

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.

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

Resolution No. 602

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. 603

VFW OPPOSES BUDGET CUTS THAT HARM VETERANS AND THEIR FAMILIES

WHEREAS, the United States of America has a sacred obligation to care for those who have borne the battle and burdens caused by military service as well as their families; and

WHEREAS, the Veterans of Foreign Wars of the United States has a similar sacred honor to honor the dead by helping the living; and

WHEREAS, the United States of America seeks ways to cut spending to address a national debt that has been described as a threat to the continued existence and security of our nation; and

WHEREAS, the Department of Government Efficiency (DOGE) was established to make cuts and suggestions for cuts to address said deficits; and

WHEREAS, recommended cuts include research for illnesses impacting veterans and their families such as Lou Gehrig's Disease, conditions related to Agent Orange and Burn Pits, funding for the Department of Veterans Affairs suicide prevention hotline, and more; and

WHEREAS, recommended and actual cuts can cause irreparable damage including increases in rates of suicide among veterans due to a lack of economic security; and

WHEREAS, balancing budgets on the backs of veterans and the military is something the Veterans of Foreign Wars of the United States has never supported; now, therefore

BE IT RESOLVED, that the Veterans of Foreign Wars of the United States, supports fiscal discipline that does not harm veterans, the military, or their families; and

BE IT FURTHER RESOLVED, that we call upon Congress and the President of the United States to reject proposed cuts and reverse implemented cuts that harm veterans, the military, and their families.

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

Resolution No. 604

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, 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, 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.

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

Resolution No. 605

USE OF ARTIFICIAL INTELLIGENCE AT THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, the Veterans of Foreign Wars of the United States has long supported modernization efforts that improve the delivery of benefits and services to veterans, service members, survivors, and their families; and

WHEREAS, the rapid advancement of artificial intelligence technologies presents opportunities to enhance efficiency, accuracy, and timeliness within the Department of Veterans Affairs; and

WHEREAS, the implementation of artificial intelligence systems must be approached with caution to ensure transparency, accountability, and the protection of sensitive veteran data; and

WHEREAS, the claims and benefits process requires human judgment, advocacy, oversight, and accountability to ensure veterans receive fair and accurate decisions; and the use of artificial intelligence must not replace or diminish the critical role of trained employees and accredited representatives who assist veterans in navigating complex systems; and

WHEREAS, the Veterans of Foreign Wars of the United States maintains that technological advancements should support, not supplant, the workforce dedicated to serving veterans; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we call upon the Department of Veterans Affairs, Congress, and other relevant stakeholders to ensure that any adoption of artificial intelligence enhances service delivery through VA's fully staffed, highly-trained, and accountable workforce dedicated to serving veterans; and

BE IT FURTHER RESOLVED, that artificial intelligence tools must be implemented in a manner that preserves human oversight, protects veteran data, and strengthens—rather than replaces—the workforce committed to assisting veterans, service members, survivors, and their families.

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

Resolution No. 606

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; and

BE IT FURTHER RESOLVED, that we urge 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. 607

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, there is a growing industry of artificial intelligence programs designed to automate the claims system and bypass accredited representation, often charging excessive fees for their services, 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. 608

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, by the Veterans of Foreign Wars of the United States, 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. 609

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 we urge VA to implement favorable changes to the benefit of underserved veterans based on findings of fact and not anecdotal or arbitrary statistics.

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

Resolution No. 610

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 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 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 Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 611

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. 612

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. In compliance with the PACT Act, VA has created a process to research, review, and 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; now, therefore

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 provide oversight of VA's presumptive decision process; 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, to be transparent about the presumptive decision process, and to include input from veterans on what exposures and conditions will be reviewed; and

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States, urge Congress to direct the Department of Veterans Affairs to conduct comprehensive research on the correlation between environmental conditions aboard submarines, including the submarine atmosphere and ionizing radiation, and the medical conditions diagnosed and treated in Active-Duty and Veteran Submariners; and

BE IT FURTHER RESOLVED, that we urge Congress and the Department of Defense to reduce or eliminate the use of known toxins on and around military installations and 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.

