

Resolution No. 601

ADEQUATE DEPARTMENT OF VETERANS AFFAIRS BUDGET

WHEREAS, there are more than 18 million living veterans; and

WHEREAS, Department of Veterans Affairs anticipates that enrollment in the Veterans Health Administration will grow to nearly 10 million veterans and more than 7.2 million of those veterans will be seen by VA for health care; and

WHEREAS, the passage of favorable legislation, such as the PACT Act, more veterans will seek to use VA for numerous other benefit programs including education programs, recipients of disability compensation, and insurance policies; and

WHEREAS, the complexity of conditions that veterans which receive VA health for care will add demands to the system for years to come; and

WHEREAS, even though appropriations for VA continues to increase, proposals to return to previous funding levels will create a disparity that is detrimental to the services VA is obligated to provide; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Congress of the United States to authorize appropriations for the Department of Veterans Affairs which fully fund all staffing and maintain the integrity and enhancement of veteran entitlement programs and health care system.

Resolution No. 602

VA PHARMACEUTICAL CO-PAYMENTS

WHEREAS, veterans, other than those with a service-connected disability rating of 50 percent or greater, those who are receiving medications for their service-connected conditions or those whose incomes fall below the nonservice-connected pension threshold, must pay a co-payment for each 30-day supply of medications obtained through the Department of Veterans Affairs; and

WHEREAS, there have been repeated proposals to change VA pharmaceutical co-payments, placing an undue hardship on many veterans; and

WHEREAS, the increase in costs of the benefit would likely place an undue burden on veterans, limit access to earned benefits, and serve to inequitably balance the federal budget on the backs of veterans; and

WHEREAS, pharmaceuticals are part of the VA's standard health benefits package and must be provided to all eligible veterans; and

WHEREAS, VA is required by current law to charge veterans for life saving preventive medicines which are cost-free under private sector insurance and other public health care options; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we oppose increases in Department of Veterans Affairs pharmaceutical co-payments; and

BE IT FURTHER RESOLVED, that Congress must exempt preventive medicines from VA pharmaceutical co-payment requirements.

Resolution No. 603

VA MEDICARE AND TRICARE REIMBURSEMENT

WHEREAS, the Veterans of Foreign Wars of the United States views it as essential that the Department of Veterans Affairs health care system provide qualifying veterans with timely and accessible care; and

WHEREAS, VA collects third party payment for treatment, but current law prevents VA from collecting from the Medicare Trust Fund and TRICARE in certain circumstances; and

WHEREAS, a large number of VA's patients are eligible for Medicare and TRICARE; and

WHEREAS, VA medical care collections are used to supplement the appropriations VA receives from Congress to deliver efficient and effective health care at a lower cost than private sector health care providers; and

WHEREAS, with the increased demand on its health care system in association with the enactment of the PACT Act, it is now absolutely essential that VA is authorized to collect federal dollars to supplement its annual appropriations to ensure adequate funding for the Veterans Health Administration; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support enactment into law of legislation authorizing Department of Veterans Affairs to receive reimbursement for the cost of non-service connected care that is provided to veterans who are enrolled in Medicare or TRICARE.

Resolution No. 604

NURSING HOME ELIGIBILITY

WHEREAS, the Veterans of Foreign Wars of the United States has called upon Congress to enact legislation to regulate and expand eligibility for Department of Veterans Affairs health care and provide all veterans with mandated access to the full continuum of VA health care services which include nursing home care; and

WHEREAS, current VA regulations extend VA eligibility for nursing home care to those veterans who are service-connected at 70 percent or above or those seeking nursing home care for a service-connected disability; and

WHEREAS, recent reports indicate that state veteran nursing homes and non-VA contracted community nursing homes operate without strong oversight from the Department of Veterans Affairs, meaning they may often set inconsistent eligibility criteria from state to state or provide care inconsistent with VA standards, resulting in inequity among veterans that are eligible to receive services; and

WHEREAS, VA nursing home care is considered the “safety net” for VA outpatient services such as residential care, respite care, hospital-based home care, adult day health care, homemaker/home health aid services and other extended care programs; and

WHEREAS, through their own statements, VA recognizes the difference in eligibility for nursing home care and inpatient hospital care as inconsistent with the principles of sound medical practice, which support continuity of care for veterans; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to ensure that Community Nursing Homes, state nursing homes, and contract nursing homes receive proper oversight and are accountable to the same high standards expected through the VA Healthcare System; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to establish a standard Department of Veterans Affairs and state veteran nursing home entitlement for all veterans enrolled in the VA health care system.

Resolution No. 605

TRAUMATIC BRAIN INJURY HEALTH CARE

WHEREAS, nearly 500,00 service members were medically diagnoses with Traumatic Brain Injuries from 2000-2023; and

WHEREAS, veterans with blast injuries, blunt trauma, motor vehicle accidents, and falls are at risk for TBI which often goes unrecognized; and

WHEREAS, even patients with mild TBI may have long-term health consequences; and

WHEREAS, veterans with severe TBI require a lifetime of intensive services to care for their injuries, yet many Department of Veterans Affairs medical facilities are neither properly staffed nor equipped to provide the necessary screening and comprehensive health care services veterans suffering from TBI require; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to provide sufficient funding to the Department of Veterans Affairs to ensure that appropriate screening, diagnostic services, treatment and life-long case management services are available to every veteran suffering from conditions associated with service-connected head trauma to include, but not limited to Traumatic Brain Injuries; and

BE IT FURTHER RESOLVED, that we urge the Secretary of Veterans Affairs to improve research pertaining to screening methods, diagnostic tools, and treatment of conditions associated with all TBIs regardless of if they are caused by blast injuries, blunt traumas, motor vehicle accidents, falls and other related injuries to ensure veterans who have experienced a TBI receive effective health care.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 606

MENTAL HEALTH DISORDERS

WHEREAS, the Department of Veterans Affairs (VA) has indicated that treating Post Traumatic Stress Disorder (PTSD) and providing Mental Health Care among returning war veterans is one of its highest priorities, and the VA operates a nationwide network of nearly 200 specialized PTSD outpatient treatment programs; and

WHEREAS, the early and accurate screening, diagnosis and treatment for PTSD, depression, substance use, and other mental health disorders, yields optimal patient outcomes, and statistics have shown that these conditions, left untreated or poorly treated, can lead to increases in suicide attempts or death by suicide among a host of other negative consequences; and

WHEREAS, studies conducted by VA show that social determinants of health, like financial stability, access to housing, and pathways to a quality career serve as protective factors against suicide. Each time a veteran uses a VBA economic opportunity program or benefit is an opportunity to provide resources and treatment; and

WHEREAS, the National Center for PTSD found that there are nearly 1.5million veterans compensated for PTSD since September 2023; and

WHEREAS, available research has not sufficiently evaluated the clinical effectiveness of treatment programs for veterans diagnosed with and/or suffering from the effects of traumatic brain injuries, PTSD, or other mental health conditions, and adequate research into the brain's response to internal and external influences that could result in mental illness has yet to be undertaken; and

WHEREAS, service members and veterans are increasingly prescribed psychiatric medications and more research indicates that veterans prescribed such medications may actually be at greater risk of suicide than previously known, but they are unable to provide informed consent on the newly-learned side effects such as acute withdrawal, suicidal ideation or attempts, sexual dysfunction, potential in utero harm; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly urge the Department of Veterans Affairs to continue to adequately staff VA mental health treatment and research programs; and

BE IT FURTHER RESOLVED, that we urge Congress to dedicate adequate resources to address the alarming rate at which Veterans die by suicide to include moving the Office of Suicide Prevention from Veterans Health Administration to the enterprise level of the Department of Veterans Affairs; and

BE IT FURTHER RESOLVED, that we urge the Department of Veterans Affairs to research different treatments or practices that are most effective in helping our veterans cope with their PTSD; and

BE IT FURTHER RESOLVED, that VA institute strong signatory informed consent protocols on all mental health medications, implement ethical deprescribing guidelines for veterans seeking to stop psychiatric medication, train prescribers and clinicians on the emerging harm reports on psychotropic and psychiatric drugs, and to publicize all available data to inform the growing concern of overprescription and harm in the veteran community related to psychiatric drugs.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 607

VA HEALTH CARE FOR WOMEN VETERANS

WHEREAS, the total number of women veterans continues to grow, as does the number of women utilizing the Department of Veterans Affairs (VA) benefits; and

WHEREAS, VA reports that as of FY 2023 only 44 percent of women veterans utilize VA health care facilities; and

WHEREAS, VA currently has two Women's Health Primary Care Providers (WH-PCP) at all of the VA's health care systems. In addition, there are WH-PCPs in 85 percent of the community-based outpatient clinics; and

WHEREAS, women veterans have reported that VA staff continue to confuse them for spouses or caregivers and even challenge their veteran status; and

WHEREAS, women veterans also reported concerns regarding the gender specific competencies of VA health care professionals resulting in half of women veterans enrolled in VA Healthcare often seeking reproductive services (mammograms, pregnancy care, OB/GYN) in the community; and

WHEREAS, VA reported in FY 2023 that more than 600,000 women veterans are enrolled and assigned to a Designated Women's Health Provider (DWHP), who have experience and training in women's health care; and

WHEREAS, we acknowledge that the VA has improved the care and services it provides women veterans to include Women's Mental Health Services, Sexual Health Evaluation and Treatment, etc.; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to continue to improve the staffing, equipping, monitoring and consistency of health care and reproductive services available to women veterans at all VA medical facilities and expand its designated women's health program to mental health care to ensure access to mental health care providers who understand women-specific mental health conditions; and

BE IT FURTHER RESOLVED, that we urge the Secretary of Veteran Affairs to improve outreach to women veterans, allow women to choose the gender of their VA health care providers and properly train VA's workforce to treat women veterans with the respect and dignity they have earned and deserve, to include ensuring that every VA facility has a zero tolerance policy towards sexual harassment for employees and patients.

