

**REPORT OF THE NATIONAL CONVENTION
COMMITTEE ON
VETERANS AFFAIRS AND REHABILITATION**

Ralph P. Bozella (CO), CHAIRMAN

One hundred and eleven members of your Committee on Veterans Affairs and Rehabilitation met at 9:00 a.m. on 24, 2014, in Charlotte Convention Center, Room 213, Section D, Ballroom Level, Charlotte, North Carolina which is respectfully submitted for your consideration.

The Committee was called to order by Verna L. Jones (NC), Liaison Representative appointed by the National Adjutant to act as temporary chairman. Roscoe Butler (DC), Deputy Director for Healthcare, VA&R Commission, acted as temporary secretary and called the roll. A quorum being present, nominations were received for permanent chairman. Ralph P. Bozella (CO), Chairman of the Standing National Veterans Affairs and Rehabilitation Commission, was unanimously elected Chairman of the Convention Committee.

With unanimous consent, the Chairman appointed Phil Youngblood (GA), as Committee Secretary; Wendall Sandell (PA), Chairman of the Claims and Rating Subcommittee and Kelly Ackerman (MT), Secretary; Phil Youngblood (GA), Chairman of the Health Administration Committee, and Jeanette Rae (NV) as Secretary; Shuford Edmisten (NC) Chairman of the National Cemetery Committee, and Reverend Daniel Seehafer (WI), Secretary.

Subcommittee liaison assignments were as follows: Verna Jones (NC), Director, Veterans Affairs and Rehabilitation Division and Zachary Hearn (), Deputy Director for Claims and Rating and Roscoe Butler (DC), Deputy Director for Health Policy to Health Administration and Edward Lilley

(DC), Assistant Director for Health Policy to National Cemetery.

Historically a Special Department Service Officers Committee on Veterans Affairs and Rehabilitation Resolutions, in a preconvention meeting, screened and grouped the resolutions. A report of their action, with recommendations, was presented to the Convention Committee for consideration.

The Screening Committee conserved the time of the Convention Committee substantially. It was chaired by Ralph P. Bozella, Chairman of the Veterans Affairs and Rehabilitation Commission and was composed of the following Department Service Officers:

- REGION 1 – Gary W. Wayman (NH)**
- REGION 2 – Damon C. Christensen (KS) (Absent)**
- REGION 3 – Paul M. Sullivan (AL)**
- REGION 4 – James E. Fialkowski (WI)**
- REGION 5 – Thomas A. Weiss (OR)**

The Convention Committee recommended that such a Committee be appointed for this purpose to serve the Ninety-Sixth National Convention Committee on Veterans Affairs and Rehabilitation.

The 126 Veterans Affairs and Rehabilitation resolutions presented for the consideration of this Convention were referred by the Resolutions Assignment Committee. The following action on the resolutions was taken by the Convention Committee:

Approved or Approved w/Amendment	91
Consolidated with Resolutions Approved	20
Referred to the Standing Commission	7
Received and Recorded	2
Rejected	6

A motion was made and seconded to authorize the Chairman and Secretary to sign and deliver the report on the Convention Committee's behalf.

A report of action taken on the five (5) resolutions referred to the Standing National Veterans Affairs and Rehabilitation Commission will be made to the National Executive Committee and to the Adjutant of the Department concerned.

APPROVED RESOLUTIONS OR APPROVED WITH AMENDMENT

RESOLUTION NO.: 16

SUBJECT: Assured Funding for VA Medical Care

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs (VA) annual budget consists of both mandatory and discretionary funding; and

WHEREAS, Mandatory funding refers to a process where the level of funding is governed by formulas or criteria set forth in authorizing legislation rather than by appropriations; and

WHEREAS, Under budget law, a mandatory program is one that requires provision of benefits to all who meet the eligibility requirements of the law; and

WHEREAS, Mandatory funding is provided for programs such as Social Security, Medicare and VA compensation and pension; and

WHEREAS, In contrast, discretionary funding is "all other" funding subject to the annual appropriations process; and

WHEREAS, Discretionary funding in VA's current annual budget provides for programs such as medical care, major and minor construction, National Cemetery Administration, State Extended Care Facility Grants, and State Cemetery Grants; and

WHEREAS, There have been annual struggles to obtain sufficient funding to provide access to quality care for eligible veterans seeking care in VA facilities; and

WHEREAS, A method to provide dependable, stable and sustained funding for veterans health care is needed; and

WHEREAS, Assured (mandated) funding is one component of a combination of funding mechanisms to ensure adequate Veterans Health Administration (VHA) funding; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That Congress designate assured funding for VA medical care; and, be it further

RESOLVED, That Congress continue to provide discretionary funding required to fully operate other programs within the Veterans Health Administration's budgetary jurisdiction; and, be it finally

RESOLVED, That Congress provide, if necessary, supplemental appropriations for budgetary shortfalls in VHA's mandated and discretionary appropriations to meet the health care needs of America's veterans.

RESOLUTION NO.: 17

SUBJECT: Amend Title 38, United States Code, to Increase the Special Monthly Compensation (K) Award

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 258 (IL) and Resolution No. 260 (IL)

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Title 38, United States Code (USC), section 1114, provides for the payment of disability compensation for a service-connected disability, which is rated from ten percent to one hundred percent under the Department of Veterans Affairs' (VA) Schedule for Rating Disabilities for the particular disability; and

WHEREAS, An additional \$99 in Special Monthly Compensation (SMC) is payable, under title 38, USC, section 1114 (k), where a veteran, as the result of a service-connected disability, has suffered the anatomical loss or loss of use of one or more creative organs, or one foot, or one hand, both buttocks, or blindness in one eye and having only light perception in the other eye, or rendered unable to speak, or deafness in both ears, or in the case of a female veteran, suffered the anatomical loss of one or both breasts, including by mastectomy; and

WHEREAS, The SMC (k) award, which is paid over and above the amount of compensation authorized under title 38, USC, section 1114, for these losses or loss-of-use disabilities, is intended to recognize the lifelong physical limitations and psychological trauma associated with such loss or loss of use of the veterans' limbs or other body parts; and

WHEREAS, In contrast to regular increases in the rates of disability compensation through the years, the SMC (k) award, which was initially authorized in 1939, has been increased infrequently; and

WHEREAS, In 1939, the SMC (k) award was originally \$18.75 when the rate of compensation for being totally or one-hundred percent disabled was \$75; and

WHEREAS, To restore the original twenty-five percent (25%) differential that existed in 1939 between the amount of the (k) award and the compensation rate for being totally or one-hundred percent disabled, the SMC (k) award should be increased to \$692; and

WHEREAS, A male veteran may suffer from erectile dysfunction (E.D.) due to an injury they receive while on active duty; and

WHEREAS, Male veterans may also suffer from E.D. due to a service-connected medical condition such as diabetes or hypertension and/or due to a side effect of medication(s) prescribed for a service-connected condition; and

WHEREAS, Male veterans may also suffer from E.D. due to a side effect of medication prescribed for a service-connected illness; and

WHEREAS, Male veterans may resort to prescription drugs such as Viagra and Cialis to address this problem; and

WHEREAS, Under the current Schedule of Rating Decisions that the VA uses, a male veteran who suffers from E. D. due to a service-related injury or due to medication prescribed for a service-related condition becomes eligible for Special Monthly Compensation K; and

WHEREAS, Females now make up close to 20% of the military services and they too will suffer injuries or illnesses which will result in painful or difficult sexual intercourse; and

WHEREAS, This sexual dysfunction in females may include insufficient vaginal lubrication due to depression, pregnancy, stress

and fatigue, painful intercourse due to endometriosis, pelvic mass, ovarian cysts, and scarring from surgery, to name a few; and

WHEREAS, Female veterans can sometimes treat these problems with medication, counseling and hormone therapy; and

WHEREAS, There is no corresponding SMC (k) provision for veterans who suffer from female sexual dysfunction and they can only receive this SMC (k) rate if they actually lose their creative organs or a portion of their breast; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the Department of Veterans Affairs (VA) to amend its current regulation for Special Monthly Compensation (SMC) (k) to include females who suffer sexual dysfunction to be able to obtain this SMC (k) rate similar to that awarded male veterans; and be it further

RESOLVED, That The American Legion support an increase in the SMC (k) award, under title 38, USC, section 1114(k) to at least \$692; and be it finally

RESOLVED, That The American Legion urge the evaluation of all SMC awards under Title 38 USC, Section 1114 to ensure that veterans are being fairly compensated for their sacrifices.

RESOLUTION NO.: 18

SUBJECT: Department of Veterans Affairs Disability Compensation

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The current disability compensation program has proven to be a fair and equitable manner in which to indemnify veterans suffering disabilities that are incurred or aggravated in line of duty in the military, naval, or air service; and

WHEREAS, The American Legion is totally supportive of every benefit that is currently provided to veterans for their past contributions to their country and its welfare; and

WHEREAS, Disability compensation is a monthly payment made by the Department of Veterans Affairs (VA) based on a schedule of ratings of reduction in earning capacity from specific injuries as set forth in title 38, Code of Federal Regulations; and

WHEREAS, It is the opinion of The American Legion that there is no way to adequately compensate a veteran for loss of ability to be a working, productive member of society, and that the current monthly rates do not adequately compensate these disabled veterans for the loss due to reduced earning capacity; and

WHEREAS, The American Legion believes Congress should periodically review the amount of disability compensation veterans are receiving and provide a cost-of-living adjustment (COLA) to assure they have sufficient economic support; and

WHEREAS, Periodically, proposals are made to tax VA disability compensation benefits; and

WHEREAS, Taxation of these benefits would amount to nothing more than a permanent, enduring reduction in benefits and would demean the sacrifice and service of our nation's service-connected disabled veteran population; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, The American Legion vigorously oppose any proposal

that would subject VA disability compensation benefits to taxation; and, be it further

RESOLVED, That The American Legion oppose any administrative or legislative proposal to dilute or eliminate any provision of the disability compensation program; and, be it further

RESOLVED, That The American Legion support legislation to amend title 38, United States Code, section 1114, to provide a periodic COLA increase and to increase the monthly rates of disability compensation; and, be it finally

RESOLVED, That The American Legion oppose any legislative effort to automatically index such cost-of-living adjustments to the cost-of-living adjustment authorized for Social Security recipients, non-service connected disability recipients and death pension beneficiaries.

RESOLUTION NO.: 19

SUBJECT: Extend the Filing Period of an Appeal Notice to the Court of Veterans Appeals for Veterans Claims

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 253 (IL)

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, Under current laws claimants who have been denied VA benefits or receive only a partial grant of the benefit sought have up to one year from the notice of a VA decision to file an appeal to the Board of Veterans Appeals (BVA); and

WHEREAS, if the BVA also denies the benefit sought the claimant must file within 120 days to the United States Court of Appeals for Veterans Claims (CAVC); and

WHEREAS, The CAVC lacks statutory authority to waive the 120 day period for filing with them; and

WHEREAS, Veterans, their spouses and other claimants can become discouraged, or are not effectively represented, or may require more time to perfect their appeal to the CAVC; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 25, 26, 27, 2014, That The American Legion shall support legislation to extend the Court of Appeals for Veterans Claims Notice of Appeal filing period to one year following Board of Veterans' Appeals (BVA) final denial of an appeal.

RESOLUTION NO.: 20

SUBJECT: Presumptive Conditions for Former Prisoners of War

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, In its interest for the welfare of all those who have served in the nation's Armed Forces, one of the major concerns of

The American Legion has been the welfare of those who have been prisoners of war (POWs); and

WHEREAS, The American Legion has supported various legislative measures intended to alleviate the disabilities that afflict former POWs as a result of experience during internment; and

WHEREAS, In the past, The American Legion supported enactment of Public Law 97-37, the Former Prisoners of War Benefits Act of 1981, approved August 14, 1981, and the presumptions included in Public Law 100-322; and

WHEREAS, Continued scientific observation of their condition during the years subsequent to their internment indicates additional health problems probably associated with the conditions of their internment; and

WHEREAS, The United States has a fundamental obligation to do everything possible to alleviate any and all health problems of former POWs and see to their physical, social, and economic well-being; and

WHEREAS, The American Legion believes there is a need to further modify the current provisions of title 38, United States Code, that provide for former POWs; now, therefore, be it

RESOVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall support legislation to amend section 1112 of title 38, United States Code, so as to provide presumptive service connection for the following conditions in the absence of demonstrable inter-current disease or injury:

- 1. Hepatitis or other infectious diseases of the liver;**
- 2. Arthritis, including osteoporosis;**

3. Chronic pulmonary disease (where there is a history of forced labor in mines during internment);

4. Chronic liver disease;

5. Adult-onset diabetes; and, be it further

RESOLVED, That The American Legion seek legislation to be enacted to rescind the requirement in section 1112(b) of title 38, United States Code, that a POW must be held in captivity for at least 30 days to receive benefits and compensation for any presumptive disabilities, specified in that section, that were incurred in captivity; and, be it finally

RESOLVED, That The American Legion shall support any and all efforts on the part of the United States government to alleviate and ameliorate social, economic, and physical disabilities experienced by former POWs where such disabilities can reasonably be attributed to the effects of internment by the enemies of the United States.

RESOLUTION NO.: 21

**SUBJECT: State Veteran Home Per Diem
Reimbursement**

Origin: Department of Georgia

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, State Veterans Homes were founded in the late 1800s for indigent and disabled Civil War veterans and continue to serve generations of veterans today; and

WHEREAS, Title 38, United States Code (U.S.C.) Subchapter V – Payment to State Homes authorizes the Department of Veterans Affairs (VA) to pay per diems for care in State Veterans Homes to those veterans with a 70 percent or greater service-connection rating or any veteran in need of such care for a service-connected disability ; and

WHEREAS, A Government Accountability Office (GAO) Report 06-264 in March, 2006, *Data Gaps Impede Strategic Planning for and Oversight of State Veterans’ Nursing Homes*, identified that certain aspects of VA’s per diem reimbursement policy had not been applied consistently and VA headquarters officials have not been consistent in explaining to VA Medical Centers whether they could approve reimbursement to state veterans’ nursing homes for care provided to veterans; and

WHEREAS, Public Law (P.L.) 109-461, Veterans Benefits, Health Care, and Information Technology Act of 2006, authorized the Secretary of VA to publish a Strategic Plan for Long-Term Care for VA to include specific plans for working with Medicare, Medicaid, and private insurance companies to expand the availability of such long-term care, which included State Veterans Homes; and

WHEREAS, In response to the P.L. 109-461 in August 2007, VA submitted the long-term care strategic plan to Congress with the effective dates through Fiscal Year (FY) 2013; and

WHEREAS, A GAO Report 09-145 in January, 2009, *Long-Term Care Strategic Planning and Budgeting Need Improvement*, reported that, “many veterans who need long-term care do not receive it from VA, but instead receive care from other providers that is financed by programs such as Medicaid, Medicare, private health or long-term care insurance, or self-financing by the patients”; and

WHEREAS, GAO Report 09-145 concluded as a result, in VA's long-term care strategic planning, determining future workload is a multi-step process requiring estimating the number of veterans who will need long-term care, the number of those veterans seeking care through the VA and the number of veterans VA will serve, which is expected to increase by 167 percent between FY 2007 and 2013 and that VA provided unrealistic cost assumptions and workloads in its FY 2009 budget submission; and

WHEREAS, VA pays State Veterans Homes a per diem that covers approximately one-third of the cost of providing these services to eligible veterans, which is less than the actual daily cost of care provided by Medicare/Medicaid rate; and

WHEREAS, The American Legion has supported enactment of legislation to require VA per diem payments be at a rate of 50 percent of the national average cost of providing care in State Veterans Homes, to increase the VA per diem rate closer to the Medicare/Medicaid rate; and

WHEREAS, In September 2009, The National Association of State Veterans Homes (NASVH) and State Directors of Veterans Affairs (NASDVA), recommended that Congress pass a clarifying amendment to P.L. 109-461 to postpone the mandatory implementation of the VA per diem program due to the lower cost of VA's per diem amount, compared to the Medicare/Medicaid rate which would shift all the cost burden on the State Veteran Home operating budget; and

WHEREAS, The American Legion remains concerned that Congress has not provided clarification of Public Law (P.L.) 109-461 and VA has not factually reported its planning workload projections to assist State Veterans Homes budgets; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28,

2014, That The American Legion support legislation to amend Title 38, United States Code (U.S.C.) to provide clarification to the State Veterans Home, Centers for Medicare and Medicaid Services (CMS) and the Department of Veterans Affairs (VA) per diem reimbursements; and, be it further

RESOLVED, That The American Legion support legislation to increase VA per diem payments to a rate of 50 percent of the national average cost of providing care in a State Veterans Home to more closely align to the Medicaid/Medicare rate; and, be it finally

RESOLVED, That VA accurately report its planning workload projections and budget submissions in future fiscal years to account for the 167 percent increase in long-term care workload identified by the Government Accountability Office (GAO).