Resolution No. 613

FEMALE REPRODUCTIVE CANCERS AND OTHER GYNECOLOGICAL CONDITIONS DUE TO TOXIC EXPOSURE

WHEREAS the Department of Veterans Affairs does not recognize as presumptive any reproductive issues to include cancers suffered by female veterans as attributed to exposure to either the class of tactical herbicides commonly known as “Agent Orange” in Southeast Asia or to the contaminated water at Camp Lejeune; and

WHEREAS female military personnel did serve in Vietnam and within the 12 mile off-shore limits of the Republic of Vietnam and at the Camp Lejeune Marine Corps base complex and the only thing the Department of Veterans Affairs currently recognizes as presumptive are birth defects but no other issues specific to females only to those females that served in the Vietnam Theater of Operations and not to those stationed at Camp Lejeune; and

WHEREAS under the PACT ACT for personnel who served in Southwest Asia are granted a presumption of service connection for reproductive cancers but does not recognize birth defects of children born to these veterans; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we call upon the Department of Veterans Affairs to recognize as presumptive, any and all female reproductive cancers and other gynecological conditions after exposure in Southeast Asia and Camp Lejeune and to include, as presumptive, birth defects to the children of any veteran who has served in areas effected by chemical contamination both overseas and within the United States and its overseas territories.

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

Resolution No. 614

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; now, therefore

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. 615

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. 616

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.

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

RECOGNITION OF MILITARY SEXUAL VIOLENCE

WHEREAS, 1.4 million post-9/11 service members have been affected by military sexual violence, as defined in the Uniform Code of Military Justice § Section 10 Article 120, indicating that one in three service members have experienced such violence; and

WHEREAS, this prevalence shows no significant gender difference, with statistical suicide rates reflecting higher incidences among males being raped in combat zones; and

WHEREAS, while Department of Defense official statistics report 30,000 incidents of sexual assault to service members annually, the actual prevalence was 75,569 in 2021 and 73,695 in 2023, demonstrating that the rates of military sexual violence are two to four times higher than reported; and

WHEREAS 35,000 service members each year, while on active duty, either attempt suicide or experience suicidal ideation, with a greater number attempting suicide; and

WHEREAS, of the 1.4 million service members in the 20 years post-9/11, 700,000 have attempted or completed suicide due to the infliction of military sexual violence; and

WHEREAS, a Day of Recognition for Military Sexual Violence should be established on October 11th each year to expose the great injustices inflicted on our bravest service members, whose courage to stand up to defend this Nation, while concurrently fighting to heal from criminal acts perpetrated against them while protecting the United States, is recognized; now, therefore

BE RESOLVED, by the Veterans of Foreign Wars of the United States, that we call upon the Department of Defense and all branches of the military to acknowledge the severity of military sexual violence and to implement comprehensive measures to prevent such incidents; and

BE FURTHER RESOLVED that the VFW supports the establishment of October 11th as the Day of Recognition for Military Sexual Violence to honor and support survivors, raise awareness, and promote necessary reforms within the military to address and prevent sexual violence.

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

Resolution No. 619

DESIGNATION AND PROTECTION OF MILITARY GRAVES AS SACRED GROUND

WHEREAS, the Veterans of Foreign Wars of the United States (VFW) is dedicated to honoring the memory of all veterans who have served our nation with valor, and recognizes the profound importance of preserving their final resting places with the utmost respect; and

WHEREAS, military graves represent the hallowed ground where the brave men and women who have defended our freedoms are laid to rest, and as such, these sites must be treated with the highest reverence and dignity; and

WHEREAS the conversion of cemeteries containing military graves into parks or other public spaces undermines the sanctity of these burial grounds and dishonors the memory of those who have made the ultimate sacrifice for our country; and

WHEREAS, the VFW believes that all military graves should be permanently recognized as sacred ground, protected from any alteration or repurposing that would detract from their intended use as places of remembrance and honor; and

WHEREAS, it is imperative that any cemeteries that have been converted into parks or other uses be restored to their original status as cemeteries and preserved exclusively for that purpose; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we call upon all levels of government—federal, state, and local—to recognize all military graves as sacred ground, ensuring that no changes are made to these locations that would convert them into parks or any other type of public space; and

BE IT FURTHER RESOLVED, that the VFW strongly urges the immediate restoration of all cemeteries containing military graves that have been converted into parks or other non-cemetery uses, and that these cemeteries be returned to their proper status, to honor the memory and sacrifice of our nation's veterans; and

BE IT FURTHER RESOLVED, that copies of this resolution be forwarded to the President of the United States, members of Congress, the Secretary of Veterans Affairs, state governors, and other relevant authorities, urging their support and action on this matter of national significance.

