3-99
Amended in 2001 as PTSD-3-01
Renumbered in 2011 as PTSD-3

Issue: Hundreds of thousands of veterans and their families suffer severe psychological and emotional difficulties related to the veteran's military service. However, there remains a serious lack of Department of Veterans Affairs (DVA) and government commitment to providing realistic treatment, treatment facilities, trained personnel, adequate budgeting, or compensation for this

tragic problem. There also is a need for more understanding and attention to the elevated PTSD and substance abuse rates among 500,000 minority veterans.

Further, the Convention notes that DVA is NOT in compliance with the provision of the Veterans Eligibility Reform Act of 1996 that requires DVA to maintain at least the capacity and level of resources that existed in Fiscal Year 1996.

Background: PTSD and substance abuse is a legitimate mental-health disorder recognized worldwide by mental-health professionals, and it is clearly defined by criteria set forth in the current Diagnostic and Statistic Manual of the American Psychiatric Association.

Problems related to PTSD and substance abuse include chemical dependency, incarceration, homelessness, unemployment and underemployment, as well as many other mental-health problems. In the face of these scientific facts, the government continues to respond in cavalier and disinterested ways which only serve to exacerbate and intensify the problem. The DVA failure to address the problem of PTSD and substance abuse among Vietnam veterans results in a deplorable waste of human lives and resources on a daily basis and serves to compound the endemic mistrust of the federal government by Vietnam-era veterans. Resources and the effective commitment to deal with the neuro-psychiatric wounds of war should be made available and be adequately distributed in all the areas mentioned in order to meet the need reported by the NVVRS study.

Resolved, That: Vietnam Veterans of America, finds the response to date of the DVA as well as the United States Congress in the area of providing adequate treatment for veterans afflicted with symptoms of PTSD and Substance Abuse to be woefully inadequate. In order to address this issue in a manner consistent with the DVA's obligation to afford treatment for disabilities directly related to military service, VVA advocates:

That the Congress takes all necessary steps to ensure that the organizational capacity of the DVA to address the neuro-psychiatric wounds of war, particularly post traumatic stress and concomitant substance-abuse is restored to AT LEAST the level of effort that existed in FY 1996 and seek to increase, designated targeted funding.

Legislation authorizing and funding fellowships and other educational programs to foster training of mental-health professionals in the field of PTSD and Substance Abuse treatment must be approved and enacted.

Legislation compelling all DVA practitioners and other personnel to take detailed military histories of all veterans.

Legislation establishing a presumption of service connection for PTSD and Substance Abuse upon a diagnosis of PTSD and Substance Abuse by a mental-health clinician qualified in the diagnosis of PTSD and Substance Abuse must be approved and enacted.

Educate compensation and pension examiners and service representatives about the importance of recognizing physiological diseases such as heart problems and chronic depression as secondary conditions of PTSD. DVA Adjudication Manual M21-1, Paragraph 50.40a(1) confirms that substance abuse will be deemed service-connected--rather than the anachronistic characterization of substance abuse as "willful misconduct"--if it is secondary to a service-connected neuropsychiatric disability.

A DVA Central Office policy change and enforcement to require the use of current mental health standards regarding diagnosis of PTSD and substance abuse as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.

PTSD-4

PTSD COUNSELING FOR FAMILY MEMBERS

History:

First adopted in 1997 as PS-4-97
Amended in 2001 as PTSD-4-01
Renumbered in 2003 as PTSD-4-03
Renumbered in 2005 as PTSD-4-99
Renumbered in 2011 as PTSD-4

Issue: Currently only a few Vet Centers do not provide regular and effective counseling to family members relative to PTSD even though the Vet Centers are the only part of DVA that are legally authorized and mandated to do so by law.

Background: This has been amply demonstrated in that the spouse and children are affected by a veteran's PTSD. The veteran is counseled at the DVA for the PTSD, and sooner or later that veteran goes back to the family. More often than not such care is provided strictly on an outpatient basis, regardless of the fact that a period of inpatient care may be clinically indicated. Therefore a need exists education of spouse as well as counseling for children. Many families suffer from secondary PTSD. They do not realize that the symptoms are "normal" It would be to the veteran's benefit that extensive education and counseling be given to his or her family, for otherwise the veteran's recover will be limited or otherwise significantly impaired.

Resolved, That: Vietnam Veterans of America, seek to expanded legal authority and funding for all VHA to provide counseling to a veteran's family or family member when it is clinically indicated to be in the best interest of the veteran. Further, the delegates mandate that VVA take an assertive role in assisting the DVA to develop an excellent counseling program for the families and individual family member of Veterans who suffer from PTSD.

PTSD-5

SUBSTANCE ABUSE TREATMENT

History:

First adopted in 1997 as PS-5-97
Renumbered in 1999 as PS-5-99
Amended in 2001 as PTSD-5-01
Amended in 2003 as PTSD-5-03
Renumbered in 2005 as PTSD-5-95
Renumbered in 2011 as PTSD-5

Issue: Alcohol and other drugs, including prescription drugs, have had a serious impact on the quality of life of veterans and their families, particularly those veterans with PTSD. The treatment of substance abuse by qualified staff must be made available on a more global basis.

Background: The VA has allowed substance abuse treatment programs to be severely truncated or virtually eliminated altogether in many areas of the country in the past five years,

even though approximately half of all VA patient have a disease condition that is caused or exacerbated by substance abuse, and that such reduction in capacity are illegal pursuant to the Veterans Eligibility Reform Act of 1996.

Resolved, That: Vietnam Veterans of America, is committed to a comprehensive treatment program for veterans with substance-abuse disorders as well as support programs for the family members. The following areas are identified as paramount and VVA strongly urges:

That Congress provide designated targeted funding and take steps to ensure that VA uses such funds to offer effective inpatient and outpatient treatment of substance abuse in every area of the United States and ensure there is adequate continuing care/aftercare provided by VHA facilities, vet centers, or other community-based resources.

That DVA shall provide qualified personnel with a minimum credential of Certified Drug and Alcohol Counselor to provide these services.

That DVA shall establish intervention and referral services for veterans and their families, including Children at Vet Centers or other community resources.

That all state councils shall establish a liaison who will coordinate information with the VVA National Office as well as with the National PTSD/Substance Abuse Committee.

