



2016-2017

NATIONAL LEGISLATIVE AGENDA

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Since 1944, AMVETS (American Veterans) has been one of the largest Congressionally chartered veterans' service organizations in the United States and includes members from each branch of the military, including the National Guard, Reserves, and Merchant Marine. We provide support for the active military and all veterans in procuring their earned entitlements.

Annually, at our National Convention, AMVETS members vote on Resolutions that cover a variety of health care, benefits, and other military and veterans related issues. When passed, the Resolutions become part of the AMVETS legislative agenda for two years. As an organization we advocate and lobby for all legislative agenda items, and from them, develop four key legislative priorities.

This compilation is organized by subject matter. Resolutions beginning with 16 expire after the 2017 National Convention; those beginning with 17 expire after the 2018 National Convention. I encourage each member of AMVETS to review the Resolutions set to expire after the 2017 Convention, and to also contemplate other areas that if legislatively acted on could positively impact the lives of those who have served this great nation. Please consider submitting a Resolution within your Department. It is never too early to do this.

As I work each day at AMVETS with the goal of improving current systems and our impact as an organization, the AMVETS mission statement is never far from my mind: *"To enhance and safeguard the entitlements for all American Veterans who have served honorably and to improve the quality of life for them, their families, and the communities where they live through leadership, advocacy and services."*

I look forward to working with AMVETS members, other veterans' service organizations and Congress to support and create legislation that works towards fulfilling our mission statement and legislative goals.

A handwritten signature in black ink that reads "Amy Webb". The signature is fluid and cursive.

National Legislative Policy Advisor

RESOLUTION 16 –15

INCREASE VETERANS BURIAL BENEFITS

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

WHEREAS, the current VA burial expense payment is \$2,000 for a service-connected death and \$300 for a non-service connected death, along with a \$700 plot allowance. At its inception, the payout covered 72 percent of the funeral costs for a service-connected death, 22 percent for a non-service-connected death and 54 percent of the cost of a burial plot. Due to the dramatic increase in private sector funeral expenses, this benefit has been seriously eroded over the years; and

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

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

RESOLVED, that AMVETS believes there is still a serious deficit between the original value of the plot allowance benefit and its current value. Congress should increase the plot allowance for all eligible veterans and expand the eligibility for the plot allowance for all veterans who might be eligible for burial in a national cemetery, not just those who served during wartime; and be it further

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

RESOLUTION 16 – 28

VA CLAIMS & APPEALS

WHEREAS, the Department of Veterans Affairs (VA) has a workload of 1.75 million claims for compensation, pension, education benefits and appeals each year which causes extensive delays in the delivery of crucial disability benefits to veterans and their dependents; and

WHEREAS, due to the increasing complexity of both VA claims and appeals, the need for compliance with Court of Veterans Appeals claims decisions, continued VA requirements for repetitive and unnecessary examinations and the severe staffing shortages, progress on cases remains slow and unsatisfactory; and

WHEREAS, due to the impending drawdown, the demand for VA services and resources will continue to rise and is expected to remain high for the foreseeable future; now therefore be it

RESOLVED, that AMVETS urge Congress to ensure adequate funding and trained staff levels for the Department of Veterans Affairs to improve upon the timeliness and accuracy of all claims and appeals being filed; and be it further

RESOLVED, that AMVETS push for the Veterans Benefit Administration to process timely and accurate claims the first time they are reviewed, as well as the immediate implementation of a uniform data claims processing system, as well as, improved training for both VA claims and appeals processors to ensure a timely and accurate claims and appeals process for every veteran.

RESOLUTION 17 – 14

FIXING THE VBA CLAIMS PROCESSING & APPEALS SYSTEMS

WHEREAS, due to a growing backlog of disability compensation claims in 2010 the Veterans Benefits Administration (VBA) set out to transform & modernize their benefits processing systems; and

WHEREAS, dramatic transformation of the claims and appeals processing systems have since occurred and significant progress can be measured towards shortening claims and appeals processing times; and

WHEREAS, much of the remaining processing delays can be attributed to poor or non-existent introductory and on-going employee training; and

WHEREAS, VBA continues to struggle with deficiencies in the Veterans Benefits Management System (VBMS); and

WHEREAS, VBA continues to disregard non-VA medical records as valid evidence for use in the processing of veterans claims; now therefore be it

RESOLVED, that AMVETS continues to monitor the progress in the veteran claims processing system and working as a stakeholder, seek to address the shortcomings mentioned above and others.

RESOLUTION 16 – 11

CONCURRENT RECEIPT

WHEREAS, the fiscal year 2004 National Defense Authorization Act allowed for the gradual phase-in of full concurrent receipt of military retirement pay and VA disability compensation for service-connected wounds, illnesses or injuries; and

WHEREAS, the 10-year phase-in period ended in 2014, which means military retirees with 20 or more years of service and a 50 percent or higher VA disability rating no longer have their military retirement pay offset by the amount of their VA disability compensation; and

WHEREAS, the law did not provide the same equity to service-connected disabled military retirees with VA ratings of 40 percent or below, or Chapter 61 retirees who were medically retired with less than 20 years, regardless of VA disability rating; and

WHEREAS, a disabled veteran who does not retire from military service but elects instead to pursue a civilian career after enlistment expires can receive full compensation and full civilian retired pay. AMVETS believes that a veteran who has served this country for 20 years should have that same right and not be penalized for choosing a military career rather than a civilian career; and

WHEREAS, no other category of federal employee faces the same restriction on disability and retirement pay; now, therefore, be it

RESOLVED, that AMVETS supports legislation that would provide for the full and immediate concurrent receipt of military retirement pay and VA disability compensation, without offset, regardless of their VA rating percentage.