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

Resolution No. 620

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 Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

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

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. 623

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. 624

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. 625

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. 626

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. 627

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. 628

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.

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

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.

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

Resolution No. 631

PROTECTING HEALTH CARE AND BENEFITS

WHEREAS, for more than a century, the Veterans of Foreign Wars has been successful in achieving major legislative and policy changes to secure benefits and services for veterans, survivors, and families; and

WHEREAS, due to the complexities of federal law and regulation, the general public may not be aware of nor fully understand eligibility for veteran disability and medical benefits, in addition to benefits provided to service members, survivors, and families; and

WHEREAS, various news media outlets have published articles suggesting that veterans benefits are too generous; and

WHEREAS, Congressional Budget Office consistently makes unacceptable recommendations like means testing service-connected disability, cutting off temporary disability individual unemployability ratings for elderly veterans, or suspending paid ratings for minor disabilities; and

WHEREAS, the American public asked its all-volunteer force to prosecute two decades of conflict that has subjected Americans to repeated combat deployments and other hazardous conditions; and

WHEREAS, the standard enlistment contract, DD Form 4, commits our nation's leaders to furnishing benefits to those who complete their honorable service; now therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the President, Congress, the Department of Veterans Affairs, and the Department of Defense to "Honor the Contract" and protect the current suite of benefits and services for veterans, service members, survivors, and their families.

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

Resolution No. 632

DENTAL CARE ELIGIBILITY

WHEREAS, VA eligibility for no-cost dental care is only afforded to veterans who are service-connected with a dental disability or former prisoner of war or rated at 100 percent permanent disabled; and

WHEREAS, veterans enrolled in VA's Homeless Veterans Dental Program or Veteran Readiness and Employment Program may only receive limited VA dental care; and

WHEREAS, of the 9 million veterans who are eligible for VA health care, about 85% are not eligible for dental coverage or care; and

WHEREAS, it is reported that veterans pay 65% more in out-of-pocket dental costs, on average, compared to non-veterans; and

WHEREAS, studies have shown that poor oral health is linked to other general health conditions, and some medical conditions may affect an individual's dental health; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to authorize Department of Veterans Affairs to expand eligibility for no cost dental coverage and care to all service-connected veterans enrolled in VA health care which will improve the health of all service-connected veterans and can reduce the overall healthcare costs of veterans since dental health impacts all other health care concerns.

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

Resolution No. 633

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.

Submitted by Commander-in-Chief

To Committee on VETERANS SERVICE RESOLUTIONS

Resolution 634

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. 635

FOREIGN MEDICAL PROGRAM MEDICAL RECORDS

WHEREAS, Foreign Medical Program (FMP) is an overseas community care program with nearly 6,500 active users averaging more than 62,000 claims per year; and

WHEREAS, the Department of Veterans Affairs (VA) community care network providers in the United States are required to share medical records with VA for inclusion in the Veterans Health Administration's (VHA) medical records system; and

WHEREAS, VA does not integrate veterans FMP medical records into the Veterans Health Administration (VHA) medical records system nor the Veterans Benefits Management System (VBMS); and

WHEREAS, VA not integrating FMP medical records into the VHA system is detrimental to the health of the veteran, resulting in critical gaps in medical history, delaying proper medical care and earned benefits; and

WHEREAS, the lack of VA integrating FMP medical records into VA's VBMS significantly delays timely VA service connection claims for increase; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Veterans Affairs to fully integrate Foreign Medical Program medical records into the Veterans Health Administration medical system and Veterans Benefits Administration, Veterans Benefits Management System upon receiving medical reimbursement claims by veterans.

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

Resolution No. 636

HEALTHCARE PROGRAM FOR OVERSEAS VETERANS

WHEREAS, the United States Department of Veterans Affairs (VA) plays a pivotal role in providing healthcare services to the veteran population. However, the unique needs and challenges faced by the overseas veteran population necessitate the establishment of a specially tailored healthcare program; and

WHEREAS, one of the critical problems faced by overseas veterans is limited access to appropriate healthcare services. These veterans currently have no access to VA Medical Facilities, or any medical treatment options provided by the VA, rendering them geographically disadvantaged and medically vulnerable. The VA's current healthcare system caters to veterans residing within the United States, which creates delays, difficulties, and gaps in availability for this overseas population; and

WHEREAS, geographic location must not be used to justify ignoring those whose past service and continued service to our nation have earned the benefits awarded to all veterans, not just those residing in the U.S.; and

WHEREAS, veterans remain overseas for many reasons. Many wish to continue to serve as government employees and contractors, acting as combat multipliers, especially during high operational tempo and times of war. Some remain overseas because they have built a life and family. The VA must make every effort to incorporate the use of earned benefits and programs by all veterans, living in both in the U.S. and abroad. Excluding a significant portion of the veteran population from accessing critical resources and benefits based on their geographic location is inherently unjust; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the VA to commit to leveraging technological tools and resources to enroll all veterans, regardless of location into a VA Healthcare program.