Submitted by Commander-in-Chief

To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 608

EXPAND VA CAREGIVER BENEFITS

WHEREAS, the Department of Veterans Affairs Comprehensive Assistance for Family Caregivers Program provides a monthly stipend, respite care, mental and medical health care, and necessary training and certifications for caregivers of veterans who were severely injured on or after September 11, 2001; and

WHEREAS, the VA Comprehensive Assistance Program has begun to expand for the caregivers of veterans of other eras, but excludes veterans who require home caregiver services as a result of serious illness; and

WHEREAS, the Veterans of Foreign Wars of the United States believes severely wounded, injured, and ill veterans of all conflicts have made incredible sacrifices, and all family members who care for them are equally deserving of our recognition and support; and

WHEREAS, the Department of Defense provides support to family caregivers of members of the armed forces who are catastrophically disabled through its Special Compensation for Assistance with Activities of Daily Living program, which includes disability caused by illnesses in its eligibility criteria; and

WHEREAS, the Court of Appeals for Veterans Claims (CAVC) through *Beaudette v. McDonough* has granted veterans appellate rights to challenge VA Caregiver Program decisions, but VA has yet to establish a framework for caregiver appeals; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to provide the accurate resources to VA for the expansion of the Department of Veterans Affairs Comprehensive Assistance for Family Caregivers Program to veterans of all eras; and

BE IT FURTHER RESOLVED, that we urge VA to establish regulations clarifying caregiver appeal procedures allowing VA to adjudicate caregiver appeals to address the growing backlog of veterans in need of caregiver benefits; and

BE IT FURTHER RESOLVED, that we urge Congress to fully align the VA's Comprehensive Assistance for Family Caregivers Program with the Department of Defense Special Compensation for Assistance with Activities of Daily Living program by including in its eligibility criteria veterans who require caregiver services as a result of serious illnesses incurred in the line of duty.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 609

SUSTAINABLE COMMUNITY CARE OPTIONS

WHEREAS, members of the Veterans of Foreign Wars of the United States report being satisfied with the health care they receive from the Department of Veterans Affairs and believe the VA health care system must be improved to ensure all veterans have timely access to high quality care; and

WHEREAS, the VFW has consistently worked with Congress and VA to improve the health care VA provides our nation's veterans through community care programs to ensure veterans have a seamless experience; and

WHEREAS, the veteran population is a shifting demographic with evolving health care needs, which necessitates that VA identify new and innovative ways to deliver timely access to high quality, comprehensive, and veteran-centric health care; and

WHEREAS, VA is now allowed to charge veterans copayments for service-connected care they receive from networked urgent care clinics in the community; and

WHEREAS, the networks of VA community care programs, to include dependent care delivered through CHAMPVA, are limited by factors that influence the willingness of private sector providers to participate in these programs; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that Congress must provide Department of Veterans Affairs with the oversight, appropriations and assets necessary to properly implement the VA MISSION Act as intended by Congress; and

BE IT FURTHER RESOLVED, that VA comply with federal prompt payment requirements and incentivize private sector health care providers to participate in its community care programs, while ensuring veterans and eligible dependents are not held financially liable for services furnished through such programs; and

BE IT FURTHER RESOLVED, that VA must remain the guarantor and coordinator of care for enrolled veterans and that the VFW remains opposed to privatizing VA or eroding VA's ability to provide direct care to veterans; and

BE IT FURTHER RESOLVED, that the VFW opposes any out-of-pocket costs for care coordinated by VA for service-connected disabilities; and

BE IT FURTHER RESOLVED, that Congress and VA must furnish and conduct proper outreach to ensure veterans are fully aware of their health care options.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 610

FOREIGN MEDICAL PROGRAM (FMP) REFORM

WHEREAS, many veterans living overseas continue to support American interests and the American military mission as either employees of the Departments of Defense and State, or as contractors supporting these agencies – yet overseas veterans are afforded a lower standard of care from Department of Veterans Affairs, which only offers reimbursement for medical care for service-connected disabilities through its outdated Foreign Medical Program; and

WHEREAS, veterans seeking treatment for service-connected disabilities must pay the cost of the care and mail a paper-based claim to VA for reimbursement or request the service provider submit a paper-based claim on their behalf and communications with FMP managers is inconsistent; and

WHEREAS, the reimbursement process takes six months to a year for resolution with VA issuing a US Treasury check and mailing it to the foreign address of the veteran or service provider if they reside overseas; and

WHEREAS, both DoD and VA contract with third-party administrators to deliver care to active-duty service members and military families and complete evaluative exams for the adjudication of VA service-connected disability claims, while VA care delivery remains unstructured and unpredictable; and

WHEREAS, the VFW views this lower standard of care and the antiquated mechanisms of reimbursement for veterans supporting American interests overseas as risks to national security; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to revise its antiquated paper-based system and utilize Electronic Funds Transfer (EFT), to allow veterans and service providers to file claims and receive reimbursement from VA through electronic means; and

BE IT FURTHER RESOLVED, that we urge Congress to address the statutory loophole that restricts FMP to only providing reimbursement for service-connected care, offering similar care access for overseas veterans; and

BE IT FURTHER RESOLVED, that we urge Congress and VA to provide structure to the Foreign Medical Program by potentially utilizing a third-party administrator to coordinate and deliver care for overseas veterans, similar to TRICARE Overseas, VA contract compensation and pension exams, and VA's domestic Community Care programs.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 611

ELECTRONIC HEALTH RECORD MODERNIZATION (EHRM)

WHEREAS, Department of Defense (DoD) and Department of Veterans Affairs (VA) are the two largest government agencies in the United States which maintain their own medical records for the service members and veterans under their charge; and

WHEREAS, the delay of transferring medical records from DoD to VA impacts benefits veterans are eligible to receive and the transfer delay can result in lapses of medical care and the denial of veteran's benefits; and

WHEREAS, other government agencies such as the U.S. Public Health Services and Coast Guard are in the process of migrating the remainder of their medical records to Oracle Cerner, but VA's migration continues to lag caused by poor oversight and frequent leadership changes overseeing the project with failures in change management at all levels causing multiple platform deployment delays; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to provide competent command and control from VHA leadership and to enforce standardization of the electronic health record (EHR) integration across VHA facilities and continued partnership and collaboration with VSO stakeholders; and

BE IT FURTHER RESOLVED, that we urge the Secretary of Veteran Affairs to adopt best practices from DoD to work with the vendor and VHA facilities to implement the EHR on schedule.

Resolution No. 612

MILITARY SEXUAL TRAUMA (MST)

WHEREAS, the continued prevalence of military sexual assault continues to grow and has been the subject of numerous military reports, Congressional hearings, documentaries and media stories. Military Sexual Trauma (MST) is a heinous crime which is a disgrace to all of those who have worn the uniform of the Armed Services; and

WHEREAS, DoD and VA have made progress towards developing and implementing a policy that creates a tangible, visible deterrent to perpetrators through consistent prosecutions or other severely negative consequences to one's military careers, both departments must commit to improving their Integrated Mental Health Strategy; and

WHEREAS, the effects of untreated MST can be devastating to the overall health of veterans and in the successful transitioning back into their families and communities; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States that we call on DoD to continue to enhance its MST awareness programs, and calls on VA to continually improve its MST treatment programs and to disseminate evidence-based clinical practice guidelines to clinicians who care for veterans who have suffered from MST; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States that we call upon Congress to continue its oversight and hearings related to military sexual trauma care and benefits with the goal of improving VA and DoD collaboration and improving policies and practices for military sexual trauma care and disability compensation.