PTSD-7 PTSD AND MENTAL HEALTH RESOURCES

History:

First adopted in 2001 as PS-7-01

Renumbered in 2005 as PTSD-7-01

Renumbered in 2011 as PTSD-7

Issue: The importance and necessity for the development of mental health resources for PTSD.

Background: Since PTSD was established by the Diagnostic and Statistical Manual (DSM-III) in 1980. Many organizations and individuals have explored its implications for veterans, non-veterans, and society as a whole. Of the 800,000 veterans estimated by the 1986 Readjustment Study to suffer moderate to severe symptoms of PTSD, only about one-quarter of that number have been diagnosed and treated by the VA. Meanwhile, much work on the subject is accumulating in the private sector that has and may further benefit veterans. It is important and necessary to form mutually advantageous relationships with those whose work can benefit the mental health and wellness of veterans and their families. Vietnam Veterans of America has been a leader in the effort to promote acceptance treatment of PTSD, and should continue to expand its role in this field.

Resolved, That: Vietnam Veterans of America is committed to investigate and develop contacts with mental health practitioners, organizations, and professional associations such as but not limited to National Institute for Mental Health (NIMH), National Alliance for the Mentally Ill (NAMI), International Society for the Study of Dissociation (ISSD), International Society for Traumatic Stress Studies (ISTSS) and Mentally Ill/Chemically Affected (MICA), thus facilitating alliances and a coalition approach, to keep abreast of developing medical science regarding PTSD. This would promote benefits to the severely chronically mentally ill veterans, their families and society.

PTSD-8

POST TRAUMATIC STRESS DISORDER COMPENSATION CLAIMS

History:

First adopted in 2005 as PTSD-8-05

Renumbered in 2011 as PTSD-8

Issue: The Department of Veterans Affairs (DVA) still has not sufficiently taken the lead in many important aspects of the effects of Post-traumatic Stress Disorder among veterans.

Background: The DVA handling of PTSD and substance abuse compensation claims, while improving, still reflects part of the traditional attitude that such conditions only occur to those who were predisposed. Partially, as a result, the process merely becomes a search for an objective stressor. The DVA still sometimes very narrowly interprets whether a veteran was prevented from using educational benefits for purposes of extending a delimiting date. A very traditional view of medically disabling conditions is used. PTSD and often-attendant substance-abuse problems are usually not considered as medically disabling.

Resolved, That: Vietnam Veterans of America urges that:

1. The Veterans Benefits Administration (VBA) act decisively to revise all directives and regulations which guide the rating board's adjudication of PTSD claims. Too much emphasis is placed on combat and the objective proof of a stressor. As a result, the wrong claims may be granted purely after finding evidence of combat service, and proper claims are often denied for failure to conduct an in-depth inquiry into the true nature of the stressor. The DVA should be obligated to conduct the often-necessary unit records search to augment frequently incomplete military personnel records. Additionally, DVA Central Office policy should be changed and enforced requiring the use of current mental-health standards regarding diagnosis of PTSD as set forth in the current edition of the Diagnostic and Statistical Manual, as published by the American Psychiatric Association.
2. The DVA amend its regulations specifically to recognize that a delimiting date for educational benefits can be extended if it can reasonably be shown that the veteran could not take meaningful advantage of these benefits because of PTSD, even if drugs, alcohol, and/or incarceration were part of the symptoms.
3. In addition, through the leadership of its duly elected officers, Board of Directors, Conference of State Council Presidents and membership, VVA must continue to direct its strongest advocacy effort to educate federal and state officials about such inconsistencies using appropriate information resources developed by VVA national office staff for such purposes.

PTSD-9

ACCESS TO VA MENTAL HEALTH SERVICES

History:

First adopted in 2001 as PS-7-01

Renumbered in 2003 as PS-7-03

Renumbered in 2005 as PTSD-9-05

Renumbered in 2011 as PTSD-9

Issue: Access to appropriate Department of Veterans Affairs' mental health services and treatment for returning National Guard members, Reserve troops and their families.

Background: There can be no doubt that the combat experiences of veterans can and often do cause mental health injuries just as debilitating as physical wounds. If left untreated, Post-Traumatic Stress Disorder and other psychological traumas can affect combat veterans to the point that, over time, even their daily functions become seriously impaired. This places them at higher risk for self-medication and abuse with alcohol and drugs, domestic violence, unemployment, homelessness, and even suicide. No one really knows how many of our troops, including National Guard members and Reserve troops, in Iraq and Afghanistan have been or will be affected by their wartime experiences. Despite the early intervention by psychological personnel, no one really knows how serious their emotional and mental problems will become. VVA has no reason to believe that the rate of veterans of the wars in Afghanistan and Iraq having their lives significantly disrupted at some point in their lifetime by PTSD, will be any less than the 37 percent estimated for Vietnam veterans by the National Vietnam Veterans Readjustment Study (NVVRS) conducted almost 20 years ago.

Evidence overwhelmingly supports the need for early intervention and treatment of PTSD and related mental health disorders not only for active duty troops and veterans, but for their families as well. Communities, too, need to understand this, particularly in the case of returning members of the National Guard and the Reserves. Not only will many of these men and women be denied the same access to VA healthcare upon their deactivation, but also they cannot be expected to reintegrate into their communities without access to appropriate mental health support services akin to the support afforded to active duty troops at military facilities. The Vet Centers, operated by the VA Readjustment Counseling Service (RCS), can obviously be a key player in this response, as only the Vet Centers have the legal authority to serve the families of veterans.

Resolved, That: Vietnam Veterans of America strongly recommends that the key players, namely the Department of Defense, the Department of Veterans Affairs, and the states' governors must cooperate together to better coordinate the provision of appropriate mental health programs and services for returning National Guard members and Reserve troops and their families; and that the United States Congress must appropriate the necessary funding to ensure the implementation of such coordinated effort.

PTSD-10 POST TRAUMATIC STRESS DISORDER (PTSD) AMONG AMERICA'S MILITARY WOMEN VETERANS

History:

First adopted in 2007 as PTSD-10-07

Renumbered in 2011 as PTSD-10

Issue: The Veterans Healthcare Administration has not yet taken sufficient action to address the effects of combat-related Post Traumatic Stress Disorder (PTSD) among America's women military veterans.