RESOLUTION 17 - 33

NEW PRESUMPTIVE CONDITIONS DUE TO VIETNAM SERVICE

WHEREAS, it has been well established by medical research that American veterans who served in the Republic of Vietnam have experienced illnesses that are obviously a result of ‘presumptive conditions’ resultant from their service in Vietnam such as diabetes mellitus, chloracne, ischemic heart disease; and

WHEREAS, it took the U.S. Department of Veterans Affairs (VA) more than ten years to accept medical research findings and recommendations, comparing Vietnam veterans deaths and illnesses to their non-Vietnam veteran counterparts, finally declaring those same conditions officially “presumptive” for VA medical care, and

WHEREAS, the U.S. Institute Of Medicine (IOM) has recently issued its fourth and final directed research report to the VA, again finding that there is significant evidence to show that four additional medical conditions – hypothyroidism, bladder cancer, stroke and hypertension – have been determined to meet the rigorous standards of probability of causation due to environmental exposures in the Republic of Vietnam, and

WHEREAS, the majority of Vietnam veterans are now in their sixties, seventies and beyond, now therefore be it

RESOLVED, that AMVETS petitions Congress to urge expeditious adoption of the IOM recommendations, and be it further

RESOLVED, that AMVETS petitions the VA Secretary to expeditiously adopt the IOM recommendations and incorporate them into the standing rules and regulations of the department, to the benefit of veterans.

RESOLUTION 16 – 18

REPEAL SURVIVOR BENEFITS PLAN/DEPENDENCY & INDEMNITY OFFSET

WHEREAS, the surviving spouses of retired military members who die from service-connected wounds, illnesses or injuries are entitled to Dependency & Indemnity Compensation (DIC) benefits from the VA. However, if the military retiree was also enrolled in the DoD's Survivor Benefits Plan (SBP), the surviving spouse's SBP benefit would be offset, dollar-for-dollar, by the amount of DIC benefits; and

WHEREAS, it should be understood that SBP and DIC benefits are paid for two different reasons, in that SBP is funded by premiums paid by veterans and provides a surviving spouse 55 percent of the veteran's retirement pay. DIC, on the other hand, provides a modest guarantee of \$1,215/month which is paid to the surviving spouses of veterans who die of a service-connect condition; and

WHEREAS, with a few exceptions, the surviving spouses of non-military federal retirees are not similarly penalized with any offset, allowing them to collect the full monetary benefit of both SPB and DIC; and

WHEREAS, the offset of SBP against DIC is inequitable because it punishes more than 65,000 survivors of military retired veterans whose deaths are under circumstances warranting indemnification from the federal government separate from the SBP annuity; now therefore be it

RESOLVED, that AMVETS pursue enactment of legislation to repeal the offset between SBP and DIC.

RESOLUTION 16 – 25

TINNITUS & HEARING LOSS PRESUMPTIVE SERVICE-CONNECTION

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

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

WHEREAS, an Institute of Medicine (IOM) study released in 2005 indicated that the majority of servicemembers are exposed to some form of auditory trauma, including high-level repetitive noise, during their time in service leading to some level of hearing loss and/or tinnitus and given these findings, reasonable doubt must be resolved in favor of veterans who suffered hearing loss and/or tinnitus as a result of their service in the military; now therefore be it

RESOLVED, that AMVETS urge Congress and the VA to grant service-connection on a presumptive basis for any veteran diagnosed after discharge with hearing loss and/or tinnitus when there is evidence that the veteran:

- participated in combat operations;
- worked in a position or occupational specialty likely to have damaged the veteran's hearing; or
- was exposed to any form of auditory trauma.

RESOLUTION 16 – 10

CIVILIAN CREDENTIALS FOR MILITARY TRAINING & EXPERIENCE

WHEREAS, AMVETS recognizes that it is in the best interest of our nation to have a strong and viable veterans' employment and training system in place. Unfortunately, the unemployment rate among our nation's veterans continues to be an area of intense focus and concern, much of which is related to issues of post-service licensure and credentials; and

WHEREAS, Congress has begun to recognize the fact that veterans of all eras, especially recently separated and older veterans, find it difficult to obtain meaningful, living-wage employment. The importance of licensing and credentialing, as an integral part of the overall veteran transition process, cannot be overemphasized; and

WHEREAS, while there are certain employment programs in place for veterans, such programs must have a pro-active, long-term career focus which, not only recognize the problems of licensing and credentialing, but develops workable solutions; and

WHEREAS, every year between 240,000 and 360,000 military members make the transition from military to civilian life and employment, and as the drawdown continues, more than a million service members are expected to transition over the next few years; and

WHEREAS, as a nation we need to be prepared to do our part to assist our transitioning service members with living-wage employment opportunities so that they become valued additions to our society and economy and are able to adequately support their families; now therefore be it

RESOLVED, that AMVETS should encourage Congress to engage in a national dialogue to include the Administration, DoD, VA, DOL, governors, state adjutant generals, employers, trade and professional associations, and licensing and credentialing entities, to establish a process so military training meets civilian certification and licensing requirements for states in which veterans choose to live once they leave the military.