Submitted by Commander in Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 613

TINNITUS AND HEARING LOSS PRESUMPTIVE COMPENSABLE SERVICE CONNECTION

WHEREAS, veterans of the armed services who served in combat and certain occupational specialties have a high incidence rate of hearing loss or tinnitus as a direct result of acoustic trauma; and

WHEREAS, veterans, from earlier, were not afforded a comprehensive audiological examination upon entrance and discharge from the military services, but instead were subject to highly inaccurate test methods; and

WHEREAS, in recent years the second leading disability granted service connection by Department of Veterans Affairs was for hearing loss or tinnitus; and

WHEREAS, the VA has the authority to grant service connection for disabilities associated with combat-related diseases or injuries even if medically undocumented at the time of service; and

WHEREAS, in 2005 the Institutes of Medicine (IOM) (now referred to as the National Academy of Sciences) released a study that showed that nearly all service members are exposed to acoustic trauma at some point during their military service and that many experience hearing loss and/or tinnitus as a result, often years after service. However, “after the fact, hearing loss or tinnitus incurred as a result of military service cannot be distinguished with certainty from subsequent noise-induced hearing loss...” Given these findings, reasonable doubt must be resolved in favor of veterans who suffered acoustic trauma in service; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, we urge Congress and the Secretary of Veterans Affairs to grant service connection on a presumptive basis for any veteran diagnosed after discharge with hearing loss or tinnitus when the evidence shows that the veteran participated in combat or worked in a position or occupational specialty likely to cause acoustic trauma; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Secretary of Veterans Affairs to amend the Schedule for Rating Disabilities to provide a minimum compensable evaluation for any service-connected hearing loss for which a hearing aid is medically indicated.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 614

VA CLAIMS WORKLOAD

WHEREAS, the Department of Veterans Affairs (VA) has made significant progress in addressing claim workloads for compensation, pension, education benefits and appeals, yet submissions and appeals continues to grow; and

WHEREAS, Congress has provided increased funding for staffing at VA and improved its oversight. Yet, the attrition rate and quality of new hires and retirement of journeymen claims processors continues to challenge VA's ability to train and maintain a technically proficient workforce; and

WHEREAS, VA has attempted to increase workload production by implementing arbitrary timeliness goals that rarely account for the complexity of claims; and

WHEREAS, VA continues to order redundant and often unnecessary examinations when the evidence of record is sufficient to make a determination, or claimants submit adequate medical records and legitimate doctor's opinions; and

WHEREAS, after dozens of Congressional hearings, numerous studies, changes of VA leadership, altered workflow, amended work processes, erratic IT development, as well as fruitless pilot programs and experimental initiatives, it is clear that there are no easy, simple or quick solutions that lead to the speedy reduction of the workload; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that Congress require Department of Veterans Affairs to accept legitimate private medical evidence and opinions in lieu of VA examinations whenever they are sufficient for rating purposes; and

BE IT FURTHER RESOLVED, that we continue to advise that Congress exercise its oversight authority and provide the vital resources necessary to sustain a sufficient workforce capable of effectively managing the workload and provide quality and timely service to those claiming benefits or appealing decisions from VA; and

BE IT FURTHER RESOLVED, the VA should revisit their production goals to reduce error rates; and

BE IT FURTHER RESOLVED, that Congress bolsters its oversight and funding of VA technology initiatives to ensure that they are constructive, relevant and effective in streamlining claims processing and improving quality of entitlement decisions.

Submitted by Commander-in Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 615

TOXIC EXPOSURES

WHEREAS, the PACT Act has acknowledged that veterans who have been exposed to toxic substances suffer from an array of conditions and diseases, and should not continue to have to undergo a burdensome claims process; and

WHEREAS, for decades VA was reluctant to establish a clear procedure for establishing additional presumptive conditions related to toxic exposures in service. VA has created a process with the National Academies to add presumptive conditions based on association with toxic exposures; and

WHEREAS, veterans of current and past conflicts were exposed to numerous environmental hazards, including open air burn pits, the anti-malaria drug mefloquine, radioactive substances, herbicides and other hazards; and

WHEREAS, the United States military has conducted testing, monitoring, and clean-up operations related to various chemical, biological, radiological, and nuclear weapons resulting in exposure both within the borders of the United States and abroad; and

WHEREAS, veterans and family members stationed at Camp Lejeune who consumed contaminated water and now suffer from associated conditions and have recently benefited from the passage of the PACT Act and while VA acknowledged this fact. There are differences in what conditions are compensable and those which only receive reimbursement for medical care. Additionally, the requirement to be stationed on the base for 30 days is arbitrary and ignores thousands who graduated from training in less time; and

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to invest adequate resources to study, diagnose, and treat conditions and illnesses associated with toxic exposures; and

BE IT FURTHER RESOLVED, that we urge Congress and the Department of Veterans Affairs to grant a presumption of service connection for all conditions and illnesses that are deemed by scientific evidence to be at least as likely as not associated with or caused by exposure to a toxic substance or environmental hazard and not solely on the basis of a definitive causal link or scientific certainty; and

BE IT FURTHER RESOLVED, that we urge the Department of Defense to disclose known and potential toxic exposures during all military operations and at facilities within the United States and abroad; and

BE IT FURTHER RESOLVED, that Congress ensures that the Department of Defense expedites declassification efforts related to exposure events and that the Department of Veterans Affairs extends presumptive service connection to veterans suffering from conditions or illnesses found to be associated with exposure to toxic substances.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 616

DIGITAL CLAIMS PROCESS

WHEREAS, advancements in technology have created an expectation among many Americans to conduct business in real time in a secure, digital space; and

WHEREAS, Department of Veterans Affairs now processes nearly all its workload in a digital environment; this includes claims for compensation, pension, survivor benefits and appeals, but still fails to offer timely access to this digital environment to veterans' representatives in the benefits process; and

WHEREAS, VA has committed to developing tools, such as the Automated Development Support (ADS) Tool, that allows adjudicators to process claims more efficiently using artificial intelligence. Proper training and implementation of these tools and the adjudicator's assessment are vital to ensure quality benefit decisions; and

WHEREAS, VA has created new self-service tools for veterans to file claim actions, but has failed to similarly invest in secure resources that would allow VSOs to provide quality claims assistance to veterans in real time, relying instead on its antiquated Personal Identity Verification (PIV) credentialing process, the Veterans of Foreign Wars (VFW) has unsuccessfully tried to engage with VA to assist in developing cutting-edge digital tools for VA-accredited representatives to provide high quality assistance anytime, anywhere; and

WHEREAS, in the interim, VSOs have been forced to either contract with third-party vendors or develop internal ad-hoc solutions at substantial cost to the VSOs and without proper insight or oversight from VA; and

WHEREAS, VSOs have had to request VA's Office of General Counsel intervention in executing the same principal functions in a digital environment which VSOs previously performed with paper claims; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Department of Veterans Affairs to update regulations to authorize VSOs the same advocacy rights in the digital environment as were allowed in the paper-based claims process and honor proof of digital transmission to VA as the effective date; and

BE IT FURTHER RESOLVED, that the VFW supports the use of Automated Decision Support in assisting RVSRs to accurately adjudicate claims for benefits, we encourage the Secretary of Veterans Affairs to continue to work with all VA-accredited entities to develop real-time, secure access to tools that allow advocates to provide comprehensive assistance to clients in real time.

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars urges VA to integrate their current antiquated claims management systems into one modern data management system.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 617

VA LIFE INSURANCE PROGRAM

WHEREAS, Department of Veterans Affairs has established life insurance designed to support veterans whom might otherwise be uninsurable due to service-connected disabilities; and

WHEREAS, the Secretary of Veterans Affairs has expanded the VA life insurance program making it more competitive with the private sector and opening enrollment to all service-connected veterans without a time-limit to apply; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress and Department of Veterans Affairs to continue to ensure that VA life insurance rates are competitive with private insurance company rates; and

BE IT FURTHER RESOLVED, that we urge Congress to pass legislation to index for inflation the maximum coverage rate of the VA Life Insurance program.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 618

DOMICILIARY PROGRAMS AND TEMPORARY TOTAL RATINGS

WHEREAS, Department of Veterans Affairs provides free medical treatment for service connected disabilities; and

WHEREAS, VA grants temporary total ratings for veterans hospitalized in excess of 21 days due to service connected disabilities; and

WHEREAS, veterans are not able to work while participating in VA domiciliary and day programs; and

WHEREAS, VA has mischaracterized the United States Court of Appeals for Veterans Claims decision *Mangham v. Shinseki* and now no longer considers domiciliary and day programs as “hospital care” for temporary 100 percent disability ratings; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that Congress restore eligibility for temporary 100 percent ratings to include medical treatment provided by all domiciliary and day programs provided the program is treating a service-connected disability.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 619

PROTECTING VA ACCREDITATION

WHEREAS, VA has established regulations ensuring claimants are able to obtain assistance from accredited representatives to assist in the preparation, presentation, and prosecution of claims for VA benefits; and

WHEREAS, VA accredits national organizations, attorneys, and claim agents to assist claimants file for VA benefits once they have completed training approved by VA's Office of General Counsel. Accredited attorneys and claim agents may only charge fees that have been deemed reasonable by VA and these fees may only be applied at specific steps within the claims process; and