Background: The nature of the combat in Iraq and Afghanistan is putting service members at an increased risk for PTSD compared to those of past wars. Service members are serving multiple tours, and the intensity of the conflict is strong and constant. And in these wars without fronts, "combat support troops" are just as likely to be affected by the same traumas as traditional "combat arms" personnel. This has particularly important implications for our female

soldiers, who now constitute about 16 percent of our active duty fighting force. Studies on women serving in combat zones in prior conflicts have found that women who experience sexual trauma had significantly higher rates of PTSD than woman who had not experienced sexual trauma. Therefore, many of the women serving in Iraq and Afghanistan face dual causes of PTSD. Studies conducted at the Durham, North Carolina VAMC Comprehensive Women's Health Center have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD.

Because of the number of women veterans who are now de facto combat veterans and because of the nature of the nature of conflicts in both Afghanistan and particularly Iraq, women veterans have entered a whole new world of need.

Proposed Position: VVA shall seek to ensure that the VA has both the ability and the capacity to provide gender-specific in-patient and out-patient care and treatment for both combat and sexual trauma related PTSD, and that psychosocial services are fully integrated into the primary care provided to women veterans.

WOMEN VETERANS

WV-2

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

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

Amended in 2007

Amended and renumbered in 2011 as WV-2

Issue: Since 1982, Vietnam Veterans of America has been a leader in championing appropriate and quality health care for all women veterans. There **have been** many innovations and improvements in the delivery of Department of Veterans Affairs (DVA) health care for women veterans that were sponsored by Vietnam Veterans of America. Some concerns remain in the treatment, delivery, and monitoring of services to women veterans.

Background: DVA eligible women veterans are entitled to complete health care including **care for** gender specific illnesses, injuries and diseases. The DVA has become increasingly more sensitive and responsive to the needs of women veterans and many improvements have been made. Unfortunately, these changes and improvements have not been completely implemented throughout the entire system. In some locations, women veterans experience barriers to adequate health care and oversight with accountability is lacking. Primary care is fragmented for women veterans. What would be routine primary care in the community is referred out to specialty clinics in the VA. Over the last five years the per cent of women veterans using the VA has grown from 11% to 16%, with 48% of OEF/OIF women Veterans having enrolled in the VA. Their average age is 48 and 85% are below the age of 40. This is one reason that VVA believes that the following resolution requires address.

Resolved, That: Vietnam Veterans of America will continue its advocacy to secure appropriate facilities and resources for the diagnosis, care and treatment of women veterans at

all DVA hospitals, clinics, and Vet Centers. We ask the Secretary ensure senior leadership at all facilities and Veteran Integrated Service Networks (VISN) be held accountable for ensuring women veterans receive appropriate care in an appropriate environment. Further, we seek that the Secretary ensures:

- The competency of staff who work with women in providing gender-specific health care.
- That appropriate training regarding issues pertinent to women veterans is provided.
- That there is the creation of an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort in all venues.
- Those privacy policy standards are met for all patients at all VHA locations.
- That patient satisfaction assessments and all clinical performance measures and monitors that are not gender-specific, be examined and reported by gender to detect any differences in the quality of care.
- That the Office of Quality Performance will report any significant differences and this report will be forwarded to the Under Secretary for Health, Under Secretary for Operations and Management, the VISN Directors, facility directors and chiefs of staff, and the Women Veterans Health Program Office.
- That every woman veteran has access to a VA primary care provider who meets all her primary care needs, including gender-specific and mental health care in the context of an ongoing patient-clinician relationship.
- That general mental health care providers are located within the women's and primary care clinics in order to facilitate the delivery of mental health services.
- That sexual trauma care is readily available to all veterans who need **it and that VA ensure those providing this care and treatment have appropriate qualifications obtained through course work, training and/or clinical experience specific to MST or sexual trauma.**
- **That an evaluation of all gender specific sexual trauma intensive treatment residential programs be made to determine if this level is adequate as related to level of need for each gender, admission wait times, and geographically responsive to the need.**
- That Vet Centers are able to adequately provide services to women veterans.
- That a plan is developed for the identification, development and dissemination of evidence-based treatments for PTSD and other co-occurring conditions attributed to combat exposure or sexual trauma.
- That women veterans, upon their request, have access to female mental health professionals, and if necessary, use fee basis to meet the women veteran's needs.
- That all Community Based Outpatient Clinics (CBOC) which do not provide gender-specific care arrange for such care through fee basis or contract in compliance with established access standards
- That the Women Veterans Health Program Office aggressively seek to determine root causes for any differences in quality measures and report these to the Under Secretary for Health, Under Secretary for Operations and Management, the VISN Directors, facility directors and COS, and providers.
- **That VA provides continued oversight to ensure that all facilities comply** with the Under Secretary of Health's directive that all Women Veteran Program Managers be full-time positions.
- That Women Veteran Program Managers report directly to the Chief of Staff.
- That legislation be enacted to ensure neonatal care is provided for up to 30 days as needed for the newborn children of women veterans receiving maternity/delivery care through DVA.

WV-3

SUPPORT FOR WOMEN VETERANS

History:

First adopted in 1983 as R-1-83 and R-2-83

Amended in 1987 as V-1-87 and V-6-87

Amended in 1989 as G-17-89

Amended in 1991 as V-WV-20-91

Amended in 1993 as V-WV-9-93

Amended in 1995 as WV-6-95

Amended in 1997 as WV-6-97

Amended in 1999 as WV-2-99

Renumbered in 2001 as WV-1-01

Amended in 2003 as WV-1-03

Amended in 2005 as WV-1-05,

Amended in 2007 as WV-2,3,6-07

Renumbered in 2011 as WV-3

Issue: With an increase in the percentage of women serving on active duty in The Armed Forces, more women are entering the ranks of veterans, seeking involvement in veteran service organizations. During the Vietnam War, more than 265,000 women stood with their brothers when others would not. For this reason, and recognizing the contribution women veterans have made to this organization, Vietnam Veterans of America, had included women as integral and equal members, including them on its legislative agenda and policy concerns.

Background: Vietnam Veterans of America has been the leader, recognizing the needs of all women veterans. Vietnam Veterans of America has recognized the contribution of women veterans in this organization and has elected women veterans to leadership positions at all levels. Additionally, although women veterans are authorized the same benefits, services and compensation as their male counterparts, many women do not know their rights as veterans, and they do not know how to access programs of the U.S. Department of Veteran Affairs.