RESOLUTION NO.: 22

SUBJECT: National Cemetery Administration

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs (VA) National Cemetery Administration (NCA) was established by Congress and approved by President Abraham Lincoln in 1862 to provide for the proper burial and registration of graves of Civil War dead; and

WHEREAS, NCA is currently comprised of 131 national cemeteries in 39 states and Puerto Rico, as well as, 33 soldiers' lots and monuments; and

WHEREAS, More than 3 million Americans including veterans of every war and conflict are buried in VA's national cemeteries; and

WHEREAS, More than 24 million veterans and Reservists and National Guard members have earned the honor of burial in a national cemetery; and

WHEREAS, Annual internments in national cemeteries have annually increased and are projected to increase for the next several years due to an aging veteran population; and

WHEREAS, Appropriate land acquisition is a key component to providing continued accessibility to burial options; and

WHEREAS, Operations, maintenance, renovation, and construction funding must continually be adjusted to reflect the true requirements of the National Cemetery Administration; and

WHEREAS, NCA administers a program of grants to states, U.S. territories, and federally recognized tribal governments to assist them in establishing or improving state-operated veterans cemeteries in locations where there are no nearby national cemeteries; and

WHEREAS, Congress must provide sufficient major construction appropriations to permit NCA to accomplish its stated goal of ensuring that burial in a national or state cemetery is a realistic option by locating cemeteries within 75 miles of ninety percent of all veterans; and

WHEREAS, In addition to providing a grave site, NCA provides a headstone or marker, a Presidential Memorial certificate, a U.S. Flag, Medallion, and perpetual care for the grave; and

WHEREAS, The 1990 Omnibus Budget Reconciliation Act eliminated the then-headstone allowance of \$85, which was paid to all eligible veterans in lieu of a government-provided headstone or

marker and now directly provides a standard government headstone or grave marker to eligible veterans anywhere in the world; and

WHEREAS, VA pays a burial allowance of \$2,000 for veterans who die of service-related causes. For veterans who were receiving VA compensation or pension, VA pays \$722 for burial and funeral expenses and \$722 for a plot; and

WHEREAS, The plot allowance would still be payable to state veterans cemeteries; and

WHEREAS, If a veteran passes away in a Department of Veterans Affairs hospital, nursing home, or domiciliary, or in an institution at which the individual was receiving hospital or nursing care at the expense of the United States at the time of death, VA will pay for the cost of transporting the remains to the place of burial; however, a veteran who passes away in a State Veterans Home is not allowed transportation cost for the remains to the place of burial by VA; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support the establishment of additional national and state veterans cemeteries and columbaria wherever a need for them is apparent and petition Congress to provide required operations and construction funding to ensure Department of Veterans Affairs (VA) burial in a national or state veterans cemetery is a realistic option for veterans and their eligible dependents; and, be it further

RESOLVED, That The American Legion shall sponsor and support legislation to return the burial allowances and burial plot allowance to all veterans who served during a time of war or conflict; and, be it further

RESOLVED, That the burial allowance for veterans now eligible under 38 United States Code (USC) § 2302 and 2303 be increased from \$722 to at least \$1500; and, be it further

RESOLVED, That the burial allowance for veterans who died as a result of a service-connected condition as set forth in 38 USC § 2307 be increased from \$2000 to at least \$4000; and, be it further

RESOLVED, That VA be required to annually adjust burial allowances and burial plot allowance for inflation by tying the increased allowances to the Consumer Price Index; and, be it further

RESOLVED, That The American Legion should support legislation for the restoration of the pre-1990 Omnibus Budget Reconciliation Act criteria to provide eligibility for a government-furnished headstone or marker allowance and restoration of the burial plot allowance for all honorably discharged veterans; and, be it finally

RESOLVED, That The American Legion support action to provide, when an eligible veteran, dies in a state veterans hospital or nursing home, the Secretary of Veterans Affairs shall pay for the cost of transporting the remains to the place of burial determined by the family.

RESOLUTION NO.: 23

**SUBJECT: The Department of Veterans Affairs
Dental Care**

Origin: Department of Georgia

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, This great organization was based upon comradeship born of wartime service and dedicated to fair and equitable treatment of all veterans and their dependents; and

WHEREAS, The American Legion recognizes that oral health is integral to the general health and well-being of a patient and is part of comprehensive health care; and

WHEREAS, The Department of Veterans Affairs (VA) healthcare system is mandated under Section 1712, Title 38, United States Code, to provide outpatient dental services to veterans rated 100% service-connected, to veterans held Prisoner-of-War, or to those who have sustained dental trauma in performance of military service; and

WHEREAS, Section 1710, Title 38, United States Code, authorizes VA to provide hospital care and medical services to any veteran for a service-connected disability or a veteran who has a service-connected disability rated at 50% or greater; and

WHEREAS, A dental condition is a medical condition which can impact on all other medical conditions; and

WHEREAS, VA currently provides dental services throughout the VA health care system; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion supports legislation to amend Title 38, United States Code, Section 1712, to provide outpatient dental care to all enrolled veterans.

RESOLUTION NO.: 24

SUBJECT: The Department of Veterans Affairs' Role in National Emergency Preparedness

Origin: Department of Georgia

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Under title 38, United States Code (U.S.C.), 8111A, the Department of Veterans Affairs (VA) has been established as the principal medical care back-up for military health care “during and immediately following a period of war, or a period of national emergency declared by the President or the Congress that involves the use of the Armed Forces in armed conflict”; and

WHEREAS, Under the National Disaster Medical System (NDMS) and the Federal Response Plan (FRP) VA’s specialized duties entail conducting and evaluating disaster and terrorist attack simulation exercises; managing the nation’s stockpile of pharmaceuticals for biological and chemical toxins; maintaining a rapid response team for radiological releases; and training public and private NDMS medical center personnel around the country in properly responding to biological, chemical, or radiological disasters; and

WHEREAS, The VA Strategic Plan for 2014-2020 lists as an objective, “Ensure Preparedness to Provide Services and Protect People and Assets Continuously and in Time of Crisis”; and

WHEREAS, If VA is to play a key supporting role as part of the FRP and the NDMS, it must have adequate resources to execute its role; and

WHEREAS, The Strategic Capital Investment Planning (SCIP) process was designed to ensure that VA’s capital infrastructure meets the needs of veterans for health care services in 2011 and beyond; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the Department of Veterans Affairs' (VA's) implementation of the SCIP decision must take into consideration and sustain VA's ability to perform its fourth mission as a back up to the Department of Defense; and, be it further

RESOLVED, That The American Legion urges the Secretary of Veterans Affairs to continue to take an active role in the development and implementation of plans to enhance Federal homeland security initiatives; and, be it finally

RESOLVED, That The American Legion strongly urges Congress to provide VA with the funding necessary to further enhance its capacity to act as a back-up to the Department of Defense in times of war and to the Federal Emergency Management Agency (FEMA) in responding to national emergencies.

RESOLUTION NO.: 25

SUBJECT: United States Census to Include Veterans Information

Origin: Department of Utah

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidate with Resolution No. 246 (IL)

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, For over 225 years our brave men and women
have served this
country in the Armed Forces of the United States; and

WHEREAS, every ten years the U.S. Census is taken and does
not ask U.S. Citizens
to identify if they have served in the active military, national guard
or reserves; and

WHEREAS, Veterans benefits, e.g. National Cemeteries,
Community Based
Outpatient Clinics, are allocated to states based on Veterans
population which is
currently estimated based on sampling; and

WHEREAS, Each census therefore does not accurately reflect
true veterans,
national guard and reserve populations in this country and as a
result inaccuracies
exist; and

WHEREAS, This is a disservice to the men and women who
have served out
country in times peace and war; now, therefore, be it

**RESOLVED, By The American Legion in National
Convention assembled in
Charlotte, North Carolina, August 26, 27, 28, 2014, That The
American Legion
strongly support any legislation that mandates the U.S. Census
Bureau to include
veteran, national guard and reserve data on any future census.**

RESOLUTION NO.: 30

SUBJECT: Project Shipboard Hazard and Defense

Origin: Department of Montana

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Project SHAD, an acronym for Shipboard Hazard and Defense, was part of a larger effort called Project 112, was allegedly conducted during 1962 and 1973; and

WHEREAS, The project started under John F. Kennedy's administration, and was authorized by his Secretary of Defense, Robert McNamara, as part of a total review of the US military; and

WHEREAS, The exact number of participants is unknown but it is estimated that more than 6,000 military personnel, mostly Navy and Marine personnel, participated in a series of tests of U.S. warship vulnerability to biological and chemical warfare agents without their knowledge; and

WHEREAS, In September 2002, the Institute of Medicine (IOM) agreed to undertake a scientific study, funded by the VA, of potential long-term health effects of participation in Project SHAD; and

WHEREAS, Participants also reported statistically significantly worse health than controls; and

WHEREAS, Comparing all Project SHAD participants versus all controls, heart disease deaths showed a statistically significant increase; and

WHEREAS, The Department of Veterans Affairs manual states "Veterans Affairs Disability compensation is a monetary benefit paid to Veterans who are disabled by an injury or illness that was incurred or aggravated during active

military service. These disabilities are considered to be service connected;” and

WHEREAS, Participants in project SHAD have been diagnosed and treated by the department of Veterans Affairs without any monetary compensation; now, therefore be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the Department of Veterans Affairs accept the illnesses caused by involvement in PROJECT SHAD be classified as service connected and provide just compensation to those veterans for their disabilities; and, be it finally

RESOLVED, That The American Legion National organization, on behalf of military personnel involved in any way with PROJECT SHAD, demand the Department of Veterans Affairs accept the fact that these members of the armed forces were unwittingly exposed to life threatening chemical and/or biological agents while in active military service and are suffering or have suffered now and prior to their death from exposure to these agents, be listed as presumptive causes of their illnesses or death.

RESOLUTION NO.: 31

SUBJECT: Prevent Exploitation of Veterans and Family Members Applying for Benefits, to Include Aid and Attendance

Origin: Department of Utah

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Veterans and Widows of Veterans qualify for Aid and Attendance and Pension benefits with the U.S. Department of Veterans Affairs and;

WHEREAS, there are groups or individuals that charge Veterans and their families to file for these benefits some as much as \$2,000 dollars and as a result have turned claims assistance in this area into a profit center and;

WHEREAS, this practice allows the exploitation of our senior Veterans and their families and;

WHEREAS, Veterans Service Organizations, the U.S. Department of Veterans, State Veterans Offices and County Veterans Service Officers all provide claims assistance without charge and;

WHEREAS, it is critical that our Veterans and their families be protected from those seeking to profit from claims assistance in this area; now, therefore be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the American Legion goes on record urging the U.S. Department of Veterans Affairs and the Congress to tighten current laws that prohibit the practice or charging Veterans or their families for claims assistance and be it finally

RESOLVED, That the National Organization support all efforts by Congress to “criminalize” the practice of charging veterans for claims assistance and creating a for profit business based on these practices.

RESOLUTION NO.: 35

SUBJECT: Oppose any Reductions to the Department of Veterans Affairs' Budget Due to Sequestration

Origin: Department of Kentucky

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The failure of the bipartisan Congressional Joint Select Committee on Deficit Reduction, or "supercommittee" in 2011 resulted in automatic spending cuts, known as "sequestration", which took effect in 2012; and

WHEREAS, In an April 23, 2012 letter to the Government Accountability Office (GAO), the Office of Management and Budget (OMB) made it clear that "all programs administered by the Department of Veterans Affairs (VA), including Veterans' Medical Care, are exempt from 'sequestration' under provisions of the Balanced Budget and Emergency Deficit Control Act of 1985"; and

WHEREAS, According to the Congressional Research Service (CRS) Report on "Budget 'Sequestration' and Selected Program Exemptions and Special Rules", "the Budget Control Act (BCA) requires that \$109 billion in spending – divided equally between defense and nondefense must be reduced in FY 2014 (and each subsequent fiscal year through FY 2021) – with lowering the discretionary spending limits by about \$91 billion and sequestering \$18 billion in nonexempt mandatory spending"; and

WHEREAS, The lowering of discretionary spending limits or sequestration will have a detrimental impact on VA's budget and ability to properly care for and treat our nation's veterans; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion oppose any effort through the Administration, members of Congress or Department of

Veterans Affairs (VA) proposal, policy or law to reduce VA's budget due to sequestration; and, be it finally

RESOLVED, That The American Legion urge Congress to enact legislation to provide a permanent exemption for VA's Veterans Health Administration, Veterans Benefits Administration and National Cemetery Administrations' mandatory and discretionary programs.

RESOLUTION NO.: 36

SUBJECT: Department of Veterans Affairs Child Care Programs

Origin: Department of Kentucky

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs' (VA) mission is to provide for those who have borne the battle; and

WHEREAS, The veteran should not be penalized in receiving access to health care because they have children; and

WHEREAS, In 2010, the VA was granted authority under the Caregivers and Veterans Omnibus Health Services Act of 2010, Public Law 111-163, Section 205, to carry out a two-year pilot program to assess the provision of care for the children of qualified veterans; and

WHEREAS, The program was officially launched in October 2011 at three VA Medical Centers in Buffalo and Northport New York and American Lake (Tacoma), Washington; and

WHEREAS, Upon completion of the pilot program a report will be submitted to Congress on the finding, recommendations, and conclusions for the continuation of the program; and

WHEREAS, The VA would need Congress to provide an extension of authority in order to continue providing child care services beyond the two-year pilot; and

WHEREAS, A memorandum VAOPGCADV 7-2009, from the VA Office of The General Counsel provided a legal opinion on the authority to provide child-care for Veterans Health Administration (VHA) patients, which addressed the legal barriers that prevent VA from providing child-care for VHA patients when the patients have appointments at a VHA facility; and

WHEREAS, The VA is not authorized to operate child-care facilities for VHA patients; and

WHEREAS, VA may provide child-care services in VHA facilities only if Congress expressly granted that authority to VA and/ or if child-care is “included by necessary implication” in the authority granted VA; and

WHEREAS, Currently, no statute authorizes VHA or VA in general to provide child-care at VHA facilities; and

WHEREAS, However, Congress has authorized VA to operate child-care centers to benefit VA employees and Federal government employees such as The Department of Defense stated; and

WHEREAS, Under 38 U.S.C. 1701 (6) the words “medical services” includes inter alia, examination, treatment, rehabilitative services, and other services such as surgical, dental, optometric, and preventive health services; and

WHEREAS, Hospital care is defined as medical services rendered in the course of the hospitalization of any veteran; and

WHEREAS, Hospital care also includes other supplies or services as the Secretary of Veterans Affairs determines to be reasonable and necessary; and

WHEREAS, Under 1701 (6) (F) medical services is directly related to the medical care of the veteran such as wheelchairs and clothing to accommodate prostheses; and

WHEREAS, The memorandum concluded that it would be unreasonable to conclude that child-care may constitute a service that the Secretary of Veterans Affairs could make available; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to pass legislation to provide child care services to veterans with children in order for the veteran to receive access to the quality care that they have earned.