RESOLUTION 16 – 13

CONTINUE FIGHTING TO END VETERAN HOMELESSNESS

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

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

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

RESOLVED, that AMVETS ensure that the issue of veteran homelessness remains a priority for both the Administration and Congress; and be it further

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

RESOLUTION 16 – 24

SUPPORT VETERANS' PREFERENCE IN PUBLIC EMPLOYMENT

WHEREAS, AMVETS is committed to seeking full access to employment opportunities for our nation's veterans; and

WHEREAS, AMVETS has strongly supported federal, state, and local veterans' preference laws; and

WHEREAS, it is important that programs and policies at all levels of government continue to help veterans establish private businesses by providing them with technical, financial, and procurement assistance; now therefore be it

RESOLVED, that AMVETS support the strongest veterans' preference laws possible at all levels of government and oppose any attempt to weaken such laws.

SOURCE: Departments of AZ, ND, NJ, FL, MO, VA, IL, KY, AK, NM, MI, CA, MA, WA, IA, OH, TN

RESOLUTION 16 –20

SUPPORT FOR VETERANS & SERVICEMEMBERS EMPLOYMENT RIGHTS & HOUSING

WHEREAS, over the course of the last few years, AMVETS has become increasingly aware of veterans and military members being negatively impacted by unfair, prejudicial employment and housing practices; and

WHEREAS, American veterans comprise only 7 percent of the population of the United States, this means that much of the remaining 93 percent have no personal knowledge or experience with veterans or the military. Many of these individuals, whether consciously or unconsciously, have based their opinion of veterans and the military on the overwhelmingly negative stories portrayed in the media; and

WHEREAS, not only are many American veterans behind their contemporaries in education, employment and housing solely due to their service to our nation, but large numbers of National Guard and Reserve members are unemployed, in part due to preconceived prejudices surrounding the military; and

WHEREAS, there are currently numerous laws/programs on the books meant to assist veterans in their search for employment, education and housing, those laws/programs are not meeting the needs of American veterans; and

WHEREAS, many of the laws/programs currently in place are limited to assisting very specific groups of veterans, rather than all veterans – including National Guard/Reserve members who have been deployed – and there are sufficient legal options available to veterans who experience employment, education and/or housing discrimination; therefore be it

RESOLVED, that AMVETS uses every resource at its disposal to ensure passage of legislation addressing these employment, education and housing concerns.

RESOLUTION 16 – 14

EXPAND ELIGIBILITY FOR VA FAMILY CAREGIVER PROGRAM

WHEREAS, the VA's Comprehensive Assistance for Family Caregivers Program provides a monthly stipend, respite care, mental and physical health care, and necessary training and certifications for caregivers of veterans who were severely injured or disabled on or after September 11, 2001; and

WHEREAS, the fact that severely injured or disabled veterans from other eras are ineligible to participate in the Comprehensive Assistance for Family Caregivers Program is inequitable; and

WHEREAS, AMVETS believes that severely disabled veterans of all eras have made tremendous sacrifices and the family members who care for them are equally deserving of recognition, assistance and support; and

WHEREAS, DoD's Special Compensation for Assistance with Activities of Daily Living (SCAADL) program provides support to family caregivers of members of the military who are catastrophically disabled whether through injury or illness, the VA's Family Caregiver Program excludes veterans who require home care services as a result of serious illness; now, therefore, be it

RESOLVED, that AMVETS urges Congress to expand eligibility for the VA Comprehensive Assistance for Family Caregivers Program to include veterans of all eras; and be it further

RESOLVED, that AMVETS urges Congress to fully align the VA and DoD assistance programs by including in its eligibility criteria veterans who require caregiver services as a result of a serious illness incurred in the line of duty.

SOURCE: Departments of AZ, ND, NJ, FL, MO, VA, IL, KY, AK, NM, MI, CA, MA, WA, IA, OH, TN

RESOLUTION 17 – 16

IMPROVEMENTS IN THE FAMILY CAREGIVER SUPPORT PROGRAM

WHEREAS, family caregivers selflessly support wounded, injured and sick veterans allowing for a greatly improved quality of life; and

WHEREAS, the utilization of family caregivers also plays a critical role in controlling and reducing health care costs by minimizing inpatient and outpatient hospitalizations and institutionalization; and

WHEREAS, since September 11, 2001, family caregivers have been the primary source of support for severely injured or sick veterans; and

WHEREAS, studies have shown that improving family caregivers' well-being and minimizing the burden they carry, is critical to their being able to continue assisting their loved ones; now therefore be it

RESOLVED, that AMVETS encourage Congress to pass legislation to correct the inequity in access to the VA program of comprehensive assistance for family caregivers and allow primary caregivers to earn income credits to safeguard their own income security; and be it further

RESOLVED, that AMVETS should ensure that Congress continues the strictest oversight of VA in-home and community based services for supporting family caregivers, while simultaneously providing sufficient funding for the caregiver program.

RESOLUTION 17 - 23

SUPPORT FOR VETERAN ACCESS TO MEDICAL CANNABIS

WHEREAS, medical cannabis is currently legal in 24 States and the District of Columbia and an additional seven states have pending legislation; and

WHEREAS, the U.S. Drug Enforcement Administration (DEA) recently gave formal approval for a controlled clinical trial to study the effectiveness of whole-plant cannabis as a treatment for post-traumatic stress disorder (PTSD) in military veterans; and

WHEREAS, PTSD is an anxiety disorder that impacts an estimated eight million Americans each year, including military veterans returning from combat, and to date there are no pharmaceutical treatments specifically designed or approved to target symptoms of PTSD; and

WHEREAS, there is evidence that medical cannabis has the ability to effectively treat pain while allowing veterans to function with fewer debilitating side-effects, such as the mental foginess that often accompany opiate-based painkillers; and

WHEREAS, the federal government directive which prohibits VA providers from recommending or even discussing the use of medical cannabis for their patients expired in early 2016 leaving VA doctors in limbo; and

WHEREAS, a number of lawmakers have written VA Secretary Robert McDonald urging him to let VA doctors discuss and recommend cannabis as a potential medical treatment in states where it is legal; now therefore be it

RESOLVED, that AMVETS work to preserve and protect the long established doctor-patient relationship including the ability to safely discuss medical cannabis use within the VA healthcare system without fear of punishment or retribution; and be it further

RESOLVED, that AMVETS encourages the VA to allow veterans access to medical cannabis through their VA doctors; and be it further

RESOLVED, that AMVETS support a veterans' right to use medical cannabis therapeutically and responsibly, in states where it is legal, if prescribed by a board certified medical professional.