WHEREAS, the Veterans of Foreign Wars provide representation to VA beneficiaries free of charge; and

WHEREAS, there is a prevalence of non-accredited companies and individuals that the VFW calls "Claim Sharks" preying on VA beneficiaries by illegally charging exorbitant fees that clearly violate federal statutes and regulations; and

WHEREAS, these non-accredited entities have lobbied congress attempting to pass legislation that would fundamentally dismantle the basic consumer protections offered through VA accreditation and legalize predatory fee structures contrary to well-established veteran consumer protection standards to the detriment of all VA beneficiaries; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to pass legislation protecting VA beneficiaries from predatory companies, organizations, agencies and individuals attempting to by-pass the VA accreditation process and monetize the wartime illnesses and injuries of our veterans; and

BE IT FURTHER RESOLVED, that we urge federal law enforcement agencies to investigate and prosecute companies, organizations, agencies and individuals that prey on our nation's veterans and their dependents by charging exorbitant fees under the guise of providing claims assistance.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 620

APPEALS MODERNIZATION AND LEGACY REMANDS

WHEREAS, VA beneficiaries had to wait years to have VA review unfavorable benefits decisions under the legacy appeals process. VA implemented the Appeals Modernization Act (AMA) of 2019 designed to streamline the VA appeals process by creating different avenues claimants may use when disagree with benefit decisions; and

WHEREAS, the Appeals Modernization Act intended to reduce the appeals backlog by prohibiting claimants from continuously submitting additional evidence throughout the appeal. Claimants may still submit additional evidence if the claimant submits a supplemental claim or if the claimant provides the evidence at the time the appeal is filed; and

WHEREAS, VA has a duty to assist claimants by obtaining federal records in conjunction with claims and by providing examinations to evaluate the severity of the condition and obtain a nexus linking the claimed condition to the Veterans service when necessary; and

WHEREAS, VA is still addressing the diminishing legacy appeals backlog due to the continuous cycle of remanded claims which need additional development that was not performed when the claim was first processed and BVA is now experiencing an increased inventory in AMA appeals and still has not provided a viable appeals management system; and

WHEREAS, VA adjudicators regularly assign later effective dates negatively impacting veterans despite claims being continuously pursued within the framework of AMA; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge that the Secretary of Veterans Affairs enforces proper development and timely adjudication of VA claims by obtaining all pertinent records when claims are initially processed and ensuring the Board expeditiously and ethically discharges its pending workload without arbitrary bureaucratic hurdles; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States that we urge that the Secretary of Veterans Affairs enforces policies mandating that exams are requested with accurate information and eliminating biases caused by improper phrasing on exam order requests; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States that we urge that the Secretary of Veterans Affairs enforces policies authorizing the assignment of earlier effective dates when claims are continuously pursued without the veteran submitting an additional appeal for the effective date.

Resolution No. 621

VSO INVOLVEMENT WITH VA SCHEDULE FOR RATING DISABILITIES

WHEREAS, the Secretary of Veterans Affairs' primary strategic goal is to consistently communicate with stakeholders to assess and maximize performance, evaluate needs and build long-term relationships and trust; and

WHEREAS, proposing changes which negatively affect veterans without collaborating with Veteran Service Organizations erodes trust between the Department of Veterans Affairs and the veterans entrusted to their care; and

WHEREAS, changes to the VA Schedule for Rating Disabilities must undergo a concurrence process requiring review by over a dozen offices prior to publishing change proposals in the Federal Register; and

WHEREAS, VA must provide the public with a 60-day period to provide comments on proposed changes after which the proposed changes must undergo an additional concurrence process requiring review by over a dozen offices prior to publishing a final rule; and

WHEREAS, during the most recent proposed VASRD changes VA did not collaborate with VSO stakeholders on changes prior to drafting and publishing proposed changes; and

WHEREAS, VA received more than 2.5 thousand comments highlighting concerns of proposed changes of the rating schedule for a single body system which VA must review and address prior to publishing a final rule; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Secretary of Veterans Affairs to collaborate with VSO stakeholders prior to proposing any regulation or policy changes which impact our nation's veterans; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Secretary of Veterans Affairs to provide updates to the VSO community providing the status of proposed and final rules whenever there are significant delays in the rule making process.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 622

FAIR AND FAVORABLE EFFECTIVE DATES

WHEREAS, by regulation VA assigns effective dates for disability compensation based on the date the entitlement arose and can be as early as the day following separation from active service if the claim is submitted within one year of separation; and

WHEREAS, if a claim is not submitted within one year following separation from active service, VA assigns effective dates based on the date entitlement arose or the date VA receives a claim for disability compensation, whichever is later; and

WHEREAS, veterans regularly suffer from disabilities and diseases for years prior to filing a claim for compensation due to myriad reasons, resulting in lost compensation from the government; now, therefore

BE IT RESOLVED, that we urge Congress pass veteran-centric legislation granting effective dates based on when the entitlement arose, regardless of the date a claim is received by VA.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 623

JUSTICE FOR ALS VETERANS

WHEREAS, Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's Disease, is a fatal neurodegenerative disease that destroys the nerve cells that control voluntary muscle function, eventually impacting the ability to move, speak and breathe; and

WHEREAS, numerous international institutes have been unable to determine causation or cure for ALS in more than a century of research, but have concluded that the incidence of ALS impacts veterans, especially deployed veterans, at nearly twice the rate that it impacts the general populations; and

WHEREAS, the Department of Veterans Affairs (VA) has acknowledged this disproportionate affliction in the veteran population to the effect that it has established presumptive causation between ALS diagnosis and military service of as short as 90 days duration; and

WHEREAS, under Title 38, U. S. C., Dependency and Indemnity Compensation (DIC) is available to the survivors of veterans who die due to service-related disabilities; and

WHEREAS, also under Title 38, a monthly increase of DIC is available to those survivors who were married to veterans for eight (8) years prior to their death, if the VA had rated said veteran was disabled for a full eight (8) years prior to their death; and

WHEREAS, since its discovery in 1869, the prognosis for those stricken with ALS today has largely remained the same – death within an average of only two to five years; and

WHEREAS, the survival prognosis of this aggressive, presumptive service-connected disease is insufficient to meet the eight-year rule; and

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we call upon the VA to carve out an exception to the eight-year disability rule to allow survivors of veterans who die from ALS to receive the increased monthly DIC payment; and

BE IT FURTHER RESOLVED, that we call upon Congress to renew efforts to legislate and fund such action as a matter of extreme urgency.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 624

IMPROVE BENEFITS FOR SURVIVORS

WHEREAS, Dependents Indemnity Compensation (DIC) provide to dependents of fallen servicemembers and veterans who succumb to service-connected conditions has not had any significant increases since 1993, and

WHEREAS, the DIC rate is paid at forty-three percent of one hundred percent permanent and total disability, while other federal survivor programs are paid at fifty-five percent; and

WHEREAS, the Survivors and Dependents Educational Assistance Program provides educational support to eligible dependents (spouse or children) of a service member who died on active duty or a veteran who died or is permanently and totally disabled due to a service-connected disability; and

WHEREAS, DEA benefits increase annually, they fail to increase at the same rate as tuition; and

WHEREAS, Congress recently increased the monthly allowance for DEA while also decreasing the amount of months to utilize the benefit; and

WHEREAS, nothing can replace the enormity of the loss and sacrifice of military survivors, increasing benefits that align with other federal programs will provide them the opportunity to build a meaningful and productive future for themselves and their children; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to increase Survivors and Dependents benefits on par with comparable federal survivor programs; and to reflect the rising costs of living and education expenses, with future increases indexed to reflect the average cost of living increase by the Department of Social Security and tuition costs as reported by the Department of Education.