RESOLUTION NO.: 37

SUBJECT: Department of Veterans Affairs Rural Healthcare Program

Origin: Department of Kentucky

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 286 (ID)

WHEREAS, One out of every three veterans treated by the Department of Veterans Affairs (VA) lives in rural communities; and

WHEREAS, Rural veterans have been underserved due to a lack of access to health care, which can be attributed to greater travel barriers and a lack of public transportation; and

WHEREAS, Although VA has established access standards, the standards and definition of rural and highly rural veterans do not take into account the distance and driving time it takes for veterans to be provided with VA care; and

WHEREAS, Rural Health Consultants (RHCs) are located and fall under the Veteran Integrated Service Networks (VISNs), which leads to additional collateral duties, inconsistent with the schedules, ultimately distracting RHCs from needed outreach to facilities within their VISN; and

WHEREAS, The Rural Health Resource Center (RHRC) is advisory in nature and primarily conducts research without providing direct resources to rural veterans or outreach; and

WHEREAS, VA Medical Centers in rural areas have concerns in recruiting and retaining qualified medical and clinical providers, in many cases rural areas do not have attractive resources for medical providers; and

WHEREAS, While the development of Community-Based Outpatient Clinics (CBOCs) have increased access to healthcare for veterans in rural areas, communication between the CBOCs and medical centers have decreased, creating communication and managerial difficulties; and

WHEREAS, Telehealth services have more than doubled in the last four years, creating more access to healthcare for rural

veterans, however, space and bandwidth limit the level of service and number of veterans the VA can serve; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the Department of Veterans Affairs (VA) to develop its own definition of rural and highly rural veterans, and not based on the Census Bureau's, but on access and driving times; and, be it further

RESOLVED, That The American Legion urge Office of Rural Health (ORH) to centralize and consolidate the Rural Health Consultants (RHC) under the ORH; and, be it further

RESOLVED, That The American Legion urge ORH to ensure Rural Health Resource Centers provide service to rural veterans from surveys, national hotline and connecting veterans living in rural communities with providers; and, be it further

RESOLVED, That The American Legion urge Congress to develop a recruitment and retention strategy to incentivize medical providers to practice in rural communities; and, be it further

RESOLVED, That The American Legion urge Congress to ensure each Community-Based Outpatient Clinic (CBOC) has adequate staff and direct communication between the CBOC's and medical center's RHC; and, be it finally

RESOLVED, That The American Legion urge the ORH to search for opportunities to expand telehealth services by collaborating with local offices in rural areas that can share space.

RESOLUTION NO.: 65

SUBJECT: Veterans Discount on Federally Funded Public Transportation

Origin: Department of Colorado

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Currently, transit systems whom are recipients of the Urbanized Area Formula Grants are required to provide discounted rates to senior citizens and disabled persons; and

WHEREAS, In accordance with Section 101 of Title 38, United States Code (U.S.C.), the term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable; and

WHEREAS, Title 49, Urbanized Formula Grants, requires the development of transportation policies and programs that contribute to providing fast, safe, efficient, and convenient transportation at the lowest cost consistent with those and other national objectives, including the efficient use and conservation of the resources of the United States; and

WHEREAS, Section 5307(d) (1) (D) currently states that elderly and handicapped individuals, or an individual presenting a Medicare card issued to that individual under title II or XVIII of the Social Security Act (42 U.S.C. 401 et seq., 1395 et seq.), will be charged during non-peak hours for transportation using or involving a facility or equipment of a project financed under this section not more than 50 percent of the peak hour fare; and

WHEREAS, There is a wide disparity of travel discounts available to veteran riders of public transportation, and offering a uniform discount policy will encourage more veterans to use public transportation; and

WHEREAS, By virtue of their service and sacrifices for this nation, veterans should be offered the same discounts offered to other recognized groups; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to amend the Urbanized Area Formula Grants in Section 5307(d)(1)(D) of title 49, United States Code (U.S.C.) to include the term veteran as defined by section 101 of title 38 U.S.C, which would allow veterans to be charged the same rate for non-peak hour transportation using or involving a facility or equipment of a project financed under this section that is not more than 50 percent of the peak hour fare.

RESOLUTION NO.: 66

SUBJECT: Department of Veterans Affairs Means Test

Origin: Department of Colorado

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Public Law 107-135, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, directed VA to implement a Geographic Means Test (GMT); and

WHEREAS, VA uses the Department of Housing and Urban Development's (HUD's) "low-income" geographic-based income limits as the thresholds for VA's GMT; and

WHEREAS, Congress established Priority Groups within the VA to prioritize access to VA health care; and

WHEREAS, The Secretary of the VA authorized suspension of new enrollment of Priority Group 8 veterans in January 2003; and

WHEREAS, Using the adjusted gross income may reclassify them as a Priority Group 7, thus allowing enrollment into VA; and

WHEREAS, Using the adjusted gross income may reclassify Priority Group 7 veterans as Priority Group 5 veterans; and

WHEREAS, The eligibility requirement for enrollment in Priority Group 5 or 7 for veterans to receive health care services provided by VHA is based on income; and

WHEREAS, The income for the Means Test is based on gross income, not adjusted gross income; and

WHEREAS, All other Federal agencies have eligibility on adjusted gross income; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support legislation to change Department of Veterans Affairs (VA) Means Test policy to allow adjusted gross income to be used for the eligibility criteria in Priority Groups 5, 7, and 8.

RESOLUTION NO.: 67

SUBJECT: Military Sexual Trauma

Origin: Department of Colorado

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Military Sexual Trauma (MST) impacts thousands of brave men and women in the Armed Forces; and

WHEREAS, In FY2010, Department of Defense (DoD) estimated that only 13.5 percent of MST incidents were reported; and

WHEREAS, In addition, reporting of MST is frequently followed by a lackluster investigation and prosecution, with many resulting in administrative or dishonorable discharge rather than Uniform Code of Military Justice prosecution; and

WHEREAS, DoD does not have a policy of permanently maintaining files of reported incidents of MST, creating evidentiary roadblocks for future Department of Veterans Affairs (VA) claims; and

WHEREAS, A history of MST has correlations to many health and economic consequences, including PTSD, sexually transmitted infections, homelessness, and substance abuse; and

WHEREAS, According to a 2010 report published by the VA Office of Inspector General (OIG), entitled “Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits,” Women Veterans Coordinators (WVCs) are frequently underutilized due to lack of public awareness of the services and assistance provided by WVCs; and

WHEREAS, According to the same OIG report, women veterans are disproportionately granted Post Traumatic Stress Disorder (PTSD) claims based on MST; for instance, 9 percent of PTSD claims granted to women veterans by Veterans Benefits Administration (VBA) were on the basis of MST, compared to only 0.1 percent of male veterans; and

WHEREAS, MST claims and treatment involve delicate, sensitive emotional issues; and

WHEREAS, VBA lacks a complete assessment of its system-wide MST-related workload and outcomes, without which it cannot determine if additional MST-specific training and testing is necessary; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the Department of Defense (DoD) to improve its investigation and prosecution of reported cases of Military Sexual Trauma (MST) to be on par with the civilian system; and, be it further

RESOLVED, That The American Legion urge the DOD to examine the underreporting of MST and to permanently maintain records of reported MST allegations, thereby expanding victims' access to documented evidence which is necessary for future Department of Veterans Affairs (VA) claims; and, be it further

RESOLVED, That The American Legion urge the VA to ensure that all VA medical centers, vet centers, and community-based outpatient clinics employ a MST counselor too oversee the screening and treatment referral process, and to continue universal screening of all veterans for a history of MST; and, be it further

RESOLVED, That The American Legion urge the VA to review military personnel files in all MST claims and apply reduced criteria to MST-related PTSD to match that of combat-related PTSD; and, be it further

RESOLVED, That The American Legion urge the VA to employ additional Women Veterans Coordinators (WVCs) and to provide MST sensitivity training to claims processors and WVCs; and, be it finally

RESOLVED, That The American Legion urge the VA to conduct an analysis of MST claims volume, assess the consistency of how these claims are adjudicated, and determine the need, if any, for additional training and testing on processing of these claims.

RESOLUTION NO.: 68

SUBJECT: WWII Veterans Hospital and Medical Entitlements

Origin: Department of Colorado

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No: 161 (MD) and 249 (IL)

WHEREAS, The American Legion strongly supports the extension of U.S. Department of Veterans Affairs Health Benefits to include all U.S. Veterans; and

WHEREAS, Title 38, United States Code (U.S.C.), Chapter 17, Sect. 1710 (a) (2) (e) requires the Secretary of Veterans Affairs to furnish needed hospital care and medical services without regards to the other VA eligibility requirements to Veterans of the Mexican border period or of WWI; and

WHEREAS, Only a small number of WWI veterans and none from the Mexican border period are alive today; and

WHEREAS, The veterans of WWII have served our country honorably both in the war and as exemplary citizens of our great nation and are reaching an age when such medical services are needed similar to those granted WWI and Mexican border period veterans in the aforementioned law; and

WHEREAS, The current medical services provided to the WWII veterans by VA is based on a category and/or an income means test and proves difficult for these aging veterans to complete as well as being cumbersome for VA to apply and thus prevents some WWII veterans from accessing those services; and

WHEREAS, The funds the VA spends to apply this bureaucratic means test procedure could be better spent providing direct care to these WWII veterans; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support amending Title 38, U.S.C. Chapter 17, to grant World War II veterans the same Department of Veterans Affairs (VA) hospital and medical entitlements as granted to World War I and Spanish American War veterans to honor their service and ensure the VA continues the same standards of care.

RESOLUTION NO.: 70

**SUBJECT: Include Korean War Veterans in Priority
 Group 6 for Department of Veterans Affairs
 Health Care**

Origin: Department of Massachusetts

**Submitted by: Convention Committee on Veterans Affairs
 and Rehabilitation**

WHEREAS, Mexican War and WWI Veterans were provided priority medical care on reaching advance age; and

WHEREAS, there are no surviving Mexican and WWI Veterans, and

WHEREAS, the average age of the Korean (forgotten-war) Veteran is 81 years, and

WHEREAS, Title 38, United States Code (USC) fails to provide reasonable care to Korean (forgotten-war) Veterans who are passing away at the rate of 400 per day; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the American Legion support legislation to amend Title 38, USC, to give the Department of Veterans Affairs (VA) the Authority to enroll Korean (forgotten-war) Veterans in “Priority Group 6” unless already enrolled in a higher Priority Group, for the purpose of receiving VA health care services, and be it further

RESOLVED, That The American Legion strongly supports this legislation, asking Congress to amend TITLE 38 to include Korean Veterans.

RESOLUTION NO.: 105

SUBJECT: Virtual Lifetime Electronic Record

Origin: Department of Delaware

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, On April 9, 2009, President Obama provided direction to the Department of Defense (DoD) and Department of Veterans Affairs (VA) to develop a Virtual Lifetime Electronic Record (VLER), which would create a unified lifetime electronic record for members of the Armed Services; and

WHEREAS, The VLER plans to include administrative and medical information for service members from when they first join the service throughout their lives until they are laid to rest; and

WHEREAS, The VLER plan seeks to expand the departments' health information sharing capabilities by enabling access to private sector health data as well; and

WHEREAS, VLER is a federal, inter-agency initiative to provide portability, accessibility and complete health, benefits and administrative data for servicemembers, veterans and their beneficiaries; and

WHEREAS, DoD and VA for years have yet to fully implement a bilateral medical record between both agencies with no target end date in sight; and

WHEREAS, Approximately 2.6 million members of the military have served in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn and are returning home in unprecedented numbers needing care for their injuries and illnesses sustained in service to our nation; and

WHEREAS, Failure to implement a bilateral medical record and VLER to date has caused significant delays in the veterans' treatment process from DoD to VA because the VA treatment team does not have full access to the patient's DoD records and have to rely on a patient's self report of their medical history and symptoms; and

WHEREAS, Servicemembers and veterans are forced to make copies of their records at their last duty station or submit a request to the National Personnel Records Center in St. Louis, which can take months to process; and

WHEREAS, Veteran service organizations, such as The American Legion, have not been invited to VLER meeting to provide stakeholder input and sharing of mutual concerns; and

WHEREAS, The American Legion has over 2,000 accredited department (state) and county veteran service officers that will continue to need access to Veteran Benefit Administration databases in order to file for VA benefits and claims for those claimants represented; and

WHEREAS, The American Legion is concerned that within VA's three branches – Veterans Health Administration (VHA), Veterans Benefits Administration, and National Cemetery Administration – there are numerous computer-based programs that are inoperable between these branches which are not addressed in the VLER plan; and

WHEREAS, Because a bilateral medical record is not currently available, there is not an ability for a patient's record to be flagged at the time of injury/illness occurred during military service, which makes it difficult and more time-consuming for DoD/VA physicians and raters to find proof of service connection; and

WHEREAS, Currently VA has the ability to send patients encrypted email messages and a VHA program, Myhealthvet, allows patients to refill their VA prescriptions, view their labs and receive VA wellness reminders but does not allow VA patients to schedule appointments online; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to provide oversight to the Department of Defense (DoD) and Department of Veterans Affairs (VA) to ensure that the Virtual Lifetime Electronic Record (VLER) is fully implemented by Fiscal Year 2015; and, be it further

RESOLVED, That The American Legion urge DoD and VA to implement VLER no later than FY 2015 to ensure returning servicemembers' medical records are able to be accessed by both agencies which will improve the timeliness and delivery of VA health care and claims benefits; and, be it finally

RESOLVED, That The American Legion recommend the following be included in design and implementation of VLER:

- **Include veteran service organizations, such as The American Legion, in VLER meetings to offer stakeholder input and sharing of mutual concerns;**
- **Allow servicemember records to be flagged at the time of injury/illness in the military to speed up processing of VA benefits (health care and claims) during and after discharge;**
- **Ensure computer systems and programs within the Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration are interoperable and able to communicate with each other;**
- **Allow VA patients to be able to make appointments online by choosing the day, time and provider and that VA sends a confirmation within 24 hours.**

RESOLUTION NO.: 106

SUBJECT: Veterans Transportation System & Benefits Travel

Origin: Department of Delaware

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, In the Fall of 2010, the Veterans Health Administration (VHA) implemented the Veterans Transportation Service (VTS) in order to improve access to VHA health care services; and

WHEREAS, The VTS program provided mobility managers, transportation coordinators, and vehicles to be driven by VA staff and volunteers; and

WHEREAS, On May 7th, 2012, the Office of General Counsel released opinion, VAOPGCADV 5-2012, which found that the VA only has the authority to use volunteer drivers to provide veterans transportation to and from VA health care facilities, not paid employees; and

WHEREAS, Some facilities solely rely on the VTS system, because they do not have volunteer drivers; and

WHEREAS, The vans utilized by the VA for must be parked on federal government property; and

WHEREAS, Some drivers in rural locations may drive up to two hours one way to pick up a van, which will total eight hours of driving in one day after conducting one trip; and

WHEREAS, If a Memorandums of Understanding (MOUs) were created for local facilities such as Post Offices, the trip times could be reduced by up to half; and

WHEREAS, The guidelines set forth by the physical examinations make it hard to recruit and retain volunteer drivers, which can create an inconsistent delivery system; and

WHEREAS, Neither the Volunteer Transportation Network nor VTS really works hand in hand with the Beneficiary Travel Office; and

WHEREAS, This can lead with decreased efficiency in cost and coordination of patient transportation; and

WHEREAS, Service-connected and other veterans authorized beneficiary travel only receive \$0.415 (41.5 cents)per mile, and are subject to \$3.00 per one way trip, \$6.00 for a round trip with a maximum deductible of \$18.00 per calendar month; and

WHEREAS, Eligible veterans are not reimbursed at a reasonable level for costs incurred to visit a Department of Veterans Affairs (VA) medical facility for service-connected or other authorized care and treatment; and

WHEREAS, Beneficiary travel pay was never intended to pay actual transportation costs, such as authorized by the government for Federal employees, but instead, provided to help defray costs; and

WHEREAS, There are no provisions in law that VA must increase the per mile travel authorization on a regular basis; and

WHEREAS, The beneficiary travel program is discretionary and the Secretary of Veterans Affairs is required to review the program annually to determine the VA's ability to maintain the program and its ability to increase the reimbursement rate for eligible veterans; and

WHEREAS, The Secretary of Veterans Affairs has determined that it is necessary to maintain the current reimbursement rate in order to allow the VA health care system to accommodate the increasing patient workload; and

WHEREAS, Mandatory funding for VA health care would allow the Secretary to increase the rate without negative consequences to funding for direct care; and

WHEREAS, The price of gasoline has steadily increased since the \$0.41 rate was established, creating a financial hardship for veterans who have to travel long distances for care, or for those who have limited financial resources; and

WHEREAS, The lack of a consistent and reliable mechanism to periodically adjust the per mile authorization for beneficiary travel creates an injustice and an unfair economic burden to many veterans; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the Secretary of Veterans Affairs (VA) to seek adequate funding to accommodate the needs of the increasing demand for care, to include the need for a Veterans Transportation System (VTS), accompanied by an increase in the beneficiary travel rate; and, be it further

RESOLVED, That The American Legion urge Congress to provided dedicated funds for both benefits travel and VTS; and, be it further

RESOLVED, That the VA co-locate VTS and the Beneficiary Travel Office to develop Transportation Departments at the VA Medical Centers; and, be it further

RESOLVED, The American Legion urge Congress to authorize the VA to establish Memorandums of Understanding with state and local government properties with respect to federal government vehicles used for the purpose of transporting veterans to and from the VA medical facilities; and, be it finally

RESOLVED, That The American Legion urge the Secretary of Veterans Affairs to periodically adjust the rate to assure that

the per mile reimbursement rate is increased at a reasonable and acceptable level.