SOURCE: DC, FL, LA, NC, VA, OH, MA, TX, TN, MO, NJ, ND, WA, PA, MD, CA, GA

RESOLUTION 17 – 18

VA & DOD MENTAL HEALTH FUNDING & PROGRAMS

WHEREAS, AMVETS acknowledges the benefits accrued to veterans through implementation of VA's National Mental Health Strategic Plan to improve Access to Mental Health Services for Veterans, Service Members, and Military Families; and

WHEREAS, the VA provided specialized mental health services in Fiscal Year 2015 to more than 1.6 million veterans and of the nearly 2 million veterans of Iraq and Afghanistan eligible for VA care, 61 percent have accessed health-care services with over 57 percent receiving mental health diagnoses; and

WHEREAS, despite progress in hiring additional mental health staff, AMVETS remains concerned about how VA plans to resolve its mental health staffing issues to meet demand and provide timely access for these critical services; now therefore be it

RESOLVED, that AMVETS calls on Congress to require VA to develop performance measures and provide an assessment of resource requirements, expenditures and outcomes in its mental health programs, as well as a firm completion date for full implementation of the components of the full Uniformed Mental Health Services package; and be it further

RESOLVED, that AMVETS strongly encourages both the VA and DoD to ensure that veterans and service members receive adequate screening for their mental health needs; and be it further

RESOLVED, that AMVETS strongly encourages VA to ensure that all professional staff are provided specialized training and orientation to the current roles and experiences of the men and women returning from theaters of combat, taking care to acknowledge the unique postdeployment mental health challenges faced by women; and be it further

RESOLVED, AMVETS strongly recommends Congress appropriate more dedicated funding for mental health care and related programs and services during the next five fiscal year budgets and to annually review the effectiveness of said services in order to effectively treat servicemembers suffering from psychological trauma.

RESOLUTION 16 –16

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 ever worn the uniform of the Armed Services which must not be tolerated; and

WHEREAS, DoD and VA have made some 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, MST victim services and legal support systems within DoD are broken and do not take the victim's confidentiality or best interest in mind; and

WHEREAS, the American military is a highly respected, disciplined, honor-bound and committed institution the majority of whose members, of all ranks, are dedicated to living and upholding the core values of loyalty, respect, selfless service and personal courage, 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, that AMVETS calls upon DoD to adopt a zero tolerance stance for MST and to enhance its MST awareness programs by mandating consistent, sufficient and continuing preventative training of all military personnel. AMVETS further calls upon VA to continually improve its MST treatment programs for all, military health and mental healthcare providers and disseminating evidence-based clinical practice guidelines to clinicians who care for veterans who have suffered from MST; and be it further

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

RESOLUTION 16 – 17

PROSTHETICS & SENSORY AIDS

WHEREAS, the number of veterans needing the services of the Veterans Health Administration's (VHA) Prosthetics and Sensory Aids Service (PSAS) has grown exponentially over the past decade; and

WHEREAS, the number of veterans needing PSAS care and services is projected to continue to rise due to our aging veteran population and the injuries veterans are returning with from current and recent conflicts; and

WHEREAS, the prosthetics program continues to lack consistent administration of prosthetics services throughout the VHA; now therefore be it

RESOLVED, that AMVETS ensures that Congress and VA maintain the proper growth in appropriated funds for PSAS in order to keep pace with the number of veterans requiring their services and care; and be it further

RESOLVED, that AMVETS reminds Congress that centralized budgeting, adequate funding and appropriate staffing for PSAS will continue to be of the utmost importance in properly caring and providing for our wounded warriors, and, be it further

RESOLVED, that AMVETS encourages VHA to require all Veteran Integrated Service Networks (VISNs) to adopt consistent operational standards in accordance with national prosthetics policies.

RESOLUTION 17 – 17

RURAL & REMOTE VETERANS HEALTH CARE

WHEREAS, there are an estimated 5.3 million rural veterans who face a unique combination of factors that create disparities in health care not found in urban areas, such as inadequate access to care, limited availability of skilled care providers and additional stigma in seeking mental healthcare; and

WHEREAS, more than 44 percent of military recruits and service members deployed to Iraq and Afghanistan come from rural areas and to date, more than 60,000 service members have become injured, wounded or ill during their deployment; and

WHEREAS, 36 percent (more than 2.2 million) of all VA health-care users reside in rural areas, including 76,955 from ‘highly rural’ areas and 49 percent of rural veterans are over the age of 65; and

WHEREAS, currently VA operates 144 medical centers, of which only 25 are considered by VA to be located in rural or highly rural areas; 1,215 outpatient sites including community based outpatient clinics (CBOCs); and 3 regional veterans rural health resource centers (VRHRC); now therefore be it

RESOLVED, that AMVETS utilize every means at its disposal to ensure that VA considers the distance a veteran must travel, as well as other hardships they face in seeking medical care in determining appropriate locations and settings for providing direct VA health care services; and be it further

RESOLVED, that AMVETS urges VA and Congress to increase the travel reimbursement allowance commensurate with the actual cost of current automobile travel and that they develop a transportation strategy in rural and highly rural cases; and be it further

RESOLVED, that AMVETS expresses in the strongest terms the need for the VA to establish additional mobile Vet Centers in order to meet the physical and mental health care needs of all American veterans.