Resolution No. 625

VETERAN HOUSING AND FOOD SECURITY PRIORITIES

WHEREAS, homelessness among veterans has significantly decreased due to coordinated efforts across multiple agencies of government and the ambitious goal of the Department of Veterans Affairs to eliminate homelessness among veterans; and

WHEREAS, a growing number of female veterans experience homelessness, many of whom have dependents in their care; and

WHEREAS, local and state homeless veteran agencies and programs are federally funded by the Department of Veterans Affairs Grant and Per Diem program and the Department of Labor Homeless Veterans Reintegration program; and

WHEREAS, programs such as VA's Supportive Services for Veteran Families and the joint Housing and Urban Development and VA's Supportive Housing program are showing signs of success in reducing homelessness; and

WHEREAS, research has found that among 18- to 64-year-olds, veterans are 7.4 percent more likely to live in a food-insecure household than nonveterans, while veterans also use food assistance programs like the Supplemental Nutrition Assistance Program (SNAP) at lower rates than civilians; and

WHEREAS, the VA acknowledges its obligation to maintain comprehensive assistance to veterans who are experiencing homelessness or at risk of homelessness to the best of its capabilities; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the President and Congress to continue to address veterans' homelessness by increasing the availability of safe and affordable housing for veterans and their families, expanding educational and employment opportunities and training and providing gender-specific services; and

BE IT FURTHER RESOLVED, that Department of Veterans Affairs should periodically adjust Grant and Per Diem program rates for inflation to ensure sufficient operation of homeless veteran assistance programs; and

BE IT FURTHER RESOLVED, that VA compensation and non-service connected pension should not be considered countable income by the Department of Housing and Urban Development and Department of Agriculture in determining program eligibility; and

BE IT FURTHER RESOLVED, that Department of Veterans Affairs should annually adjust grant and per diem program rates for inflation, based on separate instances for food and housing, with the latter adjusted for local variations in housing cost based on the Variable Housing Allowance Tables used by the Department of Defense to ensure sufficient operation of homeless veteran assistance programs.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 626

ENSURE VETERAN SUCCESS IN EDUCATION

WHEREAS, our nation has consistently supported the future success of our warfighters through robust veterans' education benefits, historically molding generations of proven leaders; and

WHEREAS, the Veterans of Foreign Wars of the United States has worked to secure and preserve quality education benefits for all generations of veterans; and

WHEREAS, Department of Veterans Affairs enrolled nearly one million veterans across all G.I. Bill programs in the past academic year; and

WHEREAS, despite significant improvements to consumer resources for student veterans and increasing GI Bill rates by 2.8%, there is inconsistent access to quality consumer information and financial hardships that continue to drive perceptions in Washington that student-veterans are not succeeding in higher education; and

WHEREAS, many combat veterans do not fully qualify for the Post-9/11 GI Bill benefit; and

WHEREAS, certain schools and programs seek to circumvent benefit guidelines in order to reap significant financial benefit; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to ensure proper oversight of Department of Veterans Affairs educational benefit programs by developing quality metrics with which to demonstrate student veteran success in higher education, and close financial loopholes through which certain academic programs can exploit GI Bill reimbursement models; and

BE IT FURTHER RESOLVED, that Congress ensure veterans receive equitable access to benefits like housing payments and quality pre-enrollment educational information to ensure veterans are academically and financially prepared to succeed in higher education; and

BE IT FURTHER RESOLVED, that we urge Congress to increase stipends for books, electronic devices such as laptops and tablets, instructional support applications and cost of living adjustments to give student veterans the proper resources and tools to be successful in their pursuit of higher education; and

BE IT FURTHER RESOLVED, that we work to extend full GI Bill benefits for all combat veterans and preserve quality GI Bill benefits for all current conflict veterans and future conflict veterans to ensure they have access to quality education assistance programs.

Submitted by Commander-in-Chief

To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 627

VETERAN READINESS AND EMPLOYMENT PROGRAM ELIGIBILITY

WHEREAS, the period of eligibility for Department of Veterans Affairs Veteran Readiness and Employment benefits is 12 years from the date of separation from the military or the date the veteran was first notified by VA of a service-connected disability rating; and

WHEREAS, many veterans do not understand their eligibility to VR&E services and the benefits of the program until later in life when they become so disabled that their disabilities create an employment barrier; and

WHEREAS, VR&E lacks quality performance measures that measure readiness based on the long-term effects of disability and the likelihood that a disability may require further rehabilitation; and

WHEREAS, VR&E can take more than 90 days from enrollment to the start of services; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to change the eligibility delimiting date for Department of Veterans Affairs Vocational Readiness and Employment program by eliminating the 12-year-delimiting date for eligibility to Chapter 31 benefits and allow all veterans with employment impediments or problems with independent living to qualify for VR&E services for life; and

BE IT FURTHER RESOLVED, that the VA must restructure performance measures to emphasize long-term readiness versus the current short-term indicators of success. Furthermore, VR&E should continually follow up with veterans considered to be rehabilitated to ensure that the rehabilitation and employment placement plans have been successful and if unsuccessful, to ensure the reasons and bases are clearly communicated to the veteran; and

BE IT FURTHER RESOLVED, that VA streamlines eligibility and entitlement to VR&E programs to provide more timely intervention and assistance to all disabled veterans; and

BE IT FURTHER RESOLVED, that VA must provide better information about VR&E during the Transition Assistance Program Class for separating service members.

Resolution No. 628

SUPPORT VETERANS EMPLOYMENT AND TRAINING PROGRAMS

WHEREAS, the Veterans of Foreign Wars recognizes that it is in the best interest of our nation to have a strong and viable veterans employment and training system; and

WHEREAS, Congress has recognized that veterans of all eras, especially recently separated service members and veterans with service connected disabilities find it difficult to obtain meaningful employment and careers; and

WHEREAS, while there are certain employment and educational programs in place for veterans such programs must have a proactive, long-term career focus; and

WHEREAS, programs designed to encourage federal employment of veterans, assist veterans in finding employment in their communities, and encourage federal contractors to hire veterans demand reasonable funding and responsible oversight to ensure success; and

WHEREAS, state agencies who receive federal funding are not held to the same veteran hiring standards as the federal government; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support viable and effective veterans employment and training systems, such as the Jobs for Veterans State Grant program and other Department of Labor Veterans Employment and Training Service programs; and

BE IT FURTHER RESOLVED, that we urge Congress to improve and enforce federal veteran-hiring mandates for contractors who do business with the federal government as outlined in Title 38 USC 4212; and

BE IT FURTHER RESOLVED, that federal veteran hiring initiatives and programs must be held accountable for the effectiveness of the services provided and funding should be adjusted to reflect abilities in creating long-term meaningful careers for veterans, and state agencies that receive federal funding must be held to the same standards and report to Congress on the success of veteran hiring initiatives.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 629

VETERAN ENTREPRENEURSHIP

WHEREAS, government reports consistently indicate that many federal agencies fail to reach their three-percent contracting goal for disabled veterans; and

WHEREAS, many veterans and disabled veterans lack access to the necessary capital to invest in small business opportunities; and

WHEREAS, the federal government has failed to deliver adequate tools to veterans, offering the opportunity to fulfill the three-percent federal contracting mandate; and

WHEREAS, the Small Business Administration remains underfunded and understaffed to fulfill its mission of establishing and maintaining robust veterans' programs; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that Congress expand entrepreneurial education and networking programs for veterans via veterans small business centers and other entrepreneurship programs funded through the Small Business Administration; and

BE IT FURTHER RESOLVED, that Congress expand veteran's and disabled veteran's access to capital by expanding direct loan programs through the Small Business Administration; but such programs should never come at the expense of other earned veterans' benefits; and

BE IT FURTHER RESOLVED, that Congress hold Department of Veterans Affairs accountable for its duty to properly verify veteran entrepreneurs to help achieve the federal government's three-percent veterans contracting goal.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 630

UNDERSERVED VETERANS

WHEREAS, as our nation has become more diverse, so too has our military and veterans' population, and understanding a veteran's gender, race, ethnicity, and orientation can help identify high risk concerns; and

WHEREAS, women, LGBTQ+, racial, and ethnic minority veterans face barriers and challenges across different life domains and access to VA benefits; and

WHEREAS, the demographic of the United States is everchanging resulting in the need to remain fluid to ensure that all veteran demographics can access VA benefits relevant to their needs; and

WHEREAS, VA does not have sufficient data to fully understand the barriers certain veterans face and determine whether certain veteran demographics are underserved; now therefore;

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to improve data collection and better analyze results to identify challenges and disparities in benefits of underserved veterans; and

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States, that we urge VA to implement favorable changes to the benefit of underserved veterans based on findings of fact and not anecdotal or arbitrary statistics.