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

Resolution No. 637

VA TO REIMBURSE ELIGIBLE OVERSEAS VETERANS FOR URGENT CARE AND EMERGENCY ROOM VISITS

WHEREAS, the VA aims to meet the medical needs of veterans, especially those who have served and are living overseas, a significant gap in coverage exists when it comes to reimbursing eligible veterans for urgent care and emergency room visits incurred abroad; and

WHEREAS, overseas United States Military Veterans, who have dutifully served their country, often face difficulties in accessing urgent medical care under the VA's current reimbursement policy. Under these regulations, veterans are not reimbursed for urgent care and emergency room visits incurred outside the United States, leaving them financially burdened and potentially compromised in their healthcare options. The eligibility criteria for reimbursement needs to be revised to ensure veterans receive proper financial assistance for urgent medical needs while abroad; and

WHEREAS, denying reimbursement for overseas veterans' emergency medical expenses places an undue financial burden on veterans. This policy hampers their ability to seek necessary medical treatment, potentially leading to delayed or inadequate care. This not only impacts the well-being of the veteran but also contradicts the fundamental mission of the VA, which is to provide high-quality healthcare services to all eligible veterans; and

WHEREAS, it is the moral responsibility of a nation to care for its veterans, regardless of their geographic location. By adequately reimbursing these expenses, the VA can honor its commitment to provide essential healthcare services to those who have put their lives at risk in service to their country; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the VA to promptly amend this policy to include reimbursement for such services incurred abroad, the VA can alleviate financial burdens on eligible veterans, honor its commitment to their well-being, and ensure that they have access to adequate and timely medical care, regardless of their location.

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

Resolution No. 638

VA MEDICARE REIMBURSEMENT

WHEREAS, the Veterans of Foreign Wars of the United States views it as essential that the Department of Veterans Affairs (VA) 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 in certain circumstances; and

WHEREAS, a large number of VA's patients are eligible for Medicare; 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 Honoring our PACT Act of 2022, 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 of legislation authorizing the 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.

Submitted by Commander-in-Chief

To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 639

MEDICARE

WHEREAS, the Veterans of Foreign Wars of the United States views the abolishment of penalties for delayed enrollment to Medicare for veterans as essential to the veteran population; and eliminate penalties, but ultimately to eliminate the mandate for veterans enrolled in Department of Veterans Affairs health care to register for Medicare; and

WHEREAS, veterans with limited income or complex health issues may struggle to pay fines associated with delayed Medicare enrollment and these fines accumulated over time making it harder for veterans to access needed care and afford the fines; and

WHEREAS, nearly 8 million veterans are 65 years and older, and eligible for Medicare; and

WHEREAS, there is a confusion around veteran enrollment to Medicare because many veterans utilize the VA Health Care and don't realize the need to enroll in Medicare; and

WHEREAS, these penalties of 10% for each 12-month period you were eligible but did not sign up may discourage veterans from enrolling in Medicare potentially leaving the veteran without necessary health options because these penalties stay with you the remainder of their life; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support the abolishment of penalties for veterans for delayed Medicare enrollment; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to authorize veterans enrolled in Department of Veterans Affairs health care to be exempt from registering for Medicare if they so choose.

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

Resolution No. 640

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. 1781; 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, beneficiaries 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 law 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 Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 641

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.

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

Resolution 642

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. 643

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, 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.