RESOLUTION NO.: 107

SUBJECT: Prosecution of VA Employees Engaged in Fraudulent Practices in the Department of Veterans Affairs

Origin: Department of Minnesota

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion National Commander, Dan Dellinger, called for a leadership change at the Department of Veterans Affairs and specifically called for the resignations of Eric Shinseki, Secretary of Veterans Affairs, Under Secretary of Health Robert Petzel and Under Secretary of Benefits Allison Hickey due to poor oversight and failed leadership; and

WHEREAS, It is widely reported that a number of VA Hospitals have engaged in various waiting list schemes and procedural bypasses for the specific purpose of overstating organizational effectiveness and hence awarding bonuses or other consideration to specific employees; and

WHEREAS, An undetermined number of veterans have been denied timely medical care resulting in death or unnecessary deterioration of their health; and

WHEREAS, A culture of indifference and fraud permeates some VA facilities in violation of medical oaths, fiduciary responsibility and moral codes; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the American Legion continues to advocate for the President of the United States and the U.S. Congress to press for a special prosecutor to be assigned to investigate and vigorously prosecute any VA employees engaged in fraudulent practices designed to improperly award bonuses or other financial or meritorious awards to the perpetrator.

RESOLUTION NO.: 114

**SUBJECT: Department of Veterans Affairs Veteran
Integrated Service Networks**

Origin: Department of Washington

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, The Department of Veterans Affairs (VA) Veterans Health Administration (VHA) is organized into a national VA Central Office Headquarters and 21 Veteran Integrated Service Networks (VISNs), or regions, which oversee several VA Medical Center facilities and Community Based Outpatient Clinics; and

WHEREAS, VISNs were established by Dr. Kenneth Kizer, Former Under Secretary for Health for VHA to decentralize VA from VA Central Office to regions in order to promote best practices, innovation and be responsible for all financial and operational activities for the VA Medical Center facilities under their jurisdictions; and

WHEREAS, Originally, VISN staffing models called for seven to ten full time employee equivalents (FTEE) within each of the 22 VISNS nationwide, for a total of 220 FTE employees nationwide; and

WHEREAS, Over the years, as new VHA programs and initiatives have been designed and implemented by VA Central Office, the VISNs have considerably increased staff to administer, track and manage these programs which is over 1,300 employees today; and

WHEREAS, The VA Office of the Inspector General issued three reports on VISNs recommending (a) the Under Secretary for Health implement a system of financial management and fiscal controls for the VISN offices; (b) strengthen the VISN offices' performance management system and implement management controls over organizational structures and staffing; (c) VA and VHA acquisition management improve oversight of VISN contracts and develop tools to effectively manage VISN contracting activities, which clearly indicates the need for improvements with VISN programs and initiatives; and

WHEREAS, Since the VISN model was developed, there has not been any Government Accountability Office, VA Office of the Inspector General or reports from VHA leadership on the overall effectiveness of the current VISN structure and geographic boundaries in improving access to and quality healthcare for veterans; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urges Congress to direct the Government Accountability Office and Department of Veterans Affairs (VA) Office of the Inspector General conduct a comprehensive study to include purpose, goals, objectives and budget and evaluation of the effectiveness of the 21 Veteran Integrated Service Networks (VISNs); and, be it finally

RESOLVED, That the Veterans Health Administration leadership conduct an internal review and develop an action plan to address VISN management, staffing and its current geographic boundaries/catchment areas concerns, in order to

better provide timely access and quality health care for veterans.

RESOLUTION NO.: 125

SUBJECT: Environmental Exposures

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion has long been at the forefront of advocacy for veterans exposed to environmental hazards such as Agent Orange, Gulf War-related hazards, ionizing radiation and the various chemicals and agents used during Project Shipboard Hazard and Defense (SHAD); and

WHEREAS, The Department of Defense's (DOD) disclosure of information regarding various potential hazardous exposures and the current advancement of scientific research continue to reveal new potential environmental threats to service members on an ongoing basis; and

WHEREAS, The Department of Veterans Affairs (VA) was congressionally mandated by Public Law 102-4 (1991) to contract with the National Academy of Sciences (NAS) to review existing peer-reviewed research on herbicides – to include their components – exposure and medical evidence on related health effects; and

WHEREAS, In the last several years new concerns have been raised regarding contamination of stateside and international military installations and locations such as, but not limited to: groundwater contamination at Camp Lejeune, NC; environmental contaminants at Gagetown, New Brunswick located in Canada;

Fort Drum, NY; Fort Dugway, UT; post-hostility Vietnam; and Fort McClellan, AL; and

WHEREAS, Major overseas situations regarding exposures such as sodium dichromate in a water treatment facility in Qarmat Ali, Iraq; toxic exposures at the Naval Air Facility in Atsugi, Japan; dioxins and other contaminants at Johnston Atoll; and others; and

WHEREAS, On October 31, 2011, the Institute of Medicine released a report on the long-term health consequences from exposure to burn pits in Iraq and Afghanistan, and currently determined that there is insufficient evidence at this point, but recommended further longitudinal studies over time from to deployment the Joint Base Balad over many years to determine incidences of chronic diseases; and

WHEREAS, The importance of developing a comprehensive policy that allows for maximum flexibility to respond to new research as it becomes apparent in the timeliest and most proactive manner possible is recognized; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion's comprehensive policy on environmental exposures be an all inclusive policy recognizing the traditions of previous advocacy on behalf of veterans exposed to environmental hazards; and, be it further

RESOLVED, That The American Legion urge the Department of Defense (DoD) to provide a full disclosure of all wartime and non-wartime locations to the Department of Veterans Affairs (VA) where hazardous environmental exposures exist and that armed forces members were exposed through testing, transportation, storage, disposal, and environmental contamination; and, be it further

RESOLVED, That The American Legion urge Congress to enact legislation requiring the VA to establish a National Center for the research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service in the Armed Forces and establish an advisory board, responsible for advising the National Center, determining health conditions that result from toxic exposure and to study and evaluate cases of exposure; and be it further

RESOLVED, That The American Legion urge the VA to expeditiously conduct peer reviews and scientific investigations through the National Academy of Sciences within the Institute of Medicine (IOM) on all locations provided by the DoD; and, be it further

RESOLVED, That veterans reporting to VA medical care facilities claiming exposure to such environmental hazards be provided examinations and treatment which are thorough and appropriate, and that VA physicians demonstrate compassion in responding to the medical needs of these veterans; and, be it further

RESOLVED, That The American Legion vigorously advocate for the liberalization of the rules relating to the evaluation of studies involving exposure to any environmental hazard and that all necessary action be taken by the federal government, both administratively and legislatively as appropriate, to ensure that veterans are properly compensated for diseases and other disabilities scientifically associated with a particular exposure; and, be it further

RESOLVED, That The American Legion continue to closely monitor the development of all ongoing research on the long-term effects of all environmental exposures and point out to the proper officials any perceived deficiencies or discrepancies in these projects; and to ensure that government committees

charged with review of such research are composed of impartial members of the medical and scientific community; and, be it finally

RESOLVED, That The American Legion will continue to consult with medical experts in order to ensure the effectiveness of its advocacy.

RESOLUTION NO.: 126

SUBJECT: Extend the Department of Veterans Affairs Mortgage Protection Life Insurance to Service-Connected Veterans who are Permanently and Totally Disabled

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs Mortgage Protection Life Insurance is presently available to veterans entitled to the special adapted housing award under Section 2102 (a) of Title 38, United States Code; and

WHEREAS, Service-connected veterans rated as permanently and totally disabled cannot obtain Mortgage Protection Life Insurance through commercial insurance companies; and

WHEREAS, Their widows and dependents must bear an undue hardship upon the death of such veterans; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion work with Congress to enact legislation by December 2015, which would extend the

Veterans Administration Mortgage Protection Life Insurance to service-connected veterans who are rated as permanently and totally disabled.

RESOLUTION NO.: 127

SUBJECT: Gulf War Illnesses

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Approximately 700,000 members of the United States Armed Forces were deployed to the Southwest Asia Theater of Operations during the Gulf War; and

WHEREAS, More than 40,000 women served in theater during the Gulf War; and

WHEREAS, Approximately fifteen percent of the Armed Forces today are women and that percentage is likely to grow in the coming years; and

WHEREAS, The vast majority of Gulf War veterans are in good health, thousands of Gulf War veterans nevertheless suffer from unexplained physical symptoms known as “Gulf War veteran illnesses”; and

WHEREAS, Over 200 scientific studies are investigating these illnesses; and

WHEREAS, Few of the aforementioned studies are focused exclusively on the illness experienced by women Gulf War veterans; and

WHEREAS, Misleading information about Gulf War veterans illnesses has spread on the Internet and through the media, and this information has caused a great deal of misunderstanding regarding the severity and prevalence of Gulf War veterans illnesses; and

WHEREAS, The National Academy of Sciences Institute of Medicine is currently preparing reports that evaluate the nature, the likely causes and the Federal Government's response to Gulf War veterans illnesses; and

WHEREAS, These reports directly affect Department of Veterans Affairs compensation programs for Gulf War veterans illnesses; and

WHEREAS, Several independent expert scientific committees and organizations have stated that a number of suspected causes of Gulf War veterans illnesses are not likely associated with those illnesses, whereas others are more likely associated with those illnesses; and

WHEREAS, The Secretary of Veterans Affairs established a committee comprised of doctors, scientists, Gulf War veterans and veteran service organization representatives to provide guidance and advice on future Gulf War-related research efforts; and

WHEREAS, Pyridostigmine bromide was used by the United States and some coalition troops as a nerve agent pre-treatment during the Gulf War although the Food and Drug Administration had not yet approved the drug for that use and some researchers contend that pyridostigmine bromide may be associated with Gulf War veterans illnesses; and

WHEREAS, Several medical studies have found that the unexplained physical symptoms reported by Gulf War veterans are similar to other medically unexplained symptom syndromes like chronic fatigue syndrome, fibromyalgia and irritable bowel syndrome; and

WHEREAS, The President of the United States signed into law legislation amending the Gulf War undiagnosed illness law (title 38, United States Code, section 1117) to include medically unexplained disabilities such as chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome; and

WHEREAS, The American Legion's contract with a medical consultant from the University of Connecticut proved invaluable in helping the organization strive towards its goal of serving Gulf War veterans; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion encourage the Department of Veterans Affairs to devote the appropriate resources to finding effective medical treatments to alleviate the unexplained physical symptoms of Gulf War veterans; and, be it further

RESOLVED, That the Department of Veterans Affairs fund more scientific studies that exclusively investigate the health of women Gulf War veterans; and, be it further

RESOLVED, That The American Legion encourage the Department of Veterans Affairs to quickly implement any reasonable recommendations contained in Institute of Medicine reports, or recommendations offered by the newly established Research Advisory Committee on Gulf War Veterans' Illnesses, regarding its Gulf War veterans programs and research; and, be it further

RESOLVED, That The American Legion encourage the scientific community to focus its efforts on the most likely causes of Gulf War veterans illnesses and to refrain from supporting or encouraging investigations of risk factors that are not likely related to Gulf War veterans illnesses; and, be it further

RESOLVED, That The American Legion encourage the Department of Defense to not use investigational drugs on U.S. troops without their informed consent; and, be it further

RESOLVED, That The American Legion encourage the Department of Veterans Affairs to closely monitor the implementation of the changes to title 38, United States Code, section 1117, to ensure proper application of the law at the Department of Veterans Affairs regional office level; and, be it further

RESOLVED, That the Department of Veterans Affairs continue to develop the Gulf Registry; and, be it finally

RESOLVED, That The American Legion will continue to consult with medical experts from time to time in order to ensure the effectiveness of its advocacy.

RESOLUTION NO.: 128

SUBJECT: Increase the Transparency of the Veterans Benefits Administration's Claims Processing

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion, while supporting the Department of Veterans Affairs (VA) in its efforts to provide support to military veterans of the United States of America, recognizes the growing backlog of claims for disability and compensation submitted by military veterans; and

WHEREAS, The American Legion has continued to challenge the VA to improve both the efficiency and accuracy with which veterans' claims are processed; and

WHEREAS, Testimony by The American Legion before the Subcommittee on Disability Assistance and Memorial Affairs of the Committee on Veterans' Affairs, United States House of Representatives informed Congress that the VA continues to be inefficient and inaccurate in processing veterans' claims for disability and compensation; and

WHEREAS, Even though bonuses for Senior Executive Service (SES) employees in the Veterans' Benefits Administration (VBA) have decreased from Fiscal Years 2009 to 2011, bonuses still average around \$14,000 for SES employees in the VBA while the backlog of claims and inaccuracy of claims prepared by the VBA continued to increase; and

WHEREAS, The VBA continues its inefficiency and inaccuracy in processing valid veterans' claims for compensation and pension and medical services without penalty for poor performance; and

WHEREAS, Military veterans who have submitted claims with required documentation continue to suffer from the denial of medical services and monetary compensation due to VBA inefficiency and inaccuracy; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urges Congress to pass legislation requiring the Department of Veterans Affairs (VA) provide, in a venue readily available to the citizens of the United States, a monthly report of the number of claims for compensation and disability that were submitted, that were granted/awarded, that were denied and that remain in a pending status; and, be it further

RESOLVED, The American Legion petitions Congress to pass legislation that requires VA be held accountable for achieving the VA Secretary's stated goal to achieve an operational state for VA in which no claim is pending over 125 days and all claims have an accuracy rate of 98 percent or higher; and, be it further

RESOLVED, That The American Legion urges Congress to pass legislation requiring that any veteran whose claim is overturned on appeal be paid an amount – to be determined by Congress – which would be compounded daily, from the date of original submission of the claim; and, be it finally

RESOLVED, That bonuses for VA senior executive staff be tied to qualitative and quantitative performance measures developed by VA.

RESOLUTION NO.: 129

SUBJECT: All Veterans Receive "Wartime" Benefits for Active Military Service Between February 28, 1961 and August 5, 1964

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Certain VA benefits require wartime service by veterans; and

WHEREAS, The present dates for wartime service during the Vietnam War are August 5, 1964, through May 7, 1975; and

WHEREAS, On November 10, 1997, Public Law 105-110 was signed by President Clinton; and

WHEREAS, This legislation amended the public law which established The American Legion (41 Stat. 285; 36 United States Code (USC) 45), approved September 16, 1919, by striking December 22, 1961, and inserting February 28, 1961; and

WHEREAS, The American Legion has always advocated the principle of equal benefits for equal service and believes that wartime service is not limited to only those who served in combat; and

WHEREAS, The American Legion believes the provision in section 101(29(A), title 38, USC, which limits entitlement to wartime benefits to those who served “in-country in the Republic of Vietnam” in the period February 28, 1961, to August 5, 1964, discriminates against those other veterans who served on active duty during this period, but who did not happen to have been stationed in Vietnam; and

WHEREAS, During these early years of the war in Vietnam, those serving on active duty in other parts of the world were a part of the build-up of military forces in Vietnam and were subject to transfer to Vietnam at any time; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall seek legislation to establish February 28, 1961, as the beginning date of the Vietnam War for VA benefit purposes.

RESOLUTION NO.: 130

**SUBJECT: Amend the Eligibility Requirements and
Extend the Eligibility Time Period for Service-
Disabled Veterans Insurance**

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

Consolidated with Resolution No. 218 (IL)

WHEREAS, The Service-Disabled Veterans Insurance (SDVI) program of the Department of Veterans Affairs (VA) was founded by Congress in 1951 to provide life insurance coverage for veterans suffering only from disabilities rated by VA as being connected to their military service to the nation; and

WHEREAS, Service-connected disabled veterans are required by statute to not only be in good health except for their service-connected disability, but must apply for SDVI coverage within two years from the date of their last VA rating for a new, original, disability, with increases in prior VA disability ratings not being includible for this purpose; and

WHEREAS, Many veterans in good health except for their service-connected disabilities, and who are granted rating increases because of worsening severity in such disabilities, continue to be denied SDVI coverage at a time when it has become most needful to them, due to the requirement that SDVI eligibility periods begin only with a VA rating for a new disability and last for only two years; and

WHEREAS, Other service-disabled veterans also continue to be denied insurance, due to the strict two year time limit (from the date of their last original rating) to make application; and

WHEREAS, It continues to be the experience of veterans service organizations such as The American Legion that many service-disabled veterans remain unaware of the SDVI program despite automated VA notifications, a fact supported by VA's own casework experience and program studies, and that the insurance benefit remains inadequate and in need of enhancement; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall sponsor and support legislation to amend Sec. 1922(a) of title 38, United States Code, to permit increases in VA service-connected ratings that also provide a service-connected veteran with an eligibility period to apply for VA Service-Disabled Life Insurance in the same manner that ratings for new, original, disabilities presently do, and that the time period of such eligibility be increased from the current two years to a period of at least five years from the date of rating determination and notification, and that such amendment also apply to any new similar issue of VA Service-Disabled insurance that may be enacted into law.