Resolution No. 631

CONSUMER PROTECTIONS FOR VETERANS

WHEREAS, the Consumer Financial Protection Bureau (CFPB) reports that fraudulent and predatory activities affecting service members, veterans, and their families are on the rise; and

WHEREAS, predatory companies use a plethora of discreditable tactics ranging from high-interest auto and payday loans to phishing scams and identity theft; and

WHEREAS, predatory companies and bad actors prey upon individuals that are known to have financial savings, stable income, or consistent government entitlements such as disability compensation and social security benefits; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to pursue legislation criminalizing unscrupulous business practices and fraudulent scams that prey upon service members, veterans, and their families; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Justice to pursue criminal charges and convictions when deplorable business practices and scams are identified.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 632

EXPAND VETERAN TREATMENT COURTS

WHEREAS, the United States military instills a sense of honor, duty, leadership, commitment and respect, evident in the millions of veterans who have returned home to their communities as productive citizens, strengthened by their military experience; and

WHEREAS, an estimated twenty percent of veterans has symptoms of a mental disorder or cognitive impairment, and about 1 in 10 veterans of Iraq and Afghanistan seen in the VA healthcare system have a substance use disorder and there is a well-established link between substance abuse and combat-related mental illness and an unprecedented number of veterans nationwide are appearing in the courts to face charges stemming directly from these issues; and

WHEREAS, Drug Courts evolved out of the necessity for a solution-based approach to an influx of drug abusing offenders before the courts; and the Drug Court model and the Mental Health Court model are the nation's most successful, cost effective, and scientifically validated tool to deal with substance abuse and mental health issues in the criminal justice system; and

WHEREAS, Veterans Treatment Courts are hybrid Drug Courts and Mental Health Courts and have evolved out of the growing need for a treatment court model designed specifically for justice-involved veterans to maximize efficiency and economize resources while making use of the distinct military culture consistent among veterans; and

WHEREAS, Veterans Treatment Courts build upon this camaraderie by allowing participants to go through the treatment court process with people who are similarly situated and have common past experiences; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we advocate for the continued use and expansion of Veteran Treatment Courts across the country.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 633

FREE APPLICATION FOR FEDERAL STUDENT AID

WHEREAS, prospective and current college students need to complete the Free Application for Federal Student Aid (FAFSA®) form to apply for federal student aid such as federal grants, work-study funds and loans; and

WHEREAS, dependent student must report their parent's information in addition to their own on the FAFSA® form; and

WHEREAS, the FAFSA® requires parents to disclose any untaxed income to include veteran noneducation benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances; and

WHEREAS, the Department of Education utilizes this Untaxed Income to calculate the parent's Expected Family Contribution; and

WHEREAS, any increase in the parent's Expected Family Contribution reduces the amount of aid awarded to the dependent student, thereby financially harming the dependent student; and

WHEREAS, the veteran and/or surviving spouse parent was awarded these benefits for injury or death related to their service, NOT to pay for the education of their dependent children; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Education to remove any questions related to a parent's Untaxed Income related to veteran benefits from the Free Application for Federal Student Aid.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 634

**SUPPORT AND ASSISTANCE FOR SURVIVING FAMILY MEMBERS OF
VETERAN SUICIDE**

WHEREAS, the mental health crises that veterans face from various service endeavors, resulting in suicide, whose only resolution is programs that are reactive; and

WHEREAS, family members and caregivers affected by veteran suicide whose support is provided through unrelated and underfunded services; and

WHEREAS, Suicide is very often a Service related; and

WHEREAS, the need for this resolution to elevate national support and garner the attention of federal legislators; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we petition Congress to enact legislation which would provide veteran suicide awareness through the Department of Veterans Affairs and instituting support and assistance for surviving family members to include a review of all eligible benefits, bereavement counseling, career counseling and job placement assistance for next of kin of covered veterans who are deceased as the result of suicide.

Submitted by Department of New Jersey
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 635

GOVERNMENT HEADSTONES

WHEREAS, VA Form 40-1330 of August 2022, item # 16 describes periods of War Service that were defined by congress that are optional, to include a box for OTHER; and

WHEREAS, the designated War Service Period is used by VA even if the deceased veteran did not serve in the actual place of war, country or geographical area, and

WHEREAS, the instructions for VA Form 40-1330 do not currently provide an option for era of service when service was not performed in the actual place of war, and

WHEREAS, VA policy does provide for specific country of war service such as Afghanistan and Iraq if the individual actually served in that country; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we petition the Department of Veterans Affairs, National Cemetery Administration, to amend the instructions for VA Form 40-1330 and the implementing policies, to allow for the option of "Era" to be inscribed following the inscription of any period of war that is listed in item # 16, if the individual did not serve in the actual place of war, without additional inscription charge.

Submitted by Department of Michigan
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 636

TRAUMATIC BRAIN INJURY AND POST TRAUMATIC STRESS DISORDER PROGRAM

WHEREAS, according to the US Department of Veterans Affairs (VA) Office of Public Health estimates in January 2014, 2.6 million service members who deployed to support Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), 1,724,058 have left active duty and are eligible for VA health care, of which 998,004 have received VA health care; and

WHEREAS, according to the 2008 RAND Corporation Report an estimated cost to be \$27,260 to \$32,760 per case for mild TBI (mTBI); and

WHEREAS, it is estimated 877,450 TBI, PTSD invisible brain wounded Veterans annual economic impact is \$118.1 billion, \$4.7 trillion over a 40 year lifespan, and all can be HBOT treated for less than ½ of 1 percent of the lifetime cost; and

WHEREAS, according to DEA.GOV website, the VA distributed over \$47 million in opioid medications through their Consolidated Mail Outpatient Pharmacies (CMOPs) to TBI/PTSD veterans from 2006 to 2014 which resulted in VA accounting of 679,376 Opioid Use Disorders Veterans in the 4th Qtr 2012; and

WHEREAS, an estimated 146,000 Veteran suicides (20 per day) have occurred since 2003 without any significant improvement in the suicides per year and an estimated 109,000 opioid deaths; and

WHEREAS, RAND research found about 19 percent of returning service members report they experienced possible traumatic brain injury while deployed, with an additional 7 percent reporting both a probable brain injury and current PTSD or major depression; and

WHEREAS, the “signature Wounds” of Iraq and Afghanistan are Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD); and

WHEREAS, mental Disorders are the second largest frequency of diagnoses among returning OEF/OIF/OND service members which are currently estimated at 50.7 percent; and

WHEREAS, in 2007, VA established a TBI/PTSD Clinic Reminder in VA’s electronic medical record for any new patient to identify veterans that need additional screening for a possible TBI or PTSD diagnosis; and

WHEREAS, per the National Defense Authorization Act of 2008, Public Law 110-181, Section 1704(d), the Department of Veterans Affairs (VA) maintains the VA Traumatic Brain Injury (TBI) Veterans Health Registry that includes information about veterans who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) and the report is the only VA Registry which is NOT public domain and available to Veterans and VSO; and

WHEREAS, a total of 1,474,152 OEF/OIF/OND veterans have taken the VA TBI Screen and 25.1% have qualified for the TBI Registry as stated in the VA July 2022 VA TBI Veterans Health Registry Report or an estimated 370,012 TBI veterans; and

WHEREAS, VA has screened and diagnosed hundred of thousands of veterans with TBI/PTSD and continues to have several challenges in the proper diagnosis and treatment of TBI and PTSD because of the overlap of symptoms; and

WHEREAS, according to VA, the overlapping symptoms between mild TBI and PTSD are headaches, dizziness, fatigue, and noise/light intolerance, re-experiencing, avoidance and emotional numbing; and

WHEREAS, currently, there are not any definitive FDA approved medical treatments for TBI and providers/clinicians use therapy and medications to treat the symptoms off label; and

WHEREAS, evidence-based treatments for PTSD include Cognitive Processing Therapy, Prolonged Exposure Therapy, Eye Movement Desensitization and Reprocessing, as well as medication management; and

WHEREAS, 21 clinical HBOT IRB trials have been completed since 2007 demonstrating the safety and efficacy of HBOT for mild TBI in medical peer reviewed and published articles; and

WHEREAS, an estimated 12,500 TBI veterans have been successfully treated over the past 15 years in over 150 private and independent clinics across the country; and

WHEREAS, HBOT has been shown to eliminate suicidal ideation; and

WHEREAS, VA's Veteran Health Administration has several different research offices involved in studying TBI/PTSD including: VA Office of Research and Development, TBI Centers of Excellence, National Center for PTSD, Mental Illness Research, Education and Clinical Centers, War Related Illness and Injury Study Center, and Office of Public Health Environmental Epidemiology Service Office but lacks central oversight for management of all of the different research studies and trials through the current decentralized research model; and

WHEREAS, the textbook of Military Medicine, Part 1, Volume 5, 1990 Edition, page 313, recommends for veterans with “Blast Exposure” and evidence of “Intracerebral Air” have Definitive Therapy in Hyperbaric Chamber who’s military textbook medicine is not currently being followed by the DOD or VA; and

WHEREAS, ten states (OK, TX, IN, AZ, KY, FL, NC, WY, MD, VA) have HBOT enacted legislation with the cumulative states funding more than \$30 million for HBOT treatment of TBI/PTSD veterans; and

WHEREAS, VA conducted a study on Risperidone, a second generation antipsychotic, which is not approved by the FDA for use in treating PTSD; and

WHEREAS, researchers of the study concluded that Risperidone did not improve PTSD symptoms but had several negative side effects which included weight gain, sleepiness and increased saliva in the mouth; and

WHEREAS, researchers in the study concluded that in FY 2010, VA treated 86,852 veterans for PTSD, of which 20 percent were prescribed this off-label and ineffective medication, and currently the only antidepressants and serotonin reuptake inhibitors such as sertraline and paroxetine are currently approved for treatment; and

WHEREAS, veterans that have participated in past DOD/VA TBI/PTSD research studies have not always been properly informed that they participants in the study and not given a disclosure of the effects of any treatment they may be receiving through a study; and