Despite the role of Vietnam Veterans of America, assisting women veterans, outreach, identification and recognition remain major hurdles in helping them realize and access veteran benefits. This resolution amends WV-2-95, WV-3-95 & WV-6-95

Resolved, That: Vietnam Veterans of America is committed to the inclusion and involvement of women veterans at all levels and within all arenas of the organization. Efforts will also include: the use of non-gender specific language in any/all communications (written or oral); recruitment; and outreach, providing women veterans with an awareness of their veteran benefits.

Further, to encourage Vietnam Veterans of America, National Office, State Councils and Chapters to establish women veteran recognition and outreach programs, and to work with state officials and legislators to create the position of a state women veteran coordinator and advisory committees, where none exist, to facilitate assistance to women veterans within the states and provide communication within and between agencies.

WV-5 WOMEN VETERANS RESEARCH

History:

First adopted in 2009 as WV-5-09

Amended and renumbered in 2011 as WV-5

Issue: Specific issues pertinent to women veterans **MUST BE** adequately researched.

Background: Because women veterans have historically been a small percentage of the veteran population, many issues specific to women veterans have not been researched. General studies of veterans often had insufficient numbers of women veterans to detect differences between male and female veterans and/or results were not reported by gender.

Today, however, women are projected to be 10% of the veteran population by 2020.

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

- A comprehensive assessment of the barriers to and root causes of disparities in the provision of comprehensive medical and mental health care by DVA for women veterans.
- A comprehensive assessment of the capacity and ability of women veterans' health programs in VA, including Compensation and Pension examinations, to meet the needs of women veterans. (GAO: March 2010: VHA).
- **A comprehensive evaluation of suicide among women veterans, including rates of both attempted and completed suicides, and risk factors, including co-morbid diagnoses, history of sexual trauma, unemployment, deployments, and homelessness.**

WV-6 WOMEN VETERANS AND VETERANS BENEFITS

History:

First adopted in 2009 as WV-6-09

Amended and renumbered in 2011 as WV-6

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

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

Resolved, That Vietnam Veterans of America will continue its advocacy to secure benefits for all eligible veterans.

- VVA asks the Secretary ensure: **that all leadership positions in all VA Regional Offices (VARO) are cognizant of and kept current on women veterans' issues; that they provide and conduct aggressive and pro-active outreach activities to women veterans and; that VBA leadership ensures oversight of these activities.**

Further, we seek that the Secretary ensures:

- **That a national structure be developed within VBA for the Women Veteran Coordinator positions, located at each VARO.**
- That VBA establishes consistent standards for the time allocated to the position of Women Veteran Coordinator (WVC) based on the number of women veterans in the area the VARO serves.
- **That VBA ensures that all Regional Offices display the services and assistance provided by the Women Veteran Coordinator with clear designation of her contact information and office location.**
- That VBA establish a method to identify and track outcomes for all claims involving personal assault trauma, regardless of the resulting disability, such as PTSD, depression, or anxiety disorder.
- **That VBA perform an analysis of MST claims volume, assess the consistency of how these claims are adjudicated, and determine if increased training and testing is needed in this regard.**
- That all claim adjudicators who process claims for gender-specific conditions and claims involving personal assault trauma receive **mandatory initial and regular on-going training** necessary to be competent to evaluate such claims.
- That the VARO create an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort.
- That National Cemetery Administration enhances its targeted outreach efforts in those areas where burial benefits usage by women veterans does not reflect the women veterans' population. This may include collaboration with VBA and VHA in seeking means to proactively provide burial benefits information to women veterans, their spouses and children, and to funeral directors.

HEALTH CARE

HC-2 VETERANS HEALTH CARE

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

Issue: The Department of Veterans Affairs (DVA) Veterans Health **Care** Administration, Veterans Integrated System Network/VISN, is responsible for providing health care to veterans with service-connected disabilities and others as determined by eligibility rules established by Congress. Concerns continue regarding quality of health care, access, and eligibility for services.

Background: Many veterans have been adversely affected by what has been described as a health-care system “in crisis.” This, in part, is due to budget and resource limitations. Other significant factors are directly related to the massive size of the centralized DVA healthcare system, its bureaucratic inertia, and its inability to organize itself into an effective instrument to meet the changing healthcare needs of all veterans under its care. Both service-connected and non-service-connected veterans have experienced a consistent unavailability of access to DVA health care, including mental health, outpatient contract, and inpatient care.

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

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

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

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

DVA must insure that the highest quality **evidence-based** care is provided in DVA healthcare facilities. Monitoring activities conducted by Quality Assurance Programs must be scientifically based and include regular and consistent review by the Under Secretary for Health, Deputy Under Secretaries for Health, VISN Directors, and the director and chief of staff of the institution. Quality data should be easily available to the public.

When DVA cannot provide the highest quality care within a reasonable distance or travel time from a veterans’ home (fifty miles) and in a timely manner (thirty days), DVA must provide care via fee-basis provider of choice for service-disabled veterans. Additionally, DVA must provide beneficiary travel reimbursement at the government rate. DVA should report at least annually on the use and cost of fee basis and contract care, including the type of care and the reasons DVA could not provide it.

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

DVA healthcare policies must allow the veteran client to have input in VA Medical Center/Outpatient Clinic operations. This should include establishment of veterans’ advisory boards at the local level. **DVA** should report on how many facilities have such boards, how

often the boards meet, how members are selected, and how meetings are publicized in the community and among **veterans' service organizations**.

DVA healthcare policies must be based on patient needs. Healthcare implementation should be decentralized to the local level, and budgeting should allow local facilities to plan for their own needs with significant consultation by the local veterans' advisory board. Congress must enact and the President must sign into law legislation that creates an assured reliable funding stream for DVA healthcare programs, indexed to medical inflation and the per capita use of the DVA Health Care System. VVA **vigorously opposes any** philosophy or language that **would limit the delivery of the VA healthcare treatment and services to only a small group of veterans in order to save money**. VVA is committed to protecting the rights of veterans and access to DVA programs and services as defined in title 38 US Code.

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

Furthermore, VVA wants to go on record as applauding the DVA Secretary, General Eric K. Shinseki, for his initiative and commitment to achieve greater transparency by posting information about quality issues in DVA medical centers and community-based outpatient clinics.