RESOLUTION 16 – 26

TOXIC EXPOSURES

WHEREAS, military bases have historically used and disposed of chemical degreasers and other toxic substances that were later determined to contaminate drinking water and pose multiple health risks including cancers; reproductive disorders; birth defects; and numerous other serious difficulties, and;

WHEREAS, countless combat deployed military personnel or those stationed on any of the 141 toxic bases within CONUS have been exposed to a wide variety of contaminants, through drinking water, general water usage, exposure through vapor seepage, soil contact, as well as exposure to toxic smoke from oil field fires or burn pits, and

WHEREAS, Vietnam veterans have been granted presumptive service-connection for conditions related to Agent Orange exposure; many other veterans, including Ft. McClellan; Blue Water Navy; Korean DMZ; C-123 air crews; Gulf War; and Iraq & Afghanistan are still arbitrarily and unfairly denied recognition of their exposures and therefore access to healthcare and compensation benefits; now therefore be it

RESOLVED, that AMVETS aggressively urge Congress and the Department of Veterans Affairs to invest adequate resources to fully research, diagnose and treat conditions associated with toxic exposures. And that any significant developments stemming from the previously mentioned activities be shared with veterans as it becomes available; and it be further

RESOLVED, that AMVETS continues to seek system-wide changes related to military environmental hazards and toxic wounds, including:

- seeking improvements to the pre- and post-deployment health monitoring and assessment program to address all currently recognized and emergent environmental hazard and toxic wound health issues;
- seeking improvements to the DoD-VA health research systems so that they aggressively focus on treatments, diagnostic biomarkers and mapping out bio- pathology and symptoms for the full range of environmental hazard and toxic wound health issues;
- seeking the implementation of a seamless DoD-VA environmental health evaluation/treatment system to ensure medical evaluation, evidence-based treatment, and ongoing medical surveillance for current and former servicemembers suffering from toxic wounds; and be it finally

RESOLVED, that AMVETS encourages the Department of Veterans Affairs to extend presumptive service-connection to all veterans suffering from conditions associated with toxic exposures while serving in the military.

RESOLUTION 16 – 27

TRAUMATIC BRAIN INJURY

WHEREAS, servicemembers continue to be deployed to areas where they are at risk for experiencing blast exposures from improvised explosive devices (IEDs), suicide bombers, land mines, mortar rounds, rocket-propelled grenades and similar weapons systems; and

WHEREAS, traumatic brain injuries (TBI), the signature injury of modern combat, is a complex injury to the physical structure of the brain, effects about 20 percent of Iraq and Afghanistan servicemembers; and

WHEREAS, the overarching problem faced by the Department of Defense (DoD) and the Department of Veterans Affairs (VA) is identifying symptoms resulting from TBI which are often difficult to definitively diagnose and document and which may not be immediately evident; now therefore be it

RESOLVED, that AMVETS encourage the VA and DoD to coordinate their efforts to better address the consequences of mild-to-severe TBI and other concussive injuries, including improvements in: screening and treatment protocols; coordination of care; and support services for injured servicemembers; and be it further

RESOLVED, that AMVETS convey to Congress that it is of the utmost importance for VA to have all of the necessary policies, procedures and personnel in place to provide the care for all service members having sustained blast related brain injuries and the co-morbid injuries that will either immediately, or over time, accompany them.

RESOLUTION 16 –30

WOMEN VETERANS' HEALTH CARE

WHEREAS, women are a rapidly growing and important component of the U.S. military services, yet their contributions have often been under-recognized. Women currently comprise 20 percent of new recruits, 14.5 percent of active duty forces and 18 percent of the reserve components. While the number of male veterans is expected to decline by 2020, the opposite is true of women veterans; and

WHEREAS, women veterans have been shown to have unique and complex health needs with a higher rate of co-morbid physical and mental health conditions than their male counterparts; and

WHEREAS, the availability and quality of health care for women veterans varies widely across the VA healthcare system causing an inequity in both quality and services. Less than 30 percent of VA facilities can provide women veterans onsite gender specific healthcare; and

WHEREAS, most male veterans can receive the full spectrum of primary and preventative care services in one visit, most female veterans must schedule multiple visits to receive the same gender-specific care; now therefore be it

RESOLVED, that AMVETS urges DoD and VA to enhance their programs to ensure that women veterans receive high-quality, comprehensive primary and mental healthcare services in a safe and sensitive environment at every VA health-care facility; and be it further

RESOLVED, that AMVETS urges DoD and VA to redesign and implement an appropriate health-care delivery model for women veterans and establish an integrated system of healthcare delivery that provides a comprehensive continuum of care; and be it further

RESOLVED, that the DoD and VA need to ensure that every woman servicemember and/or veteran gains and keeps access to a qualified primary care physician who can provide genderspecific care for all basic physical and mental healthcare conditions prevalent in women.