WHEREAS, additionally, the TBI/PTSD committee in their charge found several new innovative treatments for TBI/PTSD which include HBOT and Virtual Reality Exposure Therapy that have not been prioritized for clinical studies to determine if they are evidence-based treatments; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to provide funding to DOD and VA for innovative TBI and PTSD treatments currently used in the private sector, such as HBOT in those ten states (OK, TX, IN, AZ, KY, FL, NC, WY, MD, VA) who have enacted HBOT legislation or resolutions and other non-pharmacological treatments; and

BE IT FURTHER RESOLVED, that we urge Congress to increase the budgets of DOD and VA to improve the HBOT treatments available across all states, screening diagnosis such as FDA approved Right Eye and FDA cleared Brain Scope, and treatment of TBI/PTSD as well as provide oversight over DOD/VA to develop joint collaboration between DOD/VA and the private and public HBOT research and medical treatment communities of IRB clinical trial research already completed; and

BE IT FURTHER RESOLVED, that DOD/VA both establish single offices for their agency's research and serve as a clearinghouse to track all DOD or VA research, and that all DOD/VA individual research programs and activities coordinate and provide monthly and as needed updates on research activities; and

BE IT FURTHER RESOLVED, that service members and veterans who participate in DOD/VA TBI/PTSD research studies are properly informed and give their consent to be included in the study as well as be provided with a disclosure of any negative effects of treatment; and

BE IT FURTHER RESOLVED, that DOD/VA accelerate research efforts to properly diagnose brain wounds and develop evidence-based treatments for TBI/PTSD, and

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars urge Congress to exercise oversight over DOD/VA to ensure service members and veterans are only prescribed evidence-based treatments for TBI/PTSD and not prescribed off-label and non-FDA approved medications or treatments for TBI/PTSD.

Resolution No. 637

VA HOME LOAN CORRECTION

WHEREAS, the VA home loan guarantee program was created through the *Servicemen's Readjustment Act of 1944*, enabling veterans since World War II to purchase homes without a down payment, making homeownership more accessible to those who served in the military; and

WHEREAS, some veterans were denied use of their VA home loan benefits due to segregation practices, discrimination of minorities and women, and a lack of accurate information provided to all veterans from World War II and after; and

WHEREAS, for veterans who did not have the opportunity to use the home loan, this impacted generational wealth-building for the families affected; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress and the Secretary of Veterans Affairs to enable veterans from World War II and after, who were unable or prohibited from using their VA home loan benefit, to be able to transfer their benefit to their descendants; and

BE IT FURTHER RESOLVED, the Congress and the Secretary of Veterans Affairs provide the VA home loan benefit to the descendants of deceased veterans from World War II and onward who were unable or prohibited from using the benefit while alive.

Resolution No. 638

RECOGNIZE PRESUMPTIVE CONDITIONS FROM FT MCCLELLAN, AL

WHEREAS, Fort McClellan, located in Anniston, Alabama, became an Army installation in 1917. After World War II, it was home to the Chemical Corps and Chemical Weapons School for the U.S. Army until the base closed in 1999. In 1953, Fort McClellan conducted "Operation Top Hat," which used military personnel to test exposure and decontamination methods that included sulfur mustard and nerve agents. In 1962, Fort McClellan added the Biological Radiological Agency; and

WHEREAS, from 1929 to 1971, a Monsanto chemical plant operated south of Fort McClellan in Anniston. Airborne polychlorinated biphenyls (PCBs) from the plant entered into the environment, and the surrounding community was exposed. In 2003, Monsanto Chemical settled a class action lawsuit with more than 200,000 residents of Anniston for more than \$700 million; and

WHEREAS, although the base closed in 1999, the 2005 National Academy of Medicine report, Contaminants in the Subsurface: Source Zone Assessment and Remediation, recognized that both the groundwater and soil were contaminated. There were 67 different disposal sites on Fort McClellan containing volatile organic compounds (VOCs), trichloroethylene (TCEs), PCBs, semi volatile organic compound (SVOCs), pesticides, explosives, heavy metals (Pb), unexploded ordinance (UXO), radioactive sources and non-stockpile chemical materials; and

WHEREAS, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has recognized the toxic chemicals used at Fort McClellan, noting that potential exposures could have included, but are not limited to, the following: Radioactive compounds (cesium-137 and cobalt-60) used in decontamination training activities in isolated locations on base. Chemical warfare agents (mustard gas and nerve agents) used in decontamination testing activities in isolated locations on base. Airborne PCBs from the Monsanto plant in Anniston; and

WHEREAS, the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, signed into law in August 2022, requires the VA to conduct an epidemiological study on the health trends of veterans who served at Fort McClellan at any time during the period beginning January 1, 1935, and ending May 20, 1999; and

WHEREAS, although the 2005 National Academy of Medicine report identifies hazardous toxins in the soil and water and VA acknowledges specific toxic exposures at Fort McClellan, VA does not concede these toxic exposures for those who served there. This requires veterans seeking VA disability claims for illnesses or diseases related to those exposures to prove their individual toxic exposures at Fort McClellan; and

WHEREAS, this large-scale and long-term epidemiological study will potentially generate evidence on the positive association between Fort McClellan exposures and health conditions. However, it will be years before the study is completed, which means veterans suffering from negative health impacts will be waiting years for possible presumptive diseases to be recognized by VA; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to establish a concession of exposure for all veterans who served at Fort McClellan. This should include all of the toxins listed in the 2005 National Academy of Medicine report and those VA has acknowledged. This will remove the burden of veterans having to prove their exposures to at Fort McClellan and ease their ability to establish direct service connection in lieu of waiting years for potential presumptive diseases; and

BE IT FURTHER RESOLVED, that we urge the Secretary of Veterans' Affairs and the work group to include Fort McClellan as one of the research activities to expedite actions in establishing presumptive diseases. The PACT Act requires the creation of the Toxic Exposures Research Work Group to research and study toxic exposures and associated negative health impacts.

Resolution No. 639

CONTINUE FIGHTING TO END VETERAN HOMELESSNESS

WHEREAS, the streets of many American cities continue to be inhabited by veterans who lack adequate food and housing; and

WHEREAS, veteran homelessness has decreased over the last few years thanks to multi-agency efforts at the federal level; and

WHEREAS, a growing number of female veterans, many with dependent children, are joining the ranks of homeless veterans; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we want to ensure that the issue of veteran homelessness remains a priority for both the Administration and Congress; and

BE IT FURTHER RESOLVED, that we encourage Congress to increase the availability of affordable housing; expand education/training programs; and provide employment opportunities until all veterans are properly housed and gainfully employed.

Resolution No. 640

SUPPORTING WOMEN VETERANS

WHEREAS, women veterans remain the fastest growing population in the veteran community; and

WHEREAS, more women veterans are using VA health care services than ever before; and

WHEREAS, women veterans are reporting military sexual trauma at very high levels; and

WHEREAS, women veterans require specialized health care providers with expertise in women's health; and

WHEREAS, many VA medical centers still don't offer specialized treatments such as mammography, maternity care, and gynecology; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to support and increase the availability of high-quality gender-specific services at the VA; and

BE IT FURTHER RESOLVED, that we urge the VA to ensure that every VA facility has a zero tolerance policy towards sexual harassment for employees and patients.

Resolution No. 641

TINNITUS & HEARING LOSS PRESUMPTIVE SERVICE-CONNECTION

WHEREAS, many veterans, whether or not they served in combat or worked in certain occupational specialties, have higher than average incidences of hearing loss or tinnitus as a result of their time in service; and

WHEREAS, in recent years, the second highest service-connected disability granted by the VA has been for hearing loss and tinnitus; and

WHEREAS, various studies indicate that the majority of servicemembers are exposed to some form of auditory trauma, including high-level repetitive noise, during their time in service leading to some level of hearing loss and/or tinnitus and given these findings, reasonable doubt must be resolved in favor of veterans who suffered hearing loss and/or tinnitus as a result of their service in the military; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress and the VA to grant service-connection on a presumptive basis for any veteran diagnosed after discharge with hearing loss and/or tinnitus when there is evidence that the veteran participated in combat operations; worked in a position or occupational specialty likely to have damaged the veteran's hearing; or was exposed to any form of auditory trauma.