RESOLUTION NO.: 133

**SUBJECT: Designate United States Air Force C-123K
 Transport Aircraft as Agent Orange Exposure
 Sites**

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
 and Rehabilitation**

Consolidated with Resolution No. 254 (IL)

WHEREAS, The levels observed in the aircraft greatly exceed the Department of Defense's (DoD) own standards for maximum permissible exposure to any dioxin contaminating interior surfaces; and

WHEREAS, Other federal agencies have reviewed the data and concurred that exposures to personnel at levels exceeding DoD recommendations are likely to have occurred; and

WHEREAS, In response to the State of Arizona and US Environmental Protection Agency environmental concerns, the USAF withdrew the aircraft from commercial resale, quarantined them and, in April 2010, ultimately took extraordinary disposal measures and smelted the remaining fleet; and

WHEREAS, It is estimated that approximately 1,500 service members, including aircrews and maintenance personnel were exposed to military herbicide-contaminated conditions on the C-123 aircraft; and

WHEREAS, Many of these personnel, still surviving, now have health problems commonly associated with herbicide exposure and have endured lengthy legal struggles to prove these problems are service-related; and

WHEREAS, The Secretary of the Department of Veterans Affairs has statutory responsibility to accurately designate situations and locations that caused veterans to have been exposed to military herbicides used in Vietnam, as well as their contaminants; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, The American Legion work with Congress and the Department of Veterans Affairs (VA) to promptly designate the C-123K aircraft, in the United States, as having been Agent Orange exposure sites to permit veterans who were aircrew or

maintenance personnel to be eligible for Agent Orange-related benefits.

RESOLUTION NO.: 134

SUBJECT: Disability and Death Pension Program

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, Public Law 95-588, the Veterans and Survivors Pension Improvement Act of 1978, provided major changes in the disability and death pension program for the veterans of World War I, World War II, the Korean, Vietnam, and Gulf Wars and their surviving spouses and children; and

WHEREAS, This pension program established different guaranteed annual income levels for necessary economic support; and

WHEREAS, After extensive study, The American Legion concludes that certain inequities exist in the Improved Pension program that need to be addressed by Congress; and

WHEREAS, Under the current Death Pension program, the annual benefit rate for a surviving spouse with no income and no dependents is \$8,219 or about only two thirds of the amount received by a veteran with no income and no dependents; and

WHEREAS, In addition, current regulations provide that surviving spouses are not entitled to pension benefits for the month in which the veteran dies, if they are not found eligible for death pension; and

WHEREAS, The majority of these surviving spouses are elderly and disabled and are living below the poverty level; and

WHEREAS, Under the current Death Pension program, the annual benefit rate for a surviving child with no income where there is no surviving spouse is \$2,093 or seventeen percent of the amount received by a veteran with no income or dependents; and

WHEREAS, This limited amount may impose a severe financial hardship on the surviving child; and

WHEREAS, Under title 38, United States Code, section 1543 where the surviving child is residing with a person who is legally responsible for such child's support, the income and corpus of estate of that person is countable for the purposes of determining entitlement or continued entitlement to pension benefits; and

WHEREAS, Currently, when two veterans are married to one another where both meet the disability, service and income requirements, basic pension benefits are payable only at the rate of a "veteran with one dependent," which is currently \$16,051 annually; and

WHEREAS, The American Legion believes that since each veteran in their own right meets the eligibility criteria for pension with the exception of being married to another veteran, this discriminatory provision of the law should be eliminated and each veteran should be paid at the basic pension rate of a single veteran without dependents which is \$12,256, reduced by the amount of countable family income; and

WHEREAS, In the determination of annual income, payments under all Government Life Insurance programs are countable, but proceeds from fire and casualty insurance policies may be excluded; and

WHEREAS, Previous pension programs have excluded the proceeds of Government Life Insurance Policies in the determination of annual income; and

WHEREAS, Currently, the effective date of reduction or discontinuance of pension based on a change of income shall be the last day of the month in which the change occurred; and

WHEREAS, The American Legion believes it would lessen the financial hardship of such adjustments to pension if any such change would be made as of the last day of the calendar year in which the change occurred; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support amendments to title 38, section 1543, United States Code, to accomplish the following:

- 1. Establish the pension rates of surviving spouses at ninety percent of the rate for a veteran without dependents;**
- 2. Establish the pension rate for a surviving child where there is no surviving spouse entitled at ninety percent of the rate of a veteran without dependents;**
- 3. Delete the requirement that the income and corpus of estate of a person legally responsible for the support of a surviving child be counted in the determination of annual income of such child;**
- 4. Provide that when two veterans, who meet the service, disability and income requirements for pension eligibility, are married to one another, each shall be paid at the rate of a single veteran without dependents reduced by the amount of countable family income;**

5. Exclude in the determination of annual income payments all proceeds from Government Life Insurance policies;

6. Change the effective date for reduction or discontinuance of pension based on a change of income from the last day of the month in which the change occurred to the last day of the calendar year in which the change occurred.

RESOLUTION NO.: 135

SUBJECT: Extend the Presumptive Period for Service Connection for Gulf War Veterans with Undiagnosed Illness

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 256 (IL)

WHEREAS, Thousands of Gulf War veterans still suffer from chronic unexplained physical symptoms; and

WHEREAS, Many service members who have served in the Southwest Asia theater since the 1991 Gulf War - including those serving in Operation Iraqi Freedom - have also been exhibiting chronic, unexplained physical symptoms; and

WHEREAS, The Gulf War Era has not been officially concluded; and

WHEREAS, There has recently been some progress in research on the long-term health effects of many of the agents Gulf War veterans were potentially exposed to during the Gulf War, but numerous symptoms experienced by sick Gulf War veterans are still not well understood, the causes of such symptoms remain elusive and answers could likely remain evasive for some time; and

WHEREAS, Additional research into the long-term health effects of exposures is needed, a fact confirmed by the Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses; and

WHEREAS, The health effects from the Gulf Wars may not manifest until years after the service members' service; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge that legislation be enacted to reinstate and extend the presumptive period for service connection of Gulf War veterans with undiagnosed illnesses indefinitely.

RESOLUTION NO.: 136

SUBJECT: Oppose Legislation Authorizing Legion-Accredited Representatives to develop Claims Directly on behalf of The Department of Veterans Affairs

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, There are almost 23 million veterans of the Armed Forces of the United States; and

WHEREAS, Currently, there are approximately 685,686 veterans who have some type of action pending on their claims by the Department of Veterans Affairs (VA); and

WHEREAS, Approximately 405,938 of those claims are over six months old; and

WHEREAS, In addition, there is a growing backlog of pending appeals, which is now over 267,002 cases, as well as approximately 18,000 remanded cases at the Appeals Management Center; and

WHEREAS, Appeals are, by definition, among the oldest claims in the system and reflect the claimant's belief that they have not received a fair or proper decision; and

WHEREAS, The nation's veteran population is dying at a rate of over 1,300 veterans a day; and

WHEREAS, Proposed legislation to reduce the backlog of veteran's claims at VA was previously introduced in the United States House of Representatives; and

WHEREAS, Under currently proposed legislation, a pilot program, establishing an official federally funded arrangement between County Veteran Service Officers and VA in five states (California, Florida, Ohio, South Carolina, and Texas), with the potential of expanding to other states upon the request of a County Veterans Service Officer in such a state, would be created in order to eliminate the backlog of claims for veterans benefits; and

WHEREAS, Many County Veterans Service Officers are, in fact, accredited representatives of The American Legion and employed by local municipalities; and

WHEREAS, The proposed legislation would allow the Secretary of Veterans Affairs to choose a County Veterans Service Office for development of a claim based upon the office's geographical proximity to the claimant; and

WHEREAS, County Veterans Service Officers are already working long hours to assist veterans and eligible dependents in the application for, administration of, or receipt of benefits under any federal, state, or county veterans benefits program; and

WHEREAS, The Secretary of Veterans Affairs, under this program, would refer claims to the County Veterans Service Officer for specific development as specified by the Secretary; and

WHEREAS, Claims submitted to the County Veterans Service Officer under this program would be treated, for receipt of claim purposes, as if submitted to VA; and

WHEREAS, VA referrals to a County Service Officer imply a dual role, that of advocate for the veteran and VA adjudicator of the veteran all at the same time; and

WHEREAS, This dual role would essentially make the County Service Officer a quasi VA employee, creating an inherent conflict of interest between the County Service Officer's role as a veterans advocate and his/her function as a quasi employee of VA; and

WHEREAS, VA referrals could jeopardize the veteran-service officer confidentiality and even violate the Privacy Act and Power of Attorney relationship; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion adamantly oppose any federal legislation requiring an accredited representative of The American Legion to develop claims on behalf of the Secretary of Veterans Affairs under a contractual

arrangement between VA and County or State government or under any other arrangement where the representative would be acting in an official capacity directly on behalf of the Secretary of Veterans Affairs.

RESOLUTION NO.: 137

SUBJECT: Radiation Exposure

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, Title 38, United States Code (USC), section 1112, lists various diseases which will be presumed to be service-connected in radiation-exposed veterans; and

WHEREAS, The term “radiation-exposed veteran” is defined as a veteran who participated in a radiation-risk activity while on active duty or inactive duty for training; and

WHEREAS, The term, “radiation-risk activity” is defined as involving onsite participation in an atmospheric nuclear weapons test, or the occupation of Hiroshima or Nagasaki during the period beginning on August 6, 1945, and ending on July 1, 1946, or internment as a POW in Japan during WWII which resulted in an opportunity for radiation exposure, or participation in underground nuclear tests at Amchitka Island, Alaska prior to January 1, 1974, or service at gaseous diffusion plants at Paducah, Kentucky, Portsmouth, Ohio, or Oak Ridge, Tennessee; and

WHEREAS, Radiogenic diseases recognized as being presumed to be related to veteran’s exposure to radiation in service-listed in title 38, Code Of Federal Regulation (CFR), section 3.309 - include various cancers that may manifest decades after exposure; and

WHEREAS, Title 38, CFR, section 3.311, requires The Department of Veterans Affairs (VA) to consider the circumstances of the veteran's service and make a determination of whether the veteran's disease resulted from the claimed exposure; and

WHEREAS, Such determinations are based heavily on an estimate of the veteran's probable dose exposure; and

WHEREAS, It is well documented that, because thousands of veterans who participated in the atmospheric nuclear weapons tests and various other radiation-risk activities did not have dosimetry badges, and record-keeping by the military and other Federal agencies concerning individual and group exposures was poor, current radiation dose estimates have been arbitrary, unreliable, and inaccurate; and

WHEREAS, The VA's continued use of questionable radiation dose estimates has caused the claims of thousands of radiation-exposed veterans to be denied; and

WHEREAS, Congress expressed concern about this problem in a provision of Public Law (PL) 106-419 requiring VA to conduct a two-year study of the radiation dose estimate program and report back to Congress; and

WHEREAS, Based on the lack of credible historic data as to the amount of radiation atomic veterans were actually exposed to, The American Legion believes this requirement in the regulations should be eliminated; and

WHEREAS, PL 106-398 included provisions amending the Radiation Compensation Act of 1990 to include workers in Department of Energy (DOE) nuclear weapons-related programs who were exposed to radiation, beryllium, or silica; and

WHEREAS, Over the years, thousands of veterans have been assigned duty at various DOE nuclear weapons development, testing and manufacturing facilities, such as Hanford, Washington, Oak Ridge, Tennessee and others, and would have been similarly at risk of exposure to radiation, beryllium, or silica; and

WHEREAS, The claim for a radiogenic disease or a disease related to beryllium, or silica by such veterans would be denied by VA, because their military duty does not meet the current definition of a radiation-risk activity in title 38 USC and proof of such exposure for direct service connection would be difficult if not impossible to obtain, nor do these veterans meet the eligibility criteria for benefits under the Radiation Compensation Act of 1990 as amended; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion seek legislation to eliminate the radiation dose estimate requirement in claims of veterans who were exposed to ionizing radiation during their military service; and, be it further

RESOLVED, That The American Legion seek legislation to recognize military duty at all DOE nuclear weapons development, testing and manufacturing facilities as a “radiation-risk activity”; and, be it finally

RESOLVED, That The American Legion seek legislation it include title 38, United States Code, those diseases recognized for benefit purposes under the Radiation Compensation Act of 1990 as amended, including those resulting from exposure to beryllium and silica.

RESOLUTION NO.: 138

SUBJECT: Recognize Operations in Lebanon (1958), Grenada (1983), and Panama (1989-1990) as Periods of War for Department of Veterans Affairs Pension Purposes

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Subsection 11 of section 101, title 38, United States Code (USC), defines “period of war” as the Spanish-American War, Mexican Border Period, World War I, World War II, the Korean Conflict, the Vietnam Era, the Gulf War and the period beginning on the date of any future declaration of war by Congress and the ending on the date prescribed by Presidential proclamation or concurrent resolution of Congress; and

WHEREAS, Title 38, USC, section 1521 (a) provides that the Department of Veterans Affairs (VA) shall pay pension to each veteran of a “period of war” who meets the length of service requirements specified in section 1521 (j) and who is permanently and totally disabled and who meets the income criteria in this section; and

WHEREAS, Title 38, USC, section 101 (6) recognizes that, for VA purposes, the dates for the “period of war” for the Spanish-American War (April 21, 1898, to July 4, 1902) also include service during the Philippine Insurrection, Boxer Rebellion, and service in the Moro Province from April 21, 1898, to July 5, 1903; and

WHEREAS, Operation “Blue Bat” in Lebanon, July 1, 1958, to November 1, 1958, Operation “Urgent Fury” in Grenada, October 23, 1983, and Operation “Just Cause” in Panama, December 20, 1989, to January 31, 1990, are not qualifying service for pension or

benefit purposes, under title 38, USC, definition of a “period of war”; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the Congress be urged to include in the definition of “period of war” in title 38, United States Code, sections 101 (11) and 1521, the following periods – the operations in Lebanon in 1958, Grenada in 1983, and Panama in 1989-1990 for the purpose of establishing entitlement to VA pension.

RESOLUTION NO.: 139

**SUBJECT: Revision of Work-Rate Standards for
Department of Veterans Affairs Adjudicators**

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, The current Department of Veterans Affairs (VA) work-rate standards are based upon a series of work credits or End Products (EPs) that can be taken upon completion of work at the various stages in the processing of a claim; and

WHEREAS, This data is used to measure and evaluate each individual adjudicator’s performance as well as the station’s overall performance; and

WHEREAS, Under this type of system, the amount of work performed is measured in terms of the cumulative number of EPs reported without regard to whether the action taken, as indicated by the EP, was correct or proper; and

WHEREAS, Since all action – good and bad – receives the same amount of work credit, there is no incentive to do good quality

work or disincentive to do poor quality work, which makes the use of these work credits prone to manipulation and abuse; and

WHEREAS, The use of a piecemeal approach to work measurement does not provide accurate or reliable information on the actual amount of work being performed, its quality, or the amount of time and resources needed to properly process a claim; and

WHEREAS, Without a fundamental change in the work measurement system, the Board of Veterans Appeals will continue to be burdened with an inordinate number of unnecessary appeals, and veterans and their families forced to endure prolonged hardship while waiting for a final decision on their claim; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion seeks legislation to amend title 38, United States Code, to provide that the Department of Veterans Affairs (VA) Regional Office adjudicators shall receive work credit under a system that integrates not only the quantity of work performed, but also the quality of work performed; and, be it further

RESOLVED, That such a work credit system adequately applies negative credit to work found to be in error, whether by decision overturned on appeal, through internal reviews within the VA, such as the Systematic Technical Accuracy Review (STAR), or by any other means that are applicable.