RESOLUTION 17 – 22

DEPORTED U.S. MILITARY VETERANS

WHEREAS, lawful permanent residents or green-card holders have the legal right to reside, work, study and own property in the U.S., and they may also serve in the U.S. military and apply to become U.S. citizens once they meet eligibility requirements; and

WHEREAS, the Immigration and Nationality Act allows people born in other countries to gain U.S. citizenship through military service – in some cases without going through the usual preliminary step of getting a U.S. green card. The exact legal requirements depend on whether you served during peace or war time; and

WHEREAS, foreign nationals can take steps toward citizenship by serving in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard, or in a National Guard unit while the unit was federally recognized as a reserve component of the U.S. Armed Forces; and

WHEREAS, during peacetime, foreign nationals must have at least one year of honorable service in the U.S. military and they must get a green card – after which they can apply for U.S. citizenship one year after receiving their green card; and

WHEREAS, foreign nationals who enlist in the U.S. armed forces during wartime, can apply for U.S. citizenship after as early as their first day of service; and

WHEREAS, deported veterans are banned for life, they can return to the U.S. after they are dead. Honorably discharged veterans, even deportees, are entitled to burial in a National Cemetery with an engraved headstone and their casket draped with an American flag. The VA will pay \$300 toward the cost of bringing an eligible deportee's remains to the U.S.; now therefore be it

RESOLVED, that AMVETS believes that honorably discharged foreign nationals who commit a crime after returning to civilian life should be treated the same as U.S. citizens—punished for any crimes they commit, but not deported.

RESOLUTION 17 - 32

AMVETS CELEBRATION OF DIVERSITY DAY

WHEREAS, human diversity can be defined as differences in race, ethnicity, nationality, gender, gender identity, sexual orientation, socio-economic status, age, physical and/or mental capabilities, and religious beliefs; and

WHEREAS, vast diversity exists within the expansive domains of AMVETS practice; and

WHEREAS, all humans are possessed with unique, rich cultural histories, backgrounds and personal experiences deserving of universal respect, integrity, and acceptance; and

WHEREAS, it is believed that greater diversity enriches and adds value to AMVETS membership and the innovation and creativity of all veterans and human beings; and

WHEREAS, it's been proven that human beings are more alike than different; and

WHEREAS, celebrating an annual Diversity Day will increase future diversity in AMVETS membership; and

WHEREAS, Diversity Day will convey those veterans voices who felt voiceless and , bring understanding to those who have been misunderstood, honor to those who were dishonored, and history to those who were left out and forgotten; and

WHEREAS, Diversity Day will offer education to all veterans and civilians to include culture, art, artifacts, literature, and ceremony of which will increase the knowledge of this great diverse tapestry of veterans; now therefore be it

RESOLVED that AMVETS will celebrate Diversity Day on May 21, which will be in synchronicity with the United Nations, who coined Diversity Day; now therefore be it further

RESOLVED that AMVETS will examine, and update as necessary, diversity and inclusion initiatives continuing to enable and encourage participation by national and state leaders of AMVETS and its membership.

RESOLUTION 17 - 29

RECOGNITION OF THE LAO/HMONG COMBAT ROLE IN VIETNAM

WHEREAS, Lao/Hmong Soldiers, were recruited by, trained by, equipped by, paid by, and fought as United States Special Forces SGU (Secret Gorilla Units), commanded by Officers of the United States Central Intelligence Agency, Colonel James W. Leer Commanding from 1961 to 1975 and beyond; and

WHEREAS, Lao/Hmong Soldiers, performed covert missions as ordered and planned by Officers of the United States Military and Central Intelligence Agency within Laos and Vietnam to help deter the movement of North Vietnamese Troops, supplies and weapons on the Ho Chi Minh Trail and other areas as assigned and rescued many downed pilots and recovered the bodies of many members of the United States Armed Forces at great risk and losses to their own ranks. Many of their ranks were captured and tortured in prison camps for many years after the United States engagement ended in Vietnam after which finding they had lost their country for fighting in the United States SGU Forces; and

WHEREAS, Lao/Hmong Soldiers, were issued U.S. Air Force Pilot wings on successfully completing pilot training and U.S. Parachute Badges for completing parachute school along with being awarded the Congressionally Awarded Vietnam Veteran National Medal on or about May 1997, were Honored by the State of Connecticut and issued the State of Connecticut Military War Time Medal by former Governor Jody Rell; and

WHEREAS, many Lao/Hmong Soldiers escaped and immigrated to the United States of America where they became citizens, went to work, raised their families, educated their children, became voters and were not given housing, education or other amenities as are many immigrants of present days and are still asking for the basic items of recognition listed below forty years after the end of the war; now therefore be it

RESOLVED, AMVETS Department of Connecticut honors the sacrifices and contributions made by members of the Lao/Hmong Secret Gorilla Forces, who operated under the orders and control of the United States CIA in Laos and Cambodia where by agreement our United States Troops were not to be deployed; and be it further

RESOLVED, AMVETS encourages the Congress of the United States to pass into law a bill which provides for the recognition of the Lao/Hmong Soldiers, who fought under the direct control of the CIA Agency of the U.S. Government or any other authorized Agency of the United States Government. This recognition is to include burial with military honors in military cemeteries within the United States of America and basic health care within the Veterans Administration Health Care System.