Resolution No. 642

EXPAND VETERAN TREATMENT COURTS

WHEREAS, 2023 marks the twenty-second straight year of America at war, and there are now more than 21 million U.S. veterans including nearly two million from the conflicts in Iraq and Afghanistan; and

WHEREAS, the United States military instills a sense of honor, duty, leadership, commitment and respect, evident in the millions of veterans who have returned home to their communities as productive citizens, strengthened by their military experience; and

WHEREAS, an estimated twenty percent of veterans has symptoms of a mental disorder or cognitive impairment, and about 1 in 10 veterans of Iraq and Afghanistan seen in the VA healthcare system have a substance use disorder and there is a well-established link between substance abuse and combat-related mental illness and an unprecedented number of veterans nationwide are appearing in the courts to face charges stemming directly from these issues; and

WHEREAS, Drug Courts evolved out of the necessity for a solution-based approach to an influx of drug abusing offenders before the courts; and the Drug Court model and the Mental Health Court model are the nation's most successful, cost effective, and scientifically validated tool to deal with substance abuse and mental health issues in the criminal justice system; and

WHEREAS, Veterans Treatment Courts are hybrid Drug Courts and Mental Health Courts and have evolved out of the growing need for a treatment court model designed specifically for justice-involved veterans to maximize efficiency and economize resources while making use of the distinct military culture consistent among veterans; and

WHEREAS, Veterans Treatment Courts build upon this camaraderie by allowing participants to go through the treatment court process with people who are similarly situated and have common past experiences; now therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we advocate for the continued use and expansion of Veteran Treatment Courts across the country.

Submitted by Department of Illinois
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 643

MILITARY SEXUAL TRAUMA (MST)

WHEREAS, the continued prevalence of military sexual assault continues to grow and has been the subject of numerous military reports, Congressional hearings, documentaries and media stories. Military Sexual Trauma (MST) is a heinous crime which is a disgrace to all of those who have worn the uniform of the Armed Services; and

WHEREAS, DoD and VA have made progress towards developing and implementing a policy that creates a tangible, visible deterrent to perpetrators through consistent prosecutions or other severely negative consequences to one's military careers, both departments must commit to improving their Integrated Mental Health Strategy; and

WHEREAS, the effects of untreated MST can be devastating to the overall health of veterans and in the successful transitioning back into their families and communities; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we call on DoD to continue to enhance its MST awareness programs, and calls on VA to continually improve its MST treatment programs and to disseminate evidence-based clinical practice guidelines to clinicians who care for veterans who have suffered from MST; and

BE IT FURTHER RESOLVED, that we call upon Congress to continue its oversight and hearings related to military sexual trauma care and benefits with the goal of improving VA and DoD collaboration and improving policies and practices for military sexual trauma care and disability compensation.

Resolution No. 644

INCREASE VETERANS BURIAL BENEFITS

WHEREAS, the VA pays a higher level of burial benefits upon the death of a veteran who dies from a service-connected illness or disability and lesser burial benefits upon the death of a wartime veteran who dies from a non-service-connected illness or disability; and

WHEREAS, the current VA burial expense payment for a service-related death is up to \$2,000 for those occurring after September 11, 2001, or up to \$1,500 for deaths prior to September 11, 2001. For non-service related deaths VA will pay up to \$749 toward burial and funeral expenses for deaths on or after October 1, 2016 if hospitalized by VA at time of death, or \$300 if not hospitalized by VA at time of death. Due to the dramatic increase in private sector funeral expenses, this benefit has been seriously eroded over the years; and

WHEREAS, while these benefits were never intended to cover the full costs of burial, they now pay for only a small fraction of what they covered in 1973 when the federal government first started paying burial benefits; and

WHEREAS, the VA should provide the resources needed to meet increasing private-sector costs of burial; now therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we believe there is still a serious deficit between the original value of the plot allowance benefit and its current value. Congress should increase the plot allowance for all eligible veterans and expand the eligibility for the plot allowance for all veterans who might be eligible for burial in a national cemetery, not just those who served during wartime; and

BE IT FURTHER RESOLVED, that we urge Congress and the Administration to provide the resources required to meet the critical and sensitive nature of the National Cemetery Administration's mission thereby fulfilling the nation's commitment to all veterans who have served their country so honorably and faithfully.

Resolution No. 645

URGE CONGRESS TO SUPPORT THE MAJOR RICHARD STAR ACT

WHEREAS, reform to military retirement and disability compensation rules for combat-injured troops is long overdue; and

WHEREAS, Over 50,000 military retirees with significant combat-related injuries must unfairly forfeit every dollar of earned retirement pay for every dollar they receive in disability compensation; and

WHEREAS, combat-injured veterans and their families should NOT be financially punished for injuries veterans sustained in combat; and

WHEREAS, military retirement pay is a benefit earned for vested years of service to our great nation, while service-connected disability pay is awarded to compensate for reduced earning potential due to lifelong injuries and illnesses incurred while in military service; and

WHEREAS, combat-injured veterans and their families should NOT be forced to choose between either the military retirement they have earned or the disability compensation they are authorized for their injuries; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support the immediate passage of the Major Richard Star Act and urge our Federal Legislators to support its passage either as a stand-alone bill or as an amendment to the National Defense Authorization Act.

Submitted by Department of South Dakota
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 646

AUTOMATICALLY GENERATE CLAIMS UPON DIAGNOSIS

WHEREAS, the Veterans Administration automatically presumes that certain disabilities were caused by military service because of the unique circumstances of a specific Veteran's military service, as established by law or regulation; and

WHEREAS, a service-connected disability entitles a veteran to healthcare provided by the Veterans Health Administration (VHA) and compensation from Veterans Benefits Administration (VBA); and

WHEREAS, the Veterans Health Administration and the Veterans Benefits Administration currently have the capacity to share information via a corporate flash system; and

WHEREAS, corporate flashes are claimant-specific indicators which represent an attribute, fact, or status that is unlikely to change; and

WHEREAS, veterans often do not understand the difference between VHA and VBA, nor the difference between receiving medical treatment for a service-connected disability and receiving compensation; and

WHEREAS, the current system for veterans to apply for disability compensation for a service-connected condition can be burdensome and confusing; and

WHEREAS, the veterans routinely are diagnosed with and receive care for a condition known to be on a presumptive list by the Veterans Health Administration; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to amend The Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act to require the VHA to notify the VBA upon the diagnosis or treatment of any condition that appears on any presumptive list; and

BE IT FURTHER RESOLVED, that the Veterans Benefit Administration shall be required to initiate a claim for compensation on behalf of the veteran who received said diagnosis or treatment, or the veteran's surviving spouse.

Submitted by Department of Colorado
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 647

REQUIRE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN AFFAIRS (CHAMPVA) ACCEPTANCE

WHEREAS, CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of covered medical care services and supplies with spouses, children, survivors, and certain caregivers of veterans who meet eligibility criteria under 38 U.S.C. 1781¹; and

WHEREAS, those eligible for CHAMPVA coverage include the spouse or widow(er) and the children of a Veteran who is rated permanently and totally disabled due to a service-connected disability, OR was rated permanently and totally disabled due to a service-connected condition at the time of death, OR died of a service-connected disability, OR died on active duty, and these dependents are not otherwise eligible for Department of Defense TRICARE benefits; and

WHEREAS, beneficiaries² enrolled in a Veteran family member program – CHAMPVA, Spina Bifida Health Care Benefits Program, and the Children of Women Vietnam Veterans Health Care Benefits Program – administered by the Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) have the flexibility to choose their own provider, as the program does not have a provider network; and

WHEREAS, all hospitals that participate in Medicare, and hospital-based health care professionals who are employed by, or contracted to, such hospitals are required by law³ to accept the VHA IVC allowable amount for inpatient hospital services; and

WHEREAS, all other health care professionals are NOT required to accept CHAMPVA. For the beneficiaries, who have the flexibility to choose their own provider, this means that when the medical provider does not accept assignment, the cost will include not only the deductible amount but also their share of the CHAMPVA determined allowable amount, and any charges over the allowable amount; and

WHEREAS, finding a provider that accepts assignment, or seeing a provider that does not accept assignment, puts an undue burden on the beneficiary when trying to access the care that was earned through the sacrifices made by the sponsoring veteran; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to amend the necessary statutes to mandate ALL medical providers and facilities that accept Medicare to accept all beneficiaries enrolled in a Veteran family member program, including CHAMPVA.

Submitted by Department of Colorado
To Committee on VETERANS SERVICE RESOLUTIONS

References:

¹<https://www.govinfo.gov/content/pkg/USCODE-2022-title38/pdf/USCODE-2022-title38-partII-chap17-subchapVIII-sec1781.pdf>

²<https://www.va.gov/COMMUNITYCARE/programs/dependents/locate-provider.asp>

³<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-489/subpart-B/section-489.25>

PROPOSED

Resolution No. 648

VETERAN SUICIDE AWARENESS

WHEREAS, the mental health crises that veterans face from various service endeavors, resulting in suicide, whose only resolution is programs that are reactive; and

WHEREAS, family members and caregivers affected by veteran suicide whose support is provided through unrelated and underfunded services; and

WHEREAS, Suicide is very often Service related; and

WHEREAS, there is a defined need for this resolution to elevate national support and garner the attention of federal legislators; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the U.S., that we petition Congress to enact legislation which would provide veteran suicide awareness through The Veterans Administration and instituting support and assistance for surviving family members to include a review of all eligible benefits, bereavement counseling, career counseling and job placement assistance for next of kin of covered veterans who are deceased as the result of suicide.

Submitted by Department of Pennsylvania
To Committee on VETERANS SERVICE RESOLUTIONS