HC-3 VETERANS WITH HIV INFECTION

History:

First adopted in 1987 as V-2-87
Amended and renumbered in 1991 as V-23-91
Amended and renumbered in 1993 as V-6-93
Amended and renumbered in 1995 as V-3-95
Amended in 1997 as V-3-97
Renumbered in 2003 as HC-2-03
Renumbered in 2005 as HC-2-95
Renumbered in 2007 as V-2-95
Renumbered in 2009 as HC-3-09
Renumbered in 2011 as HC-3

Issue: Care of veterans with HIV infection, education and counseling services of veterans and their families regarding the prevention of HIV infection.

Background: Human Immunodeficiency Virus (HIV) infection remains a major health issue in the U.S. Approximately six to seven percent of all persons with AIDS in the U.S. are cared for in Department of Veterans Affairs (DVA) medical facilities, and many other veterans receive care for HIV infection/AIDS elsewhere.

Resolved, That: Vietnam Veterans of America takes the following position:
Urges DVA to continue making available educational materials reflecting the latest research and developments in HIV care for both staff and patients at all DVA medical centers, outpatient clinics, Vet Centers, and Regional Offices.

Urges DVA to ensure currently recommended treatments for HIV are available to veterans in DVA facilities or through fee basis or contract care.

Continues its commitment to serving veterans with HIV infection through its service Representatives.

HC-5 PROSTATE CANCER RESEARCH AND TREATMENT

History:

First adopted as V-18-01 in 2001

Renumbered as HC-5-03 in 2003

Renumbered and amended as HC-18-05 in 2005

Amended and renumbered as V-18-05 in 2007

Amended and renumbered in 2011 as HC-5

Issue: Prostate cancer afflicts **over** 200,000 American men each year and **over 30,000** lives are lost. Studies indicate individuals exposed to Agent Orange present at a younger age, have higher Gleason scores, and have a greater likelihood of developing metastasis than their unexposed counterparts.

Background: The Department of Veterans Affairs (VA) has determined that a presumption of service-connection based on exposure to herbicides while in military service is warranted for prostate cancer.

Resolved, That: Vietnam Veterans of America calls upon the VA Under Secretary for Health to establish a National Vietnam Veterans Prostate Cancer Protocol to be implemented at all VA facilities. This protocol must include provisions for a) comprehensive outreach and education for the Vietnam veteran population and all VA healthcare providers to the increased risk for prostate cancer; b) utilization of a complete military history as a standard assessment tool for all veterans; c) appropriate, timely and effective early detection screening and treatment; d) judicious monitoring of baseline changes; and e) the development of a “best practices model” which incorporates emerging evidence-based technology and treatment modalities.

Vietnam Veterans of America urges that federal funding for prostate cancer research, treatment, and therapies at NIH, DoD, and VA be increased; that the Congress and the Administration redouble efforts to find a cure for prostate cancer; and that the Veterans Health Administration increase its investment in prostate cancer clinical research, improving and accelerating clinical trials at VA hospitals and affiliated university medical centers and research programs.

HC-6 MILITARY HEALTH CARE

History:

First adopted in 1993 as V-14-93

Renumbered in 2003 as V-4-03

Renumbered in 2005 as V-7-95

Renumbered in 2009 as VB-21-09

Amended and renumbered in 2011 as HC-6

Issue: Upholding individual rights and traditional patient-centered ethics within the Department of Defense (DoD) medical-care system.

Background: During Operation Desert Storm concerns were raised by requests from the DoD to the Food and Drug Administration (FDA) to obtain waivers for the administration of unlicensed drugs without informed consent. Although both of the drugs in question (pyridostigmine, for the pre-treatment of organophosphate nerve-agent intoxication, and botulinum-toxoid vaccine) have been used either for the licensed treatment of other conditions or with informed consent, and are known to be safe, the general concept of blanket waivers raises the specter of previous drug and chemical experiments conducted by the military. The issue of consent in a war zone is complex as some might choose to use failure to consent as an excuse for removing themselves from the dangers of a war zone. Conversely, requiring an unvaccinated or untreated individual to remain in a danger zone when use of chemical or biological warfare is anticipated also is unethical.

Also of concern is whether **or not** military medical personnel are primarily responsible for the health and well-being of those under their care **if** they must subordinate the medical interests of individual patients to the military mission. While the treatment of multiple casualties often requires prioritizing the use of personnel and material resources by triaging patients, the care provided by military medical personnel should adhere to the same standards of medical care and medical ethics required by state licensing boards.

In 1999, President Clinton signed Executive Order 13139 which provides some controls on the use of investigational new drugs or drugs which have not yet been approved by FDA for **their** intended use. Under this Executive Order, which is still in effect, only the President of the United States may waive informed consent requirements on the grounds that obtaining consent is 1) not feasible; 2) contrary to the best interests of the service members; or 3) not in the interests of national security. The Executive Order requires that the Secretary of Defense submit a plan for tracking use and adverse effects of the investigational drug(s) as a part of the waiver request and for notifying military personnel receiving the investigational drug(s). If granted, the waiver must be communicated to Congress and a public notice printed in the Federal Register. Waivers, when granted, will expire after no more than one year but can be renewed using the same procedures required for an original waiver.

Resolved, That: Vietnam Veterans of America takes the following positions:

1. Affirms its support for requiring fully informed consent of military personnel, even in wartime, for the use of experimental and investigational drugs;
2. Calls on the DoD to develop a policy stating the ethical responsibilities of military medical personnel **as well as all military leaders**, and to develop a patient's bill of rights similar to that adopted by Department of Veterans Affairs (VA); **and**
3. Affirms its belief in leadership by example and that everyone in the theater of operations from the Commanding General on down should be subject to the same immunization requirements/protocols.

HC-7
PARTICIPATION IN THE PROCESS OF ACCREDITING
VA MEDICAL CENTERS

History:

First adopted in 1993 as V-13-93
In 1995 renumbered as V-6-95
In 2003 renumbered as V-3-03
In 2009 renumbered as VB-20-09
Amended and renumbered in 2011 as HC-7

Issue: Consumer input into the accreditation process.

Background: The Joint Commission on Accreditation of Health Care Organizations (JCAHO) accredits hospitals and other health-care facilities in the U.S. Although a private nonprofit organization, JCAHO, with input from professional and consumer groups, establishes the standards by which health-care facilities are evaluated. Accreditation status is used to establish eligibility for non-federal institutions to receive Medicare funds and, in some cases, to determine eligibility for licensure. Although Department of Veterans Affairs (VA) facilities can continue operating without accreditation, all VA Medical Centers (VAMCs) participate in the JCAHO accreditation process, and loss of accreditation or conditional accreditation is viewed as an extremely serious matter by VA Central Office management.