SOURCE: AMVETS Department of Connecticut

RESOLUTION 17 – 15

SUPPORT FOR DEFENSE POW/MIA ACCOUNTING AGENCY (DPAA)

WHEREAS, the Defense POW/Missing in Action (DPAA) provides policy oversight for the continuing mission to recover captured, missing or isolated men and women placed in harm's way while serving their country; and

WHEREAS, the efforts to recover fallen and missing service members from past and present conflicts serve the common interest of all Americans; and

WHEREAS, AMVETS remains fully committed to pursuing the critical issue of POWs and MIAs to our fullest capabilities until every single man or woman lost in battle is accounted for, including the crew of the U.S.S. Intrepid; and

WHEREAS, AMVETS will stand behind our service men and women and tirelessly work to account for those who have not returned; now therefore be it

RESOLVED, that AMVETS petition Congress to provide adequate DPAA funding to ensure the release or rescue of our missing or captured men and women in uniform; and be it further

RESOLVED, that AMVETS continues to work with DPAA to ensure full accounting and recovery of the missing from all conflicts and military operations worldwide.

RESOLUTION 17 – 13

SUPPORT FOR THE REPUBLIC OF TAIWAN

WHEREAS, the Republic of China on Taiwan is a long-time friend, ally, and an important trading partner of the United States; and

WHEREAS, Taiwan is a strategically located island and is extremely important to the peace, prosperity, and stability of the Pacific Rim; and

WHEREAS, the Republic of China maintains a strong and well-trained military force, has extensive air and naval facilities and, therefore, is a vital link in the Pacific defense chain; and

WHEREAS, the People's Republic of China has never renounced the use of force to integrate the Republic of China into its communist system and government and this threat remains substantial; now therefore be it

RESOLVED, that AMVETS supports and encourages the democratic process in Taiwan, and encourages the President of the United States to promote peaceful dialogue and avoid any actions which could lead to military conflict; and be it further

RESOLVED, that AMVETS supports the continued promotion of educational and cultural relationships and exchanges between the United States and the Republic of China; and be it further

RESOLVED, that AMVETS calls upon Congress and the Administration to support the admission of the Republic of China on Taiwan into the United Nations and to afford the President of Taiwan the same respect and privileges as other visiting Heads of State.

RESOLUTION 16 –22

SUPPORT FOR THE STATE OF ISRAEL

WHEREAS, on 14 May 1948, the people of Israel proclaimed the establishment of the sovereign and independent State of Israel, and the United States government established full diplomatic relations with Israel, and

WHEREAS, for over 60 years, the United States and Israel have maintained a special relationship based on mutually shared democratic values, common strategic interests, mutually beneficial trading alliances, strong bonds of friendship, as well as mutual trust and respect; and

WHEREAS, the State of Israel maintains a strong and well-trained military force, has extensive air and naval facilities and, therefore, is a vital ally and link in the Middle East defense chain; now therefore be it

RESOLVED, that AMVETS supports and encourages a just and comprehensive Arab-Israeli peace, by promoting peaceful dialogue amongst the stakeholders in the region and avoid any actions which could lead to military conflict; and be it further

RESOLVED, that AMVETS urges Congress and the Administration to continue to support the State of Israel through the sale of state-of-the-art military equipment and technology to help them maintain an adequate defense of their borders and independence.

RESOLUTION 17 - 19

VETERAN STATUS FOR GUARD & RESERVE RETIREES

WHEREAS, a National Guard or Reserve Component member, who has completed a 20(+) year career, is designated as a “military retiree” rather than a veteran upon retirement if they have never served on active duty (Title 10) orders for other than training purposes. Drill training, annual training, active duty for training and Title 32, including border patrol duty are currently not qualifying service to earn veteran status; and

WHEREAS, these individuals, currently designated as “military retirees” are already entitled to military retired pay, TRICARE health coverage, G.I. Bill, home loan and many other veterans’ benefits and therefore deserve to be recognized as veterans of the Armed Forces of the United States; and

WHEREAS, there are no costs associated with veteran status legislation, nor does it seek to bestow any additional or unearned benefits, would authorize “veteran status” for National Guard and Reserve members that are entitled to a reserve retirement at age 60, but were never called to active federal service (Title 10) during their careers; and

WHEREAS, the passage of veteran status legislation would legally authorize National Guard and Reserve members entitled to Reserve retirement pay, the honor of being recognized as a veteran; now therefore be it

RESOLVED, that AMVETS does everything in its power to encourage passage of veteran status legislation for National Guard and Reserve Component retirees.

RESOLUTION 17 – 09

CONGRESSIONAL RECOGNITION OF VIETNAM-ERA DUST OFF CREWS

WHEREAS, while it would be impossible to accurately calculate the value of the selfless service provided by our heroic ‘Dust Off’ crews during Vietnam, there is no doubt that they saved countless lives and permanently changed the face of war; and

WHEREAS, thinking about these fearless helicopter crews going out on mission after mission, hour after hour, day after day, in weather of every description while essentially unarmed and taking withering enemy fire in one LZ after another, it’s amazing that any of them actually survived; and

WHEREAS, there is no honor high enough to adequately acknowledge the gallant and noble service these crews provided both to their fellow soldiers and to this country; now therefore be it

RESOLVED, that AMVETS encourages every member of Congress to show some long-overdue recognition for these courageous and daring individuals who put the lives of their fellow soldiers before their own.