RESOLUTION NO.: 140

SUBJECT: Support Presumption of Service-Connection for Hepatitis C

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, Hepatitis C is an easily transmittable blood-borne virus, which can result in long-term, potentially fatal health problems; and

WHEREAS, Because of the exposure risk factors directly related to military service, veterans have a much higher incidence of hepatitis C than the general population; and

WHEREAS, The Department of Veterans Affairs (VA) estimates 10 to 20 percent of veterans currently have hepatitis C, compared to under 2 percent for the general population; and

WHEREAS, Vietnam veterans are the group most directly affected by the hepatitis C virus; and

WHEREAS, Many veterans who contracted hepatitis C 25 or 30 years ago or more in service are now showing signs of severe liver disease and 52 percent of the liver transplants done by VA are for veterans with hepatitis C; and

WHEREAS, In 85 percent of cases, no acute symptoms would have shown up at the time of infection with hepatitis C; and

WHEREAS, Military training and combat situations offer many opportunities for transmitting the blood-borne hepatitis virus through blood to blood contact; and

WHEREAS, No effective blood test for hepatitis C was available until 1992; and

WHEREAS, Veterans with hepatitis C who were treated for acute hepatitis during military service and who now claim service

connection are generally denied by VA, because they cannot prove the current hepatitis C is related to the hepatitis noted in service; and

WHEREAS, The Board of Veterans' Appeals often rejects claims for service connection for hepatitis C, because the veteran's medical records do not show the presence of hepatitis C at time of discharge from service; and

WHEREAS, Because of the nature of this disease and the long latency period, veterans who experience certain exposure risk factors in service, such as: blood transfusion prior to 1992; exposure to blood on or through the skin or mucous membrane; hemodialysis; experience of a needle-stick accident or medical event involving a needle, not due to the veteran's willful misconduct; a diagnosis of unexplained liver disease in service; experience of an unexplained liver dysfunction or abnormal liver test; or duty as a health-care position or specialty as prescribed by the Secretary of Veterans Affairs; should be accorded a statutory presumption for the purpose of establishing entitlement to service connection for hepatitis C; and

WHEREAS, Service connection for hepatitis C is important to veterans and their families, since it entitles the veteran to compensation for any disability related to the disease as well as necessary medical care; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion strongly urge the Department of Veterans Affairs to expeditiously promulgate regulations providing for presumptive service connection for hepatitis C; and, be it further

RESOLVED, That The American Legion support legislation to provide for a statutory presumption of service connection for

hepatitis C under certain conditions in service; and, be it finally

RESOLVED, That the Department of Veterans Affairs provide regular notification to Congress, the veterans service organizations, and veterans on new treatment modalities for hepatitis C.

RESOLUTION NO.: 141

SUBJECT: Means Test for Married Veterans

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 228 (OH) and Resolution No. 247 (IL)

WHEREAS, United States Code, Title 38 § 1722, subsection (b) authorizes income thresholds for veterans eligibility for VA health care benefits; and

WHEREAS, Veterans enrolling in VA health care are authorized additional income thresholds for each dependent they have in qualifying for health care benefits; and

WHEREAS, VA's means test threshold for calendar year 2014 for a single veteran is \$31,443 or less; and

WHEREAS, VA's means test threshold for calendar year 2014 for a veteran with one dependent is \$37,733 or less; and

WHEREAS, A veteran with one dependent, with that dependent being a veteran eligible to apply for VA health care, the financial

means test threshold is also \$37,733 or less for financial test year 2013; and

WHEREAS, A veteran married to a veteran, where both are eligible to enroll in VA health care, are penalized by the means test threshold by not having both of their honorable service recognized; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support legislation to amend Title 38, United States Code, Sections 1722, subsection (b) to increase the income threshold of a veteran married to a veteran by two times the financial means test of a single veteran for the financial test year applied for enrollment into the VA Health Care system.

RESOLUTION NO.: 142

**SUBJECT: Opening the Federal Supply Schedule for
 Pharmaceuticals to Medicare and Medicaid**

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
 and Rehabilitation**

WHEREAS, The Federal Supply Schedule for Pharmaceuticals (FSS-P) is a schedule of pharmaceutical supply contracts awarded to responsible vendors supplying comparable products and services at fair and reasonable prices to the Government; and

WHEREAS, FSS-P is essentially a price catalog of approximately 24,000 pharmaceutical products available to the Federal Government; and

WHEREAS, The Department of Veterans Affairs (VA) is the largest purchaser of pharmaceuticals under FSS-P; and

WHEREAS, Pricing of pharmaceuticals to VA is at least 24% below and as much as 60% below drug manufacturers' most favored non-federal, non-retail customer pricing; and

WHEREAS, Known as Federal Ceiling Prices (FCP), these prices are generally 14-20% lower than regular negotiated FSS-P prices; and

WHEREAS, Medicaid is a joint Federal and State program that pays for medical assistance for individuals and families with low incomes and relatively few assets; and

WHEREAS, Numerous states encounter shortfalls in Medicaid funds and implement aggressive measures to control growth and curb expenditures, including prescription drug expenditures; and

WHEREAS, Beneficiaries of prescription drug benefits under Medicaid who also receive medical care under Medicare Parts A and B are known as "dual-eligible"; and

WHEREAS, "Dual-eligible" are mostly elderly poor who account for 34% of the enrolled Medicaid population, but 80% of the Medicaid drug bill; and

WHEREAS, "Dual-eligible" beneficiaries were automatically enrolled into the new Medicare Part D prescription drug benefit; and

WHEREAS, In 1990, the Omnibus Budget Reconciliation Act of 1990 (OBRA90) required drug manufacturers to provide rebates to State Medicaid programs for outpatient drug purchases in exchange for Medicaid reimbursement; and

WHEREAS, Manufacturers are willing to price FSS-P low because it accounts for a very small fraction of the total domestic drug market and because up to 70% of new doctors receive some residency training in medical school affiliated VA medical centers, thereby creating a continuous flow of loyal prescribers of their products; and

WHEREAS, When OBRA90 Medicaid rebates went into effect, manufacturers responded by raising FSS-P pricing to VA some 14%; and

WHEREAS, If Federal legislation mandates that the new Medicare Part D drug benefit be tied to FSS-P, pharmaceutical manufacturers will act predictably to raise FSS-P prices to VA; and

WHEREAS, U.S. veterans in priority group 7 receiving VA medications on an outpatient basis are required to pay a co-payment of \$8.00 for a 30-day supply of medication and veterans in priority group 8 are required to pay a co-payment of \$9.00 for a 30-day supply of medication would almost certainly end up paying more were VA to lose its protected FSS-P pricing; and

WHEREAS, The American Legion has consistently opposed increases in prescription co-payments in the past, arguing that corrections to other programs should not be made “on the backs of veterans”; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion oppose any Federal legislation that would open the Federal Supply Schedule for Pharmaceuticals to Medicaid, Medicare Part D, or any other entity or program not now specifically authorized to purchase on the Federal Supply Schedule for Pharmaceuticals.

RESOLUTION NO.: 143

SUBJECT: Oppose Any Reduction of Eligibility Criteria for Department of Veterans Affairs Per Diem Payments to State Veterans Homes

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, State Veterans Homes were founded for indigent and disabled Civil War veterans beginning in the late 1800s and have continued to serve subsequent generations of veterans for over one hundred years; and

WHEREAS, Today, there are more than 133 State Veterans Homes facilities in 49 states and Puerto Rico with over 30,255 total beds providing nursing home, hospital and domiciliary care; with more capacity being added annually; and

WHEREAS, The State Veterans Home Program has proven to be a cost-effective provider of quality care to many of the nation's veterans; and

WHEREAS, This program is an important adjunct to the Department of Veterans Affairs (VA) own nursing, hospital and domiciliary programs; and

WHEREAS, Title 38, United States Code, authorizes VA per diem payments for veterans residing in State Veterans Homes; and

WHEREAS, There has been consideration of limiting the eligibility for inpatient long term (maintenance) care to veterans in Priority Groups 1 through 3 and Priority Group 4 veterans determined to be catastrophically disabled; and

WHEREAS, Such a change would cause thousands of veterans who are now eligible for per diem to become ineligible; and

WHEREAS, Such a change could cause financial disaster to many State Veterans Homes that now rely on VA per diem for revenue; and

WHEREAS, Such a change could result in a new population of elderly homeless veterans, especially in states that have poor Medicaid nursing home reimbursement rates; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall oppose any legislative proposal to reduce the eligibility criteria for VA State Veterans Homes per diem.

RESOLUTION NO.: 144

SUBJECT: Prostate Cancer and Research Treatment

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Prostate cancer is the most common form of cancer, other than skin cancer, among men in the United States and is second only to lung cancer as a cause of cancer-related death among men; and

WHEREAS, One of six males will develop clinically significant prostate cancer in their lifetime; and

WHEREAS, The 2014 American Cancer Society Surveillance Research estimated that 233,000 new cases of prostate cancer will be diagnosed while 29,480 will die within the next year; and

WHEREAS, Prostate cancer has been demonstrated to be service-connected to Agent Orange exposure and, pursuant to the Agent Orange Act of 1991, the Department of Veterans Affairs (VA) has determined that a presumption of service connection based on exposure to herbicides used in Vietnam is warranted for prostate cancer, in that VA has found a positive association between the condition and such exposure; and

WHEREAS, Advances in biomedical research are leading to new treatments and cures for all forms of cancer, and will lower long-term health care costs; and

WHEREAS, VA is very productive in advancing medical knowledge, improving health care for veterans and all other citizens; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That federal funding for prostate cancer research, treatment, and therapies at the National Institutes of Health, Department of Defense, and Department of Veterans Affairs (VA) be significantly increased and that Congress and the Administration re-double their efforts to find a cure for prostate cancer; and, be it finally

RESOLVED, That the Veterans Health Administration increase its investment in prostate cancer clinical research by improving and accelerating clinical trials at VA hospitals and affiliated university medical centers and research programs.

RESOLUTION NO.: 145

SUBJECT: Protection of Religious Rights and Ceremonies at National Cemetery Administration National and State Cemeteries

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Some National Cemetery Administration (NCA) national and state cemeteries do not allow graveside services that include a reference to God; and

WHEREAS, This policy is pursuant to a memorandum of the Undersecretary of Veterans Affairs for Memorial Affairs dated November 1, 2007; and

WHEREAS, This policy involves prior restraint of speech and religion in violation of the First Amendment to the United States Constitution; and

WHEREAS, The American Legion and other veteran service organizations (VSOs) have challenged this policy in the United States District Court; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the National Cemetery Administration amend the November 1, 2007 memorandum of the Undersecretary of Veterans Affairs for Ceremonial Affairs on Honor Guard Funeral Flags to uphold and guarantee the freedom of all religious rights and ceremonies for veterans and their families at national and state cemeteries; and, be it further

RESOLVED, That The American Legion petition Congress to support legislation guaranteeing the right that all religious rights and ceremonies be permitted at all national and state cemeteries; and, be it finally

RESOLVED, That The American Legion support litigation against policies that violate the use of speech and religion in

accordance with the First Amendment to the United States Constitution.

RESOLUTION NO.: 146

SUBJECT: Provide the Department of Veterans Affairs the Ability to Purchase Medications Located Outside the United States

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, 41 U.S.C. Sections 10a-10d prohibits the Department of Veterans Affairs (VA) from purchasing pharmaceutical products manufactured in FDA approved facilities located in non-approved trading partner countries; and

WHEREAS, Since 2010, there have been an unprecedented number of VA pharmaceutical product shortages; and

WHEREAS, Some of these pharmaceutical products can be directly or indirectly linked to FDA product recalls while others cannot; and

WHEREAS, At times, even the manufacturer cannot or will not explain the reason for the shortage; and

WHEREAS, Outsourcing of pharmaceutical production, to areas outside of the U.S., is occurring at an increasing rate; and

WHEREAS, There are multiple instances of either primary product selection and/or secondary options that are only manufactured in countries from which the VA cannot purchase; and

WHEREAS, This forces the VA to either utilize costly brand name products or switch the veteran to a totally different product; and

WHEREAS, In almost all cases this procurement restriction has resulted in a higher cost to the VA, with no corresponding increase in quality; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion petition Congress to enact legislation to provide the Department of Veterans Affairs authority to purchase needed pharmaceuticals, manufactured in United States Food & Drug Administration (FDA) approved facilities located outside the United States.

RESOLUTION NO.: 147

SUBJECT: Exempt Purple Heart and Medal of Honor Recipients from VA Prescription Co-Payment

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 252 (IL)

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Under the priority category system at Department of Veterans Affairs (VA) medical centers, those who were awarded the Purple Heart have been singled out as a special group of veterans deserving special consideration for their service and sacrifice to their country; and

WHEREAS, This special group of Purple Heart recipients has been placed in Priority Group Three; and

WHEREAS, Under the Caregiver Bill, veterans that were awarded the Medal of Honor were placed into Priority Group Three; and

WHEREAS, Priority Group Three veterans do not have to make any co-payments for any of their inpatient or outpatient care; and

WHEREAS, These same veterans, if they are rated under 50% service-connected disabled or receive prescriptions for a non-service connected condition are charged an \$8 co-payment for each 30 day supply of medication; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall sponsor and support legislation to exempt all those who were the Purple Heart and/or the Medal of Honor and are enrolled in the VA health care system, from any co-payment for prescription drugs.

RESOLUTION NO.: 148

SUBJECT: Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs (VA) Medical and Prosthetic Research Service is very productive in advancing medical knowledge and improving health care for veterans and all other citizens; and

WHEREAS, VA has developed the cardiac pacemaker, nicotine patch, the concepts that led to the Computerized Axial Tomography (CAT) scan, and other medical breakthroughs; and

WHEREAS, Basic biomedical research provides the most rational and cost-effective means of preventive health care and provides treatments and cures for many diseases; and

WHEREAS, Advances in biomedical research lead to the creation of new knowledge in biotechnology and serve as a successful model in lowering long-term health care costs; and

WHEREAS, In 1998, VA realigned its research priorities in response to recommendations of the Department's Research Realignment and Advisory Committee to better serve the needs of the veteran population; and

WHEREAS, The Quality Enhancement Research Initiative (QUERI) is a venture undertaken by the VA Medical and Prosthetic Research Service to establish a national system to translate research discoveries, innovation, effective and efficient diagnostic and treatment strategies into patient care; and

WHEREAS, QUERI is a comprehensive, data driven, outcome-based quality improvement program that will ensure excellence in all areas of Veterans Health Administration medical care: in-patient, out-patient and long-term care; and

WHEREAS, Continued research is urgently needed for many diseases if medical science is to overcome cancer, heart disease, AIDS, new strains of tuberculosis, mental illness, hepatitis and others, to help spare veterans and citizens from prolonged illness and permanent disabilities; and

WHEREAS, The need to reduce the nation's budget deficit must not compromise the efforts to maintain and improve health

productivity and develop new preventive and therapeutic procedures through the Department of Veterans Affairs and other government agencies; and

WHEREAS, It is essential that Congress and the Administration support strong medical and prosthetic research programs within VA so that veterans and all citizens continue to benefit from the exceptional research capability of the Department; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support adequate funding for VA biomedical research activities; and, be it finally

RESOLVED, That Congress and the Administration encourage acceleration in the development and initiation of needed research on conditions that significantly affect veterans - such as prostate cancer, addictive disorders, trauma and wound healing, Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), rehabilitation, and others - jointly with the Department of Defense, the National Institutes of Health, other federal agencies, academic institutions and the Department of Veterans Affairs.