The Commission on Accreditation of Rehabilitation Facilities (CARF) similarly accredits specific programs within VA facilities. Examples of programs that may be accredited by CARF include: medical rehabilitation; DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies); behavioral health; opioid treatment; and employment services.

Both the JCAHO and CARF reviews are conducted at least every three years and include on-site visits to the healthcare facility. **Accrediting agencies** require that the **facility** provide an opportunity for the presentation of information by consumers and the public. Anyone who has information about a hospital's compliance with the accreditation standards may request a public-information interview using the procedure established by **the accrediting agency**.

Both JCAHO and CARF post a searchable list of accredited programs on their websites.

Resolved, That: Vietnam Veterans of America takes the following positions:

1. Encourages chapters and state councils to become familiar with the accreditation standards currently used by JCAHO **and CARF**;
2. Encourages chapters and state councils to participate appropriately in providing consumer input, both positive and negative, during accreditation surveys by requesting public information interviews; and
3. **Will act to ensure that veterans' service organizations are informed and encouraged to participate in accreditation processes at VA medical facilities.**

HC-9 HOURS OF OPERATION OF VA MEDICAL FACILITIES

History:

First adopted in 1993 as V-17-93
In 1995 renumbered as V-10-95
In 1997 renumbered as V-9-97
In 2003 renumbered as V-6-03
In 2005 renumbered as V-9-95
In 2009 renumbered as VB-23-09
Amended and renumbered in 2011 as HC-9

Issue: Accessibility and timeliness of health care at Department of Veterans Affairs (VA) facilities.

Background: The hours of operation for outpatient care at many VA hospitals and clinics are generally from 8-9 a.m. to 4-5 p.m. Veterans who are employed or have personal responsibilities may find it difficult to make appointments during these hours. Saturday and evening clinics, as well as measures to decrease waiting times, would facilitate use of VA facilities by these veterans.

Resolved, That: Vietnam Veterans of America

1. Encourages all VA hospitals and clinics to provide weekend and evening appointments for veterans through use of flexible employee scheduling;
2. Encourages hospitals and clinics to diligently evaluate and improve scheduling to decrease waiting time; and
3. Will establish metrics to determine if VA medical facilities are being flexible in their hours of operation in order to meet the changing needs of an evolving veteran population.

HC-10 DEPARTMENT OF VETERANS AFFAIRS RESEARCH

History:

First adopted in 2011 as HC-10

Issue: Research funded by the Department of Veterans Affairs (VA) too often does not address the needs and interests of the veterans it serves.

Background: Areas of importance for include the efficacy of various PTSD treatment modalities for different populations; long-term consequences of PTSD, Traumatic Brain Injury (TBI), infectious diseases endemic to areas where the U.S. military serves; and the efficacy of long-term care options for aging veterans.

Resolved, That: Vietnam Veterans of America urges that the Secretary of Veterans Affairs direct the Office of Research and Development and the various Research, Education, and Clinical Centers to focus on the wounds, maladies, injuries, and traumas of military service and war, research targeted to issues unique to specific wars and deployments.

HC-11 TESTING FOR HEPATITIS C

History:

First adopted in 2011 as HC-11

Issue: Vietnam Veterans are known to have a significant higher prevalence of Hepatitis C than non-veterans of the same generation.

Background: Not all Veterans Affairs facilities are ensuring that all Vietnam-era veterans are offered testing for Hepatitis C.

Resolved, That: Vietnam Veterans of America request that the Secretary of Veterans Affairs ensure all Veterans Health Administration (VHA) facilities comply with existing VHA Hepatitis C protocols, that all Vietnam-era patients are offered the blood test for Hepatitis C and, if the test is positive, be accorded appropriate follow-up and treatment.

HOMELESS VETERANS

HV-1 HOMELESS VETERANS AS A “SPECIAL NEEDS POPULATION”

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, HTF-1

Renumbered in 2011 as HV-1

This Resolution amends HTF-1-05 by incorporating HTF-2-05, A “FAIR SHARE” OF FUNDING FOR HOMELESS VETERANS PROGRAMS & SERVICES to create a more comprehensive resolution.

Issue: The number of homeless veterans is very fluid. However, nationally it is accepted that 23-30% of the total homeless population, or approximately 194,000, are homeless veterans. While federal agencies acknowledge these statistics, they have yet to identify these veterans as a “Special Needs Population.” Veterans make up a significant percentage (23-30%) of the homeless population in America. Homeless veterans are due a “Fair Share” of the available federal dollars for programs and services funded in the United States.

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

In some cases, agencies deal inappropriately, without sensitivity to the particular needs and issues of the homeless, especially to those of veterans. Because homeless veterans do

present with unique issues surrounding their military experiences, we consider them a “Special Needs Population”. Until homeless veterans achieve status as a “Special Needs Population” through legislative action, monies earmarked by Congress to combat homelessness will fail to reach programs specifically designated for these veterans.

The Department of Housing and Urban Development (HUD) administers the funds set aside by the McKinney-Vento Act. Admitting by its own computations that veterans approximate 23-30% of the entire homeless population in America, HUD would have us believe that it is, in fact, reaching this population by providing a general, overall relief effort to the homeless in America. With the “special needs” status of other populations in America receiving specifically allocated funding, veterans are once again having to fight a war on the home front to obtain rights and benefits that should rightfully be theirs. Veterans are not specifically targeted in funding, and the money is wasted on stopgap measures. Mission-type meal providers and overnight cots are well intentioned, but they change nothing and solve nothing. This resolution amends HTF-1-05

Resolved, That: Vietnam Veterans of America, urges the Presidential Interagency Council on Homeless to recognize homeless veterans as a Special Needs Population. Further, we urge Congress to require all entities/agencies, including non-profit or governmental, that receive/utilize federal program funding dollars, to report statistics on the number of veterans they serve, their residential status, and the services needed. Vietnam Veterans of America strongly urges its membership, at the chapter and state council level, to work with their state and federal legislators to enhance services to homeless veterans and encourage them to recognize these veterans as a “Special Needs Population.” Additionally, Vietnam Veterans of America supports legislation that would incorporate a “Fair Share” dollar approach for the federal funding of all homeless programs and services so to specifically target homeless veterans.