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

Resolution No. 644

VA NURSING HOME ANNUAL INSPECTIONS

WHEREAS, the Veterans of Foreign Wars of the United States views it essential to hold the Department of Veterans Affairs accountable to conduct annual inspections, per their regulations, allowing for proper oversight to ensure VA standards of care are being upheld within all VA, state veterans homes, and contracted long-term care facilities; and

WHEREAS, the Department of Veterans Affairs oversees all state veterans' homes and paid nearly \$1.5 billion annually for care provided to approximately 20,000 veterans and their families, which represents the majority of veterans who receive care in nursing homes; and

WHEREAS, veterans are increasing in age, nearly half the veteran population is over the age of 65; and

WHEREAS, it is a requirement of the Veterans Health Administration, outlined in VHA Directive 1143.2 to undertake an annual inspection of VA Nursing Homes, State Veterans' Homes, and VA contracted nursing homes, yet there is little to no mechanism of enforcement to ensure standards are met and maintained; and

WHEREAS, Federal law and VA policy prevent VA from making payment to state veterans homes until it determines that they meet applicable quality care and other standards; and

WHEREAS, Officials of the Department of Veterans Affairs report that they rely on the Centers for Medicare and Medicaid inspections to provide feedback on inspections results and any corrective actions needed; and

WHEREAS, the Department of Veterans Affairs only has one recourse to enforce standards, which is to withhold per diem payments to the nursing facility, which the VA has never done; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support VA's engagement to increase the quality of care and improve the physical environment provided in nursing homes and long-term care facilities, to include the creation of additional enforcement measures to require compliance with VA care standards when receiving funds for the care of a veteran; and

BE IT FURTHER RESOLVED, that we urge Congress to compel the Department of Veterans Affairs conducts annual onsite inspections of all VA, State Veterans Homes and contracted long-term care facilities within VA's scope to promote compliance with standards.

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

Resolution No. 645

TRAUMATIC BRAIN INJURY HEALTH CARE

WHEREAS, nearly 67% of service members and veterans have experienced at least one Traumatic Brain Injury with nearly 1 in 4 veterans testing positive for probable TBI and associated effects; and

WHEREAS, veterans with blast injuries, blunt trauma, motor vehicle accidents, and falls are at risk for TBI which often goes unrecognized; 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 to provide the necessary screening and comprehensive health care services that veterans suffering from TBI require, and even patients with mild TBI may have long-term health consequences; 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. 646

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. 647

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, Complex-PTSD (CPTSD) is a relatively new and developing diagnosis that should be further studied to understand its prevalence and impacts within the veteran population; 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 1.5 million 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, CPTSD, 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, but do not need to provide informed consent on the ever-growing side effects such as withdrawal, suicidal ideation, or sexual side effects, and recent research indicates that veterans prescribed such medications may actually be at greater risk of suicide; 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 ensure clinicians are equipped to properly identify and diagnose veterans' symptoms; 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 CPTSD, understanding that there is no one-size-fits-all treatment plan and each veteran must be evaluated and treated holistically; and
Resolution No. 647 continued

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

Resolution No. 648

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.

Submitted by Commander in Chief

To Committee on VETERANS SERVICE RESOLUTIONS

Resolution No. 649

THE IMPERATIVE OF THE VETERANS HEALTH ADMINISTRATION PROVIDING NEXUS STATEMENTS

WHEREAS, within the context of veterans' disability claims, a Nexus statement serves as a connection or link between a veteran's current disabilities and the events that caused or aggravated them during military service. Nexus statements must be based on medical evidence and are crucial in determining the eligibility for disability benefits. Under current policy, veterans who rely solely on the VA for healthcare may seek third-party assistance, such as claim sharks, for obtaining Nexus statements, leading to potential exploitation; and

WHEREAS, the involvement of claim sharks in the claims process not only harms veterans financially but also erodes trust in the VA's ability to provide reliable assistance. Advocating VHA healthcare teams to providing medically valid Nexus statements when appropriate to veterans, the need for veterans to seek external assistance from claim sharks would diminish significantly. Claim sharks would lose their exploitative foothold, thereby reducing the instances of fraudulent practices targeting vulnerable veterans; and

WHEREAS, the implementation of policies promoting evidence-based Nexus statements be provided by Veterans Health Administration (VHA) health care providers encourages consistency and accuracy across different healthcare providers within the VHA. These statements serve as a standardized method for evaluating claims, reducing the possibility of erroneous or subjective decisions. By ensuring consistency, the VHA can minimize the number of claims that require additional review or appeal, thus saving time and resources. The utilization of Nexus statements provided by the VHA providers, also helps alleviate the administrative burden placed on both veterans and the VHA. By the VHA Healthcare teams providing clear and medically valid evidence, veterans are less likely to face repeated examinations or appeals, streamlining the claims process. Additionally, VHA resources can be allocated more efficiently, reducing costs associated with unnecessary administrative procedures; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to change all current policies preventing VHA Healthcare providers from producing Nexus statements that are appropriate and supported by medical evidence and/or military service. By doing this, VHA providers will alleviate the unnecessary burden placed on many veterans to prove the relationship between their current medical condition

and their military service through a third party. This expedites the adjudication process, significantly reducing the time and effort required for veterans and the Department of Veterans Affairs (VA) to reach a fair resolution at the same time reducing the risk of the Nation's veterans falling prey to exploitation and abuse.