RESOLUTION 17 – 11

ENSURE THAT VETERANS CONTINUE TO RECEIVE FIRST CLASS ANESTHESIA SERVICES

WHEREAS, it has come to AMVETS' attention that the VA's draft nursing services handbook, which has been under review, proposes changes to VHA policies which would fundamentally and adversely impact the delivery of care to veterans; and

WHEREAS, the proposed policy change calls for the complete removal of physician anesthesiologists from VA surgical procedures and replacing them with solo-practice nurse anesthetists; and

WHEREAS, currently, and for many years previous, policies regarding anesthesia delivery within the VA health care system were governed by the Anesthesia Services Handbook, which mandates the use of a physician-led anesthesia care team; and

WHEREAS, AMVETS believes that the existing policies and system of anesthesia delivery in the VHA ensures our veterans get the safe, world- class anesthesia care they have earned and deserve; and

WHEREAS, this proposed change was formulated without the input of the VA's leading experts on anesthesia care, their own Chiefs of Anesthesiology; and

WHEREAS, doctors and nurses, while both critical for any healthcare delivery, are not interchangeable due to the vast differences in their education; and

WHEREAS, Congress has also expressed deep concerns regarding this policy change as evidenced by the 30 July 2015 letter to VA Sec. McDonald signed by seventeen Congressmen, which requested "further information on the timing and basis for this policy change and its implication on the safety of veterans during surgery." The letter points out an independent study (Mementsoudis et al 2012) which was published in the Journal of Clinical Anesthesia, "found the 'odds of unexpected disposition' were 80 percent higher when the anesthesia care was provided by a nurse anesthetist as opposed to a physician anesthesiologist; now therefore be it

RESOLVED, that AMVETS staunchly opposes any efforts to replace Anesthesiologists with solo-practice nurse anesthetists within the VA healthcare delivery system.

RESOLUTION 17 – 08

ALLOW HEARING AID SPECIALISTS TO PROVIDE HEARING AID SERVICES TO VETERANS AS VA PROVIDERS

WHEREAS, many of the wounded veterans who have returned from the conflicts in Iraq and Afghanistan sustained sensory injuries, including hearing loss and tinnitus, the treatment of which may require the use of hearing aids or other prosthetics to help those injured rebuild their lives, gain independence and restore their quality of life; and

WHEREAS, hearing health in this country is often overlooked and, while health, dental and vision insurance are readily available, coverage for hearing problems is harder to find and even harder to afford. The fact that auditory deficiencies are invisible, makes acknowledgement of their validity that much harder; and

WHEREAS, it's time to acknowledge and validate the needs of the ever-growing cohort of hearing impaired veterans, who will need to have lifelong access to hearing health technicians who can keep their prosthetics fine-tuned and working to their best ability; and

WHEREAS, since not every hearing related problem needs the highly specialized care of an Audiologist or an Otolaryngologist (ENT), the inclusion of Hearing Aid Specialists would help fill a void in the VA healthcare delivery system while simultaneously improving hearing healthcare access, service and outcomes for veterans; now therefore be it

RESOLVED, that AMVETS support legislation to encourage the addition of Hearing Aid Specialists in order to strengthen the VA's hearing health care team thereby:

- reducing treatment and follow up costs;
- shortening appointment wait times; and
- shortening veteran travel time by providing access in rural and urban settings.

RESOLUTION 17 – 12

INFORMED CONSENT—PUTTING VETERANS FIRST

WHEREAS, AMVETS believes that veterans need to be better informed by VA doctors about the side effects and available alternative therapies prior to prescribing any high-risk medications; and

WHEREAS, AMVETS believes that an informed patient is much more likely to fully comply with their doctor's instructions and much less likely to complain or be dissatisfied with their treatment and that having the veteran's 'buy-in' and clear understanding of any proposed risky medications, will not only provide much needed 'peace of mind' for the veteran and their family, but will be instrumental in the veteran's overall healing process; and

WHEREAS, the VHA Handbook already mandates that side effects and alternative treatments be explained to a veteran prior to deciding on a treatment plan for certain procedures; and

WHEREAS, this type of information is especially critical for veterans who may have additional physical and/or mental health concerns and may already be taking, or require, a number of dangerous medications; now therefore be it

RESOLVED, that AMVETS works to ensure that veterans receive adequate information regarding the risks and alternative treatments of any medications prescribed by VA physicians.

RESOLUTION 17 – 10

NEED FOR, AND IMPORTANCE OF, IMPROVED VA ACCOUNTABILITY

WHEREAS, in light of the ongoing VA health care and budget crises, it is more important than ever that we, as an organization and as concerned Americans, ensure that Congress provides the strongest oversight of all VA operations; and

WHEREAS, it is absolutely essential that all stakeholders not only keep cool heads, think creatively and work collaboratively, but that they keep our veterans and their needs at the forefront of every discussion, consideration and decision; and

WHEREAS, it is imperative that Congress, the VA and all Americans remember that the VA exists to serve the needs of veterans and not the other way around; and

WHEREAS, until each and every VA employee can be held accountable for their actions or lack thereof, the VA system will remain broken, unsatisfactory and unsafe; and

WHEREAS, the VA Secretary needs to have the power, when appropriate, to remove or demote VA employees based on performance or misconduct; now therefore be it

RESOLVED, that AMVETS ensures that Congress remains mindful that the health care obligations imposed by the sacrifices of our veterans continue to be met in a timely, professional and compassionate manner.

RESOLUTION 17 – 20

PROHIBIT BONUSES FOR VA EMPLOYEES

WHEREAS, the VA health care system continues to be embroiled in crisis after crisis to the detriment of our veterans; and

WHEREAS, until each and every VA employee can be held accountable for their actions or lack thereof, the VA system will remain broken, unsatisfactory and unsafe; and

WHEREAS, AMVETS has been, and continues to be, an outspoken advocate for VA accountability and reform; and

WHEREAS, AMVETS believes that only those employees who meet or exceed acceptable standards should be rewarded; now therefore be it

RESOLVED, AMVETS support legislation to prohibit VA employee bonuses until they can be fully justified.



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