HV-6 VA HOMELESS GRANT AND PER DIEM FUNDING

History:

First adopted in 2009 as HVC-6-09
Amended and renumbered in 2011 as HV-6

Issue: Funding and support of the VA HGPS Program has proven to be a most effective tool in addressing veteran homelessness.

Background: VA Homeless Grant and Per Diem funding must be considered a payment rather than a reimbursement for expenses, an important change that will enable the community-based organizations that deliver the majority of these services to operate effectively. **Non-profits have long struggled with the process used to justify the receipt of the per diem payments from VA Homeless Grant and Per Diem (HGPS) program. Although the amount of the per diem money received per veteran per day provided has increased over time, the requirement documentation to meet a 100% cost expense has created a significant burden on non-profits**

Currently, the per diem amount that non-profits receive is based on the previous year expenses as defined in its annual audit. It is not based on anticipated expenses for the operating year in which the per diem will be paid. This causes the program to fall short in meeting its expenses for the agency’s operating year. For this reason, we believe it is a reasonable suggestion that VA consider the distribution of per diem payments in much the same way that other federal agencies operate. One solution to consider would be to set up HGPS disbursements in a “draw down” account similar to the system utilized by

the U.S. Department of Housing and Urban Development, whereby agencies submit their projected budgets, are allocated the funds, and draw down on the allocated funds throughout the year. At the end of year reconciliations and adjustments as made.

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

In the past, some very successful VA HGPS residential programs identified a need for increased bed capacity due to a clear identification of increased need for program admission. These existing programs requested additional beds under a VA HGPS "Per Diem Only" (PDO) grant process and were awarded the ability to increase the overall number of program beds. The original HGPS grant and the PDO grants were awarded at different times; hence, they have separate and different VA "project numbers". These two project numbers are attached to the *same program* with the *same expenses* and the *same staff*. The only difference it has brought to the program is an increase in bed capacity. Here's where it gets convoluted and tricky. VA policy states that everything related to the one program must be divided out by a percentage based on the number of beds attached to the two project numbers. This includes the request for per diem amounts and the entire budgeted expenses of the entire program. Every bed in the one program has been assigned to one of the two project numbers. For the purpose of billing the VA at the end of each month, each veteran must be tracked on a daily basis, indicating the bed he/she was assigned on that particular day. And this must be done because when the audit was done for the one program to determine the level of per diem the agency can receive, it was identified that the per diem per day for the two project numbers was different. Not only is this a very time consuming process on the reporting side, all expenses for the one program on the bookkeeping side of the agency have to be calculated by percentage. This also makes it extremely difficult to request increased per diem.

We believe that if a single program has two different project numbers based solely on an approved expansion without change to the program, that program should be treated as a whole and the two projects numbers should be merged. This is the only fair way to work with the non-profit. To do so would allow an agency to function in a more efficient manner, have access to an appropriate and true per diem structure, and reduce the paper work for the VA HGPS offices.

Per Diem dollars received by services centers are not capable of obtaining or retaining appropriate staffing to provide services supporting the "special needs" of the veterans seeking assistance. Per Diem for Service Centers is provided on an hourly rate, currently only **\$4.86** per hour.

Service centers are unique and indispensable in the VA process. In many cases they are the front and first exposure to the VA and VA Homeless Grant and Per Diem programs. Veteran specific service centers are vital in that most city and municipality social services do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care and entitlements of veterans. Without consideration of staffing grants, the result could be the demise of these critical services. The VA acknowledges this problem exists. It is yet to be specifically identified how many awarded services center grantees have been affected by either the inability to establish these centers or retain operation because of this very funding issue.

Resolved, That: Vietnam Veterans of America

- **Urges** the Department of Veterans Affairs, Homeless Grant and Per Diem Program to provide “payment for services” rather than the “reimbursement for services” it presently provides for **transitional housing**.
- Supports and seeks legislation to establish Supportive Services **Staffing** Grants for VA Homeless Grant and Per Diem Service Center Grant Awardees
- **Supports and seeks legislation to collapse multiple project numbers associated with a program by merging into one project number.**

HV-7

HOMELESS VETERANS REINTEGRATION PROGRAM TO REMAIN AT THE US DEPARTMENT OF LABOR (DoL) AND BE FULLY FUNDED AT \$50M

History:

First adopted in 2011 as HVC-7-09

Renumbered in 2011 as HV-7

Issue: Job readiness training and reeducation are a congressionally mandated function and responsibility of the US Department of Labor (DOL).

Background: The Homeless Veterans Reintegration Program (HVRP) has long suffered the consequences of limited funding. VVA is seeking to ensure that DOL request full authorized funding in its budget. This is not only a significant investment in the lives of veterans who are trying to “make their way back”...it is an investment in our national economy.

This training and employment program has proved over time to be extremely successful in retraining and reeducating our homeless veteran, providing a new start at life. It is a labor and training issue, and as such, it should be held accountable for program investment and performance in the same vein as all other agencies to include the U.S. Department of Veterans Affairs.

Resolved, That: Vietnam Veterans of America opposes the transition of the HVRP Program from the US Department of Labor and further, that DOL should be held accountable for this program’s function, oversight, and performance. Additionally, VVA urges full funding to the authorized level for the HVRP program.

HV-8

SUPPORT FOR CONTINUED FUNDING AND OVERSIGHT OF THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT/US DEPARTMENT OF VETERANS AFFAIRS SUPPORTIVE SERVICES (HUD/VASH) PROGRAM.

History:

First adopted in 2009 as HVC-8-09

Renumbered in 2011 as HV-8

Issue: Continued funding for the existing HUD/VASH voucher program, as well as the proposed additional \$75M for 10,000 more vouchers is key to ending homelessness among our nation's veteran population. Oversight of the HUD/VASH program and its processes will prove to an invaluable tool in the continuance and expansion of this program.

Background: VVA applauds the Senate Appropriates Committee for having funded the initial \$75M for 10,000 HUD/VASH vouchers included in PL 110-161. The vouchers created by this funding will prove paramount in addressing the permanent supportive service housing needs of our homeless veteran population. By allocating this funding, Congress has given service providers the greatest tool possible in our fight to end homelessness among veterans. Oversight is necessary to ensure these vouchers, and any additional vouchers, will be administered, distributed and utilized to the fullest extent possible. By tracking the outcomes of the current HUD/VASH voucher program, a full annual evaluation of their effectiveness will drive not only those vouchers online, but the need for additional vouchers.