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

Resolution No. 650

SUPPORTING PHYSICIAN ASSISTANTS/ASSOCIATES (PAS)

WHEREAS, chronic health care staffing vacancies in the Veterans Health Administration (VHA) has been a major driver of longer wait times for veterans seeking VA care, veterans' demand for care is increasing since enactment of the Promise to Address Comprehensive Toxics (PACT) Act; and

WHEREAS, over a million mental health integration visits take place annually in VA Medical Centers (VAMC), improving mental health and suicide prevention is a VFW priority, thus effective multidisciplinary clinical staffing recruitment programs to address persistent VHA staffing shortages are necessary to improve access to mental health services, women's health, geriatric, emergency medicine, and rural and primary care; and

WHEREAS, the VA released its National Veteran Suicide Prevention Annual Report of 2025, which reported daily rate of veteran suicide is 17.5 lives lost; and

WHEREAS, in conjunction with P.L. 1991 Health Care Personnel Education and Training Programs Act, and after a five-year successful pilot program providing veteran PAs thirty-five Health Profession Scholarships (HPSP) university scholarships annually, the VHA reduced these PA veteran HPSP scholarships to twenty-five in 2024, and announced in February 2025, the elimination of the HPSP for veterans who want to become PAs, thus decreasing educational support for VHA employed veterans; and

WHEREAS, PAs are highly educated health care professionals licensed to diagnose, treat, and prescribe medications. The PA profession arose from returning Vietnam War combat medics and corpsmen in 1967, who have been treating veterans for over 58-years. Among their extensively broad medical and surgical curriculum is psychiatry with mental health clinical rotations; and

WHEREAS, PA training programs are nationally accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), and PA training is adopted from the Accreditation Council for Graduate Medical Education (ACGME); and

WHEREAS, four VAMC's established PA one-year mental health residencies in 2018, which offered only a total of ten residencies annually from 2021 to 2024 despite shortages of clinical mental health providers. Of the 29 post-graduate PA residents who graduated, the VAMC's only hired 12 (43%) of these highly trained PAs. The VHA will not expand these slots; now, therefore

BE IT RESOLVED, that VFW urges the VA to recruit and hire the most qualified health care occupations, including PAs. Physician Assistants/Associates shall be included for vacancies to strategically expand in critical areas; and

BE IT FURTHER RESOLVED, that PAs should be included as a care team provider within mental health services; and

BE IT FURTHER RESOLVED, that VFW supports the continuation of the HPSP scholarships for veterans employed by the VHA to become PAs.

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

Resolution No. 651

**FULLY SUPPORT PRESIDENT TRUMP'S EXECUTIVE ORDER HOLDING
THE DEPARTMENT OF VETERANS AFFAIRS ACCOUNTABLE TO
UTILIZING THE WEST LOS ANGELES CAMPUS AS INTENDED, AND
MORE, BY ESTABLISHING A NATIONAL CENTER FOR WARRIOR
INDEPENDENCE (NR 25-3)**

WHEREAS, the Department of Veterans Affairs' management, or lack thereof, of at the West Los Angeles Campus has resulted in the Department benefiting financially by leasing portions of the campus to businesses and organizations for purposes unrelated to providing medical care or treatment at the expense of the well-being of our nation's heroes since 2011; and

WHEREAS, the Department of Veterans Affairs continued to ignore the plight despite rulings by a District Court regarding their misuse of the property and were granted an emergency stay pending further adjudication; and

WHEREAS, for more than a decade, the Department of Veterans Affairs has proven itself unwilling or unable to restore the campus to its historical purpose as a National Home for Disabled Volunteer Soldiers; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we petition Congress to ensure that the Department of Veterans Affairs carries out the full intent of the President's Executive Order forthwith.

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