RESOLUTION NO.: 149

SUBJECT: Service Dogs for Injured Service Personnel and Veterans with Mental Health Conditions

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution 217 (IL)

WHEREAS, Thousands of American soldiers have sustained serious mental and physical injuries during the wars in Iraq and Afghanistan; and

WHEREAS, Countless numbers of veterans continue to suffer from mental and physical injuries incurred on behalf of our country during prior conflicts; and

WHEREAS, In 2009, Congress authorized the Department of Veterans Affairs (VA) to extend benefits for the upkeep of service and guide dogs used primarily for the aid of persons with physical disabilities and psychological wounds by amending 38 United States Code (U.S.C.) Section 1714; and

WHEREAS, In the Fiscal Year (FY) 2010 National Defense Authorization Act, Congress mandated VA to conduct a five-year study on the effectiveness of service dogs for veterans with rated mental health disabilities as their primary diagnosis; and

WHEREAS, The VA does not issue a service or guide dog; and

WHEREAS, The VA will only provide a referral and once the dog has been certified, only the maintenance of the hardware with the exception of non-prescription dog food; and

WHEREAS, VA issued a proposed rule on 38 C.F.R. Part 17 to amend its policies and procedures directly related to veterans benefits and service dogs; and

WHEREAS, Veterans should have the same experience in a VA hospital as a private sector hospital with regards to the access of a service or guide dog, but currently do not; and

WHEREAS, The American Legion provided public comments on VA's Proposed Rule on Monday, August 15, 2011, with concerns such as VA does not provide Service Dogs or money for Service

Dogs. VA only provides benefits to veterans that already have a service dog a VA doctor deems medically appropriate. As well as VA's selection of the standards set by the Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF) for certification process; and

WHEREAS, 38 U.S.C. Section 1714 currently only states that the VA "may" provide service dogs for veterans with mental illnesses; and

WHEREAS, Eligibility for a veteran being issued a service dog is loosely defined and relies on clinical judgment and criterion which is not provided in this regulation and in the proposed rule VA states, "that trained dogs may provide valuable services to veterans diagnosed with certain mental illness, at this time VA does not have any scientific data to determine, from a purely clinical standpoint, whether or when service dogs are most appropriately provided to veterans with mental illness, including post traumatic stress disorder (PTSD)"; and

WHEREAS, VA is promulgating regulations that do not clearly define the original Congressional intent of 38 U.S.C. Section 1714 that VA provide the benefits outlined by said 2 section to qualified veterans, as outlined by 38 CFR 1705, with psychological disabilities as their primary VA diagnoses; and

WHEREAS, Many agencies provide service dogs or training for service dealing with mental or psychological disabilities specifically for veterans with Traumatic Brain Injury and PTSD which are not included in the proposed rule; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge VA to clearly define regulations and current eligibility requirements for a veteran to receive a referral for mental and/or physical conditions to pass legislation for clarification and of the original intent of

Congress to the Department of Veterans Affairs (VA) as needed in order to ensure VA provides service and guide dogs to veterans with mental health illnesses; and, be it further

RESOLVED, The American Legion urge Congress to pass legislation to changed the “may” to “shall” located in 38 U.S.C. Section 1714; and, be it further

RESOLVED, The American Legion urges VA to provide outreach and education to staff and veterans regarding the guide and service dog programs’ policies, procedures, and benefits; and, be it further

RESOLVED, The American Legion urges VA to mirror ADA standards or be less restrictive in regards to service and guide dogs; and, be it further

RESOLVED, The American Legion urges VA to more clearly define its regulations and current eligibility for issuance of service dogs to veterans with mental health illnesses; and, be it finally

RESOLVED, That VA expand its list of agencies that can provide and accredit service dogs to veterans for the treatment of physical and mental conditions requiring the use of service and/or guide dogs, use during the three-year pilot study on the effectiveness of service dogs for mental health purposes and thereafter.

RESOLUTION NO.: 150

SUBJECT: Strategic Capital Investment Planning Program

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs (VA) Strategic Capital Investment Planning (SCIP) program is a ten-year capital plan designed to address VA's most critical infrastructure needs within the Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA); and

WHEREAS, The SCIP plan evaluated gaps associated with space, access/workload, condition, safety, security, energy and other gap data needing to be reduced with Major Construction, Minor Construction, Non-Recurring Maintenance (NRM), Enhanced-Use Leasing, Sharing, and Other Investments and Disposal; and

WHEREAS, The SCIP plan has identified 4,808 capital projects that will be necessary to close gaps over a ten-year period with a cost between \$53 and \$65 billion with a current facility condition assessment (FCA) deficiency cost of \$10 billion; and

WHEREAS, The SCIP Plan does not include activation costs for facilities, which include staffing Full-Time Employee Equivalents (FTEE) and office furniture, which will be additional costs incurred by the Veteran Integrated Service Network (VISN), VA Medical Center and allocated by other VA appropriations; and

WHEREAS, The Government Accountability Office (GAO) report in January, 2011, *Realignment Progressing, but Greater Transparency about Future Priorities is Needed*, recommended, "VA annually provide to Congress the full results of its SCIP process and any subsequent capital planning efforts, including details on estimated costs of future projects"; and

WHEREAS, Under VA's Capital Asset Realignment for Enhanced Services (CARES) planning process, The American Legion urged Congress to annually appropriate sufficient funds to fund the plan,

however, VA was not given the \$1 billion appropriation as intended; and

WHEREAS, Funding for VA's Major and Minor Construction Programs have been consistently targeted for reductions; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urges Congress to provide increased appropriations annually to address Department of Veterans Affairs (VA) Construction deficiencies and gaps identified by VA's Strategic Capital Investment Planning (SCIP) program; and, be it further

RESOLVED, That VA include activation costs in their future SCIP cost projections and allocations so VA's budget will not have to offset this lack of national funding; and, be it finally

RESOLVED, That VA continue to be transparent about SCIP progress by publicly posting information about projects and costs on an annual basis.

RESOLUTION NO.: 151

SUBJECT: Support Legislation to Place Mariner Medal Recipients in Priority Group 3 for the Department of Veterans Affairs Health Care

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Qualified Merchant Marines are eligible for veterans benefits; and

WHEREAS, Congress authorized the Mariner's Medal, which was awarded to any seaman who while serving in a ship during the war period (World War II) was wounded, suffered physical injury, or suffered through dangerous exposure as a result of an act of enemy of the United States; and

WHEREAS, Enrollment levels for Department of Veterans Affairs (VA) health care are set according to eight priority groups established by Congress; and

WHEREAS, Purple Heart and Medal of Honor recipients are accorded Priority Group 3 status for VA health care; and

WHEREAS, Recipients of the Merchant Medal should be accorded similar priority group status for VA health care; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support legislation that would place recipients of the Mariner Medal in the priority group 3 enrollment level for Department of Veterans Affairs Health Care.

RESOLUTION NO.: 152

SUBJECT: Support Medicare Reimbursement for the Department of Veterans Affairs

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veterans Affairs (VA) provides medical care to eligible beneficiaries as authorized by title 38, United States Code; and

WHEREAS, The fundamental branch of VA that administers and operates this medical care delivery system is the Veterans Health Administration (VHA); and

WHEREAS, VHA is the nation's largest comprehensive, integrated health care delivery system that provides excellence in health care value, service, education and research; and

WHEREAS, The mission of VHA is to meet the medical needs of America's veterans by providing specialized care, primary care and related medical and social support services for eligible veterans; and

WHEREAS, VHA consists of hospitals, ambulatory clinics, nursing homes, domiciliaries and readjustment counseling centers located nationwide; and

WHEREAS, VHA continues to be the nation's largest educator of health care professionals through its affiliations with medical schools, academic medical centers and other research institutions; and

WHEREAS, VHA continues to be a major national research asset conducting basic, clinical, epidemiological and behavioral studies across the entire spectrum of scientific discipline; and

WHEREAS, VHA continues to serve as a contingency back-up to Department of Defense (DoD) medical services and, during national emergencies, supports the National Disaster Medical System (NDMS); and

WHEREAS, Enrollment in VHA could be limited by the availability of existing annual federal discretionary appropriations to meet the health care needs of enrolled veterans; and

WHEREAS, VHA continues to seek other revenue streams to supplement limited annual federal discretionary appropriations and meet the growing demands for quality treatment of enrolled veterans; and

WHEREAS, VHA is authorized to bill, collect and retain first party co-payments from enrolled veterans and third party co-payments from their health care insurers, except Medicare, for inpatient and outpatient care, outpatient medications and long-term care services, and

WHEREAS, Medicare is a prepaid, federally mandated health insurance program for all eligible Americans; and

WHEREAS, Medicare is an entitlement program for nearly forty million Americans; and

WHEREAS, VA is prohibited from billing and collecting Medicare reimbursements for the treatment of non-service-connected medical conditions of enrolled Medicare-eligible veterans; and

WHEREAS, Indian Health Service has successfully demonstrated the ability to bill and collect Medicare reimbursement; and

WHEREAS, The American Legion's GI Bill of Health proposes Medicare Reimbursement for VA as a realistic health care coverage for enrolled, Medicare-eligible veterans seeking treatment of non-service-connected medical conditions in VHA health care facilities; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28,

2014, That The American Legion advocate to Congress amending title XVIII of the Social Security Act, to allow Medicare Reimbursement for VA on a fee-for-service basis for the treatment of non-service-connected medical conditions of enrolled, Medicare-eligible veterans; and, be it finally

RESOLVED, That enrolled, Medicare eligible veterans be authorized to participate in the Medicare Advantage option by choosing VA as their primary health care provider.

RESOLUTION NO.: 153

SUBJECT: Policy on State Veteran Homes Inspection

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, State Veterans Home program, represented by 140 participating facilities within 50 states and in the Commonwealth of Puerto Rico, has proven itself to be the most cost-effective resource available to the Department of Veterans' Affairs (VA), for high quality long term health care services for those of the nation's veterans who need skilled nursing, domiciliary care, adult day health care and other specialized long term care programs to meet their needs; and

WHEREAS, VA promotes and closely monitors the care and treatment of veterans in State Veterans Homes as an important means to attain its goal of developing, providing, maintaining and guaranteeing options for the highest quality of long term care for eligible veterans; and

WHEREAS, Each state is accountable for ensuring veterans in its State Veterans Homes receive quality long term and other health

care services, and for achieving high patient satisfaction and comfort in safe environmental conditions; and

WHEREAS, A State Veterans Home generally functions within a state's department or division of veterans' affairs, public health, or other accountable state agency, and operates under the governance and oversight of a board of trustees, a board of visitors or other similar accountable public body; and

WHEREAS, State Veterans Homes hold themselves accountable for the quality of care they provide through myriad internal management controls, state and federal long term care regulations, and integration of model policies, practices and standards advocated by the National Association of State Veterans Homes and other standards bodies, for the continuous quality improvement of their programs of care for sick, elderly and disabled veterans; and

WHEREAS, State Veterans Homes are subject to both regular and periodic inspections and audits from State agencies, the federal Department of Health and Human Services, the Inspector General of the Department of Veterans Affairs, and the Civil Rights Division of the Department of Justice, among other inspectors, and are accountable to the general public through the press and news media; and

WHEREAS, Surveys by state agencies and the federal Department of Health and Human Services already hold State Veterans Homes to the same and more conditions and standards of care as the Department of Veterans Affairs (VA), with the exception of eight VA unique and primarily administrative criteria; and

WHEREAS, In the Memorandum on VA Inspections of State Veterans Homes dated June 6, 1996, the VA Under Secretary of Health instructed the Deputy Secretary to modify relevant sections of the Veterans Health Administration Administrative Manual to ensure that State Veterans Homes that are accredited/certified

(without waivers) by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Health Care Financing Administration (HCFA) are exempted from annual VA inspections unless there is good reason to believe that the State Veterans Home is not substantially in compliance with the current VA standards. Likewise, non-JCAHO or non-HCFA certified State Veterans Homes may be exempted if they are licensed by the state inspection standards and the state standards approximate VA standards; and

WHEREAS, In the Memorandum on Transparency and Open Government, issued on January 21, 2009, the President instructed the Director of the Office of Management and Budget to issue an Open Government Directive to direct executive departments and agencies to take specific actions to implement the principles of transparency, participation and collaboration to improve the effectiveness of government by encouraging partnerships and cooperation within the federal government, across levels of government, and between the government and private institutions; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion supports the consolidation of the duplicitous inspection process and that the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services (CMS), where applicable, combine their surveys into one inspection or defer to the CMS inspection results, except for those unique VA criteria, to assure that State Veterans Homes function within required standards and fulfill their roles as effective, safe and high quality sources of compassionate care for eligible sick and disabled veterans and their dependents and survivors.

RESOLUTION NO.: 154

**SUBJECT: Department of Veterans Affairs
Enhanced-Use Leasing**

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, Formerly under the provisions of Title 38, United States Code (U.S.C.), Chapter 81, the Secretary is authorized to lease real property under VA's jurisdiction or control to a private or other public entities for a term of up to 75-years; and

WHEREAS, The Enhanced-Use Leasing (EUL) activity must either: "(i) contribute to the mission of VA; be consistent with, and not adversely affect VA's mission; enhance the use(s) of the property to be leased; and be in exchange for fair consideration to VA as determined by the Secretary; or (ii) result in a demonstrable improvement in services to eligible veterans in the geographic service-delivery area in which the property is located"; and

WHEREAS, "As part the fair consideration to be provided in exchange for the EUL, the Secretary is authorized to accept "in-kind" consideration such as facilities, office, storage, or other usable space, services, money, and/or other "in-kind" consideration"; and

WHEREAS, The Building Utilization Review and Repurposing (BURR) Initiative, which cannot be enacted without the EUL program, was started by the VA in order to meet the needs of homelessness, but does not address other needs of the veterans community; and

WHEREAS, There are other needs that the veterans have to include but not limited to: adaptive sports, women veteran healthcare, mental health, and rural healthcare; and

WHEREAS, VA has repeatedly negotiated agreements involving use of VA assets with business and organizations without contact or discussion with, or seeking input and involvement from, veterans' service organizations (VSOs) and stakeholders; and

WHEREAS, Third party organizations that engaged in EULs with the VA were not held to the reporting requirements as the VA, which will aide in communications with the Chief Business Office; and

WHEREAS, Congress did not reauthorize the Department of Veteran Affairs Enhanced-Use Leasing (EUL) in November 2011; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the American Legion petition Congress to reauthorize the use of Enhanced-Use Leasing (EUL) for the Department of Veterans Affairs; and, be it further

RESOLVED, That Congress restricts the EUL capabilities to a priority list of services that will meet the needs of the veteran community; and, be it further

RESOLVED, That the VA require outside organizations to follow the same reporting procedures as the government in order to ensure effective communication with the Chief Business Office; and, be it further

RESOLVED, That The American Legion supports a publicly transparent Enhanced Use Lease process in consultation with veteran service organizations and stakeholders; and, be it finally

RESOLVED, That The American Legion oppose any EUL that does not specifically provide any obvious and permanent benefits, resources or services to the veterans' community.

RESOLUTION NO.: 155

SUBJECT: Department of Veterans Affairs Mental Health Services

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Veteran Affairs (VA) has a substantial mental health population; and

WHEREAS, According to the Veterans Health Administration (VHA) Office of Public Health and Environmental Hazards, of the returning Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans who have sought care at VHA facilities, mental health problems are the second most common medical problem of these war veterans; and

WHEREAS, There has been significant restructuring of VA mental health services during the past several years; and

WHEREAS, This restructuring has often resulted in a downsizing of in-patient-base care, and the shift of treatment programs from residential-based to ambulatory-based programs; and

WHEREAS, There has not been a commensurate re-investment of resources in alternative treatment modalities to maintain community-based mental health services to treat veterans who were de-institutionalized by the closure of inpatient programs; and

WHEREAS, During the past several years, the number of veterans provided specialized substance abuse treatment has declined, while the funding for such treatment has been significantly decreased; and

WHEREAS, Since the restructuring, the Veterans Health Administration now has more mental health patients seeking treatment with fewer mental health providers; and

WHEREAS, Veterans continue to need increased access to mental health services, including, but not limited to, Community Based Outpatient Clinics, Mental Health Intensive Case Management, Substance Abuse Disorder Programs, and Compensated Work Therapy Programs; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall monitor the efficiency and effectiveness of the Mental Health Strategic Plan; and, be it further

RESOLVED, That The American Legion urge Congress to annually appropriate sufficient funds for the Department of Veterans Affairs to ensure comprehensive mental health services are available to veterans; and, be it finally

RESOLVED, That The American Legion urge Congress to provide annual oversight of VA's mental health services.

RESOLUTION NO.: 156

SUBJECT: Department of Veterans Affairs Nursing Home Capacity

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Department of Veterans Affairs (VA) Long-Term Care (LTC) has been the subject of discussion and legislation for nearly twenty years; and

WHEREAS, In a landmark July 1984 study, *Caring for the Older Veteran*, it was predicted that a wave of elderly veterans had the potential to overwhelm VA's long-term care capacity; and

WHEREAS, The recommendations of the Federal Advisory Committee on the Future of Long-Term Care in its 1998 report *VA Long-Term Care at the Crossroads*, made recommendations that serve as the foundation for VA's national strategy to revitalize and reengineer long-term care services; and

WHEREAS, Public Law 106-117, the Millennium Act, enacted in November 1999, required VA to continue to ensure 1998 levels of extended care services (defined as VA nursing home care, VA domiciliary, VA home-based primary care, and VA adult day health care) in its facilities; and

WHEREAS, The Millennium Act specifically requires VA to maintain its in-house Nursing Home Care Unit (NHCU) bed capacity at the 1998 level of 13,391; however, VA has never met this mandate; and

WHEREAS, Recent General Accounting Office reports show that VA has failed to fully implement mandates of the Millennium Act that would expand non-institutional long-term care services; and

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the Department of Veterans Affairs (VA) should be required to restore its nursing home care unit capacity as intended by Congress to the 1998 level of 13, 391; and, be it further

RESOLVED, That VA must create incentives and receive appropriate funding to maintain its nursing home care unit beds rather than abandon them to alternative sources; and, be it further

RESOLVED, That VA be prohibited from counting any but their own nursing home care unit beds for the purposes of compliance with the provisions of Public Law 106-117, the Millennium Act; and, be it finally

RESOLVED, That Congress should appropriate sufficient funds to support the provisions of the non-institutional long-term care mandates of Public Law 106-117, the Millennium Act, so that VA is not forced to reduce its nursing home care unit capacity in order to comply with said non-institutional care mandates.

RESOLUTION NO.: 157

**SUBJECT: Department of Veterans Affairs
Pharmacy Benefits**

Origin: Department of Maryland

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, The Department of Veterans Affairs (VA) basic Medical Benefits Package includes prescription drugs and supplies; and

WHEREAS, VA has experienced unprecedented demand for prescription drugs since open enrollment in 1998; and

WHEREAS, By law (Public Law (P. L.) 101-508 and P. L. 106-117) VA must charge veterans a co-payment for each 30-day or less supply of medication provided on an outpatient basis for the treatment of a non-service-connected condition; and

WHEREAS, The Veterans Millennium Health Care and Benefits Act (P. L. 106-117) authorized VA to increase the co-payment

amount and to establish an annual cap on the amount of medication co-payment charged; and

WHEREAS, The amount of the medication co-payment and the annual cap may be changed on an annual basis; and

WHEREAS, VA increased the amount of the co-payment from \$2.00 to \$7.00 dollars effective February 4, 2002; and from \$7.00 to \$8.00 in 2005; and

WHEREAS, The American Legion opposed the pharmacy co-payment increases citing alternative options; and

WHEREAS, The Office of Inspector General reported an audit of VA regarding pharmacy co-payment levels and restrictions on filling privately written prescriptions for priority group 7 veterans in December 2000; and

WHEREAS, This report raised the issue that the indirect cost of re-writing private prescriptions that are filled by VA physicians can exceed the direct cost of the prescriptions themselves; and

WHEREAS, VA's policy to fill only prescriptions written by VA physicians and the processes that have been developed to comply with this policy affects all veterans receiving or eligible to receive VA health care; and

WHEREAS, VA has been unable to provide all enrolled veterans with services in a timely manner and this has generated interest in filling prescriptions from outside providers; and

WHEREAS, Various legislative proposals have been offered to grant VA the authority to provide veterans with pharmaceuticals prescribed by physicians or other health care professionals who have no affiliation with VA; and

WHEREAS, VA is a managed health care system that requires enrollment; and

WHEREAS, Authorizing VA to fill prescriptions from a private sector physician without the veteran enrolling would fundamentally change the system; and

WHEREAS, VA provides medications and pharmaceutical supplies to veterans, with limited exceptions, only in the course of providing medical care; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion oppose significant pharmacy co-payment increases at the expense of veteran beneficiaries, in lieu of seeking alternative funding sources, such as Mandatory Funding and Medicare Reimbursement, that would generate and provide VA with more adequate system-wide funding; and, be it finally

RESOLVED, That The American Legion support the provision of VA Pharmacy Benefits to enrolled veterans only when prescribed by an authorized VA physician or provider in the course of providing them medical care.

RESOLUTION NO.: 158

SUBJECT: State Veteran Homes' Extended Care Facilities Grant Program

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, State Veterans Homes were founded for veterans after the American Civil War and have ably served disabled veterans for nearly 150 years; and

WHEREAS, Every State operates at least one State Veterans Home, with one home in Puerto Rico, and more State Veterans Homes and beds and other programs within them are planned or projected annually to meet a growing demand for long term care programs and facilities for American's elderly, sick and disabled veterans; and

WHEREAS, The State Veterans Home program has proven itself to be the most cost-effective source of high quality long-term health care services for the nation's veterans who need skilled nursing, domiciliary, adult day health care and other specialized programs to meet their needs; and

WHEREAS, The Department of Veterans Affairs (VA) promotes the care and treatment of veterans in State Veterans Homes as an important means to attain its goal of developing, providing and maintaining the highest quality of care for eligible veterans; and

WHEREAS, Subchapter III of Chapter 81, Title 38, United States Code, authorizes the State Extended Care Facilities Grant Program, funded by VA through Congressional appropriations, to assist the States through grants for construction of new State Veterans Homes and for significant renovations of existing facilities, at a cost not to exceed 65% of the total cost of any such project proposed by a State and approved by the Secretary of Veterans Affairs; and

WHEREAS, VA has not kept up with the States' pace of grant applications for construction of new State Veterans Homes and significant renovation and modernization projects at existing homes, resulting in a significant backlog of "Priority One" projects already funded by the States, within a total backlog of projects and new homes approaching \$1 billion; and

WHEREAS, Congress appropriated \$150 million in supplemental appropriations for the State Extended Care Facilities Grant Program, as a small increment of the American Recovery and Reinvestment Act, H.R. 1, an Act the President approved on February 17, 2009; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support the National Association of State Veterans Homes (NASVH) in supporting full annual funding, at an amount based upon the Department of Veterans Affairs State Veteran Home Construction Program Priority List.

RESOLUTION NO.: 159

SUBJECT: Veteran Treatment Courts

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, When veterans return from combat, some turn to drugs or alcohol to cope with mental health issues as a Post-Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI); and

WHEREAS, An unfortunate number of veterans are entering the criminal justice system to face charges stemming from these issues; and

WHEREAS, In 2008, a judge in Buffalo, NY, created the first Veterans Treatment Court after seeing an increase in veterans' hearings on his dockets; and

WHEREAS, Veteran 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, Many veterans that enter the veteran treatment courts are not aware of their federal, state, county and a variety of additional benefit programs, in particular, Department of Veterans Affairs (VA) benefits for compensation, pension and healthcare; and

WHEREAS, Grouping justice-involved veterans into a specific court docket significantly expedites access to veteran-specific resources, including benefits and treatment earned through military service; and

WHEREAS, In 2009, the Department of Veterans Affairs (VA) sent a memorandum to the 152 VA Medical Centers recommending that a Veterans Justice Outreach (VJO) Coordinator be established at each of the VA Medical Centers nationwide to provide veterans with assistance in Veteran Treatment Courts and connect these veterans with VA benefits and assistance; and

WHEREAS, Currently, VA has not established a national Veterans Health Administration (VHA) Directive on the VJO program and a single staff person manages this program under the auspices of the VHA Homeless Office; and

WHEREAS, Only 120 of the 153 VA Medical Centers nationwide currently have VJO coordinators and their schedules are inconsistent in coverage of veteran treatment courts necessitating the need for national oversight, funding and clearly established policies and responsibilities; and

WHEREAS, Veteran Service Organizations, such as The American Legion, can assist these veterans in the Veteran Treatment Courts in pursuit of their VA claims and benefits or volunteering to help connect them with resources and assistance; and

WHEREAS, Veterans deeply value their military experience and share an inimitable bond among their peers and Veteran 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, and pairing veterans with volunteer veteran mentors; and

WHEREAS, Veteran Treatment Courts are able to better serve veterans and are greatly enhanced when American Legion Department Service Officers are involved with the court process; and

WHEREAS, Justice For Vets, in coordination with the National Drug Court Institute, both professional service organizations of the National Association of Drug Court Professionals, a 501(c) 3, non-for-profit organization, serves as the national clearinghouse for veteran treatment courts and ensures Veteran Treatment Courts receive the proper training and technical assistance to be successful; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to continue to fund the establishment and expansion of Veterans Treatment Courts; and, be it further

RESOLVED, That The American Legion urge the Department of Veterans Affairs (VA) to establish a separate program office within VA Central Office with an increased program budget and hiring of staff to expand the Veterans Justice Outreach program and policies; and, be it further

RESOLVED, That The American Legion work with Justice for Veterans, at no cost to The American Legion, to provide training to The American Legion Department Service Officers and American Legion volunteer veteran members interested in creating and/or supporting a Veterans Treatment Court in each appropriate community; and, be it finally

RESOLVED, That The American Legion recommends the various Departments and Posts provide non-monetary assistance and support to veteran treatment courts by having Department Service Officers serve on the Veteran Treatment Court or having volunteers provide information on VA benefits and services.

RESOLUTION NO.: 160

SUBJECT: Veterans Receive Same Level of Benefits

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a membership organization founded in 1919 on the common bond of wartime service during any active U.S. Period of War; and

WHEREAS, The United States Code (U.S.C.) § 101, unfairly categorizes service members and veterans by dates of service and/or theater of operations; and

WHEREAS, Due to this injustice, veterans from different eras and theaters of operations are receiving different levels of Department of Veterans Affairs (VA) benefits based solely on their dates and locations of service, rather than their honorable service; and

WHEREAS, For example, the Caregiver and Veterans Omnibus Health Services Act of 2010 recently passed by both chambers of Congress created two distinct caregiver support programs – providing a stipend to caregivers of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans, but not to caregivers of veterans from previous eras; and

WHEREAS, The American Legion has always advocated on the principle of equal benefits for equal service; and

WHEREAS, All veterans of the United States are all united by the common bond of service and all took an oath of service to preserve, protect and defend the country; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to direct the Department of Veterans Affairs to provide the same level of benefits for any veteran, regardless of the dates or theater of operations during their military service; and, be it finally

RESOLVED, That Congress review current legislation and public laws to ensure that veterans benefits are provided equitably and consistently for all veterans from the current conflicts in Iraq and Afghanistan as well as those veterans from previous eras and conflicts.

RESOLUTION NO.: 194

SUBJECT: Authorization to Apply for a Headstone, Marker, or Medallion

Origin: Department of New York

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution 206 (WI)

WHEREAS, The American Legion is a national organization of Veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, The Department of Veterans Affairs (VA) provides Veterans' headstones and markers for unmarked Veterans' graves anywhere in the world and the choices range from flat bronze, flat marble, upright granite and upright marble, and also make available niche markers for identifying cremated remains in columbaria; and

WHEREAS, The Code of Federal Regulations (CFR) 38.632 "Headstone and Marker Application Process" became effective on July 1, 2009; and

WHEREAS, This regulation describes the processes required to apply for a Government headstone and marker, as well as request a new emblem of belief be added to the list of emblems available for inscription on headstones and markers; and

WHEREAS, Headstones and markers for graves in national cemeteries shall be ordered from the Record of Interment (VA Form 40-4956) prepared by the national cemetery superintendent at the time of interment. No further application is required; and

WHEREAS, Headstones and markers for graves in public and private cemeteries shall be ordered using VA Form 40-1330, Application for Headstone, Marker or Medallion; and

WHEREAS, Under CFR 38-632, only the decedent's next-of-kin (NOK), authorized representative on behalf of a decedent, or authorized representative on behalf of NOK may apply, using VA Form 40-1330, for a headstone, marker or medallion; and

WHEREAS, If someone other than the NOK is applying for the headstone, marker or medallion, the application package must include a written statement signed by the NOK or decedent authorizing that person (the applicant) to apply for this benefit, and

WHEREAS, If an unmarked veteran's grave site is discovered and no NOK is available to sign the VA Form 40-1330, this grave site will go unmarked for eternity under current CFR 38-632 rules; and

WHEREAS, The VA authorizes designated Veteran Service Organization (VSO) accredited representatives to prepare and prosecute claims on behalf of veterans; and

WHEREAS, These accredited representatives routinely assist the NOK complete and submit VA Form 40-1330 and appropriate documentation to apply for a headstone, marker or medallion; and

WHEREAS, These accredited representatives could complete a VA Form 40-1330 to order a headstone, marker or medallion for a Veteran's unmarked grave site when no NOK is available if authorized under CFR 38.632; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support legislation to amend Code of Federal Regulations (CFR) 38-632 to specify that VA recognized VSO accredited representatives be authorized to apply for a headstone, marker or medallion, in the absence of any NOK.

RESOLUTION NO.: 161

**SUBJECT: Include World War II Veterans in Priority
 Group 6 for Department of Veterans Affairs
 Health Care**

Origin: Department of Maryland

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 68 (CO) and 249 (IL)

WHEREAS, Mexican War and WW I veterans were provided priority medical care on reaching advanced age; and

WHEREAS, The average age of the WW II veteran is 82.6 years; and

WHEREAS, Title 38, United States Code (USC) fails to provide reasonable care to WW II veterans who are passing away at the rate of 1000 a day; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support legislation to amend title 38, USC, to give the Department of Veterans Affairs (VA) the authority to enroll WWII veterans in “Priority Group 6” for the purpose of receiving VA health care services.

RESOLUTION NO.: 196

SUBJECT: Suicide Prevention for American Veterans Act

Origin: Department of New York

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Members of the United States (US) Armed Forces are often called upon to perform their duties in stressful and life-threatening situations which can result in the development of mental health issues; and

WHEREAS, According to the US Department of Veterans Affairs (DVA) an estimated 22 Veterans die each day by suicide; and

WHEREAS, The Suicide Prevention for American Veterans Act would improve access to care for Veterans by extending the period during which Veterans who experienced combat are eligible for care from 5 years to 15 years; and

WHEREAS, The Act would increase the service capacity of the US DVA by offering student loan repayment to mental health care professional who agree to long-term service commitments; and

WHEREAS, Under the Act, the US DVA and the Department of Defense (DOD) would be required to review their mental health care programs annually to ensure their effectiveness, offer special training on identifying those Veterans who are at risk of suicide to their mental health providers and to improve the process regarding medical records and prescriptions to ensure seamless care to transitioning service members; and

WHEREAS, Enhancing mental health care services provided by the Federal Government would better the lives for countless returning service members and Veterans; now, therefore be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the US congress to pass and the President to sign into law the Suicide Prevention for American Veterans Act or similar acts that will expand and improve the care provided to Veterans and service members who have mental health issues or are at risk for suicide.

RESOLUTION NO.: 200

SUBJECT: Dependency and Indemnity Compensation for Surviving Spouses

Origin: Department of New York

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

Consolidated with Resolution No. 259 (IL)

WHEREAS, A surviving spouse who remarries on or after December 16, 2003, and on or after attaining age 57, is entitled to continue to receive Dependency and Indemnity Compensation (DIC); and

WHEREAS, By placing an age on eligibility for DIC, the Department of Veterans Affairs (VA) is forcing surviving spouses to not move forward with life; and

WHEREAS, When other survivor benefit programs were liberalized, they usually covered the widows of veterans who died before the enactment of the law, (e.g. deaths from cancers from Agent Orange); and

WHEREAS, Title 38, United States Code, section 1318 authorizes DIC to be paid to the widows and widowers of service-connected disabled veterans who die as a result of their service-related condition or who at the time of death were, or should have been, rated 100% service-connected disabled for at least ten years; and

WHEREAS, Many veterans do not reach the 100% level for a service-connected disability until they are much older and their condition has worsened; and

WHEREAS, The spouse has usually been the primary caregiver and companion for these veterans throughout the veteran's lifetime and VA's compensation is their a primary means of support; and

WHEREAS, On the surface the 10-year rule discriminates against a large group of veterans, and their survivors, simply because of when they file a claim for service-connected disability rather than recognizing the severity of the condition(s) and the impact of death (not related to the condition) on the family; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion work with Congress to enact legislation by December 2015 to eliminate the age criteria for a surviving spouse to remarry for eligibility to receive Dependency and Indemnity Compensation (DIC); and, be it further

RESOLVED, That The American Legion work with Congress to enact legislation by December 2015 to reduce the number of years that a veteran must have a 100% disability rating from ten years to one year for eligibility of DIC payments.

RESOLUTION NO.: 201

SUBJECT: Service Officers Participation in the Transition Goals, Plans and Success Program

Origin: Department of New York

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion Accredited Representatives (service officers) support the National Guard, Reserves, US Army, US Marine Corps, US Navy, US Air Force, and US Coast Guard by presenting information for eligible transitioning and retiring military members and their spouses; and

WHEREAS, These service officers participated in the Transition Assistance Program (TAP) workshops conducted throughout the

United States since 1990 when the first TAP workshops were conducted; and

WHEREAS, These service officers provided valuable and timely information and assistance to inform TAP workshop participants with benefits and entitlements to prepare them for returning to civilian status following honorable service in the US Military; and

WHEREAS, The