Resolved, That: Vietnam Veterans of America strongly supports and urges the continued funding and expansion of the HUD/VASH voucher program. Further, VVA urges the US Department of Housing and Urban Development and US Department of Veterans Affairs establish a mechanism whereby oversight of the HUD/VASH voucher program will be insured so that outcomes, and effectiveness of the program can be monitored.

HV-10

CONTINUED FUNDING FOR "SPECIAL NEEDS" GRANTS UNDER THE DEPARTMENT OF VETERANS AFFAIRS HOMELESS GRANTS & PER DIEM PROGRAM

History:

First adopted in 2011 as HV-10

Issue: "Special Needs" funding under the Department of Veterans Affairs homeless Grants & Per Diem Program is due to expire on September 30, 2011.

Background: In accordance with Title 38 of the US Code, Part II, Chapter 20, Benefits for Homeless Veterans, Subchapter VII, Other Provisions, Sec. 2061, Grant Programs for Homeless Veterans with Special Needs, the statute reads that, "the Secretary shall carry out a program to make grants to health care facilities of the Department and to Grant and Per Diem Providers in order to encourage development by those facilities and providers of programs for homeless veterans with special needs." These special needs veterans include women and women who have care of minor dependents; frail, elderly; terminally ill; and chronically mentally ill.

Many of the veterans falling out under “special needs” categories require services above and beyond what the original grant was for. Services such as Military Sexual Trauma counseling end of life and bereavement counseling, or learning how to function with a severe mental health condition. These services, many times, require individuals with special training and certifications to act as counselors. Many non-profit agencies do not have the funding capabilities to sustain licensed practitioners on staff. Special Needs grants provide additional funding to allow for those individuals to be hired and to provide for additional services necessary for the veterans to achieve the greatest level of self-sufficiency.

Resolved, That: Vietnam Veterans of America aggressively advocate for legislation forward that would extend PL109-461, Section 706, Homeless Veterans with Special Needs due to expire on September 30, 2011 to 2015.

HV-11

THE DEPARTMENT OF VETERANS AFFAIRS TO IDENTIFY BEST PRACTICES MODEL ADDRESSING HOMELESS WOMEN VETERAN TRANSITIONAL RESIDENTIAL TREATMENT PROGRAMS THROUGH VA HOMELESS GRANTS & PER DIEM

History:

First adopted in 2011 as HV-11

Issue: To often agencies providing services to homeless women veterans are left on their own to create programs they think will work. By identifying Best Practices Models, organizations and agencies across the country will be able to replicate “what works” when addressing homeless women veterans and the issues they bring.

Background: Homeless women veterans do bring issues unique to women into programs. Many have histories of military sexual trauma, domestic violence and even childhood abuse. These women need to have a voice in, not only the services they would like to see, but in the services they need. For many of them “one size does not fit all.” By investigating and studying programs currently on line within the Department of Veterans Affairs, Best Practices could be identified. This would eliminate duplication of services. Adoption of Best Practices will lead to the creation of new and innovative programs to assist with providing individualized services to our homeless women veterans. Many agencies spend countless hours trying to create new programs from the ground up, with no “template” as to what works and what does not work.

Resolved That: Vietnam Veterans of America strongly urges the Department of Veterans Affairs to identify Best Practice Models addressing the unique needs and issues of homeless women veterans and move to implement these practices in programs for homeless women veterans nationwide.

VETERANS INITIATIVE

VI-1

THE VETERANS INITIATIVE, A NATIONAL VVA EFFORT ON VIETNAM’S MISSING IN ACTION

History:

First adopted in 1989 as G-10-89 (A National VVA Ef Missing in Action)

Amended in 1991 as PM-5-91
Amended in 1993 as PM-5-93
Amended in 1997 as VITF-2-97
Renumbered in 2011 as VI-1

Issue: The conflict in Indochina between the United States and Vietnam produced dead and missing on all sides. As of this date, 1,981 Americans are still unaccounted for. According to the Vietnamese government, more than 300,000 of its own military personnel are unaccounted for.

Background: The Vietnamese government has participated with U.S. government investigators in locating and excavating crash and burial sites and has unilaterally located and returned the remains of missing Americans. The Veterans Association of Vietnam (VAV) has expressed interest in receiving intelligence reports on gravesites, letters, personal effects, documents, photos, and personal statements that would help resolve the fate of their missing. Based on our own concern for information as to the fate of missing Americans, VVA understands the pain and suffering of those Vietnamese families whose loved ones are yet unaccounted for. VVA believes that a goodwill gesture by American veterans in turning over such reports and effects to the Vietnamese will further induce them to be more forthcoming with additional information on missing Americans. Several of JTF personal have said "Simply put the Veterans Initiative is a program that contributes to the successes in our MIA missions." Moreover, the Veterans Initiative offers those Vietnam veterans who continue to hold on to disturbing, negative wartime memories and memorabilia the opportunity to turn these to positive, healing effects.

Resolved, That: Vietnam Veterans of America, urges Vietnam veterans, in accordance with the Veterans Initiative, to identify possible Vietnamese missing in Southeast Asia through various methods such as the reclamation of personal effects taken during the war, personal statements and eyewitness accounts, and identification of unmarked gravesites. VVA urges all Vietnam veterans to turn over any information that may be available on Vietnamese war dead to the national office of VVA.

VI-2

SCOPE OF THE VETERANS INITIATIVE

History:

First adopted in 1995 as VITF-2-95
Amended in 1997
Amended in 2001
Amended in 2005
Amended in 2007
Renumbered in 2011 as VI-2

Issue: Purpose of this resolution is to reaffirm VVA's commitment to the Veterans Initiative and to delineate further the scope of the Veterans Initiative.

Background: While the primary mission of the Veterans Initiative is to pursue answers and accounting of our Prisoners of War and Missing in Action in Vietnam, the Veterans Initiative now provides the opportunity to expand the program into Laos and Cambodia.

Resolved, That: Vietnam Veterans of America reaffirms the primary mission of the Veterans Initiative to achieve the fullest possible accounting of all unrepatriated POW/MIAs in Vietnam and supports expanding the mission to include Cambodia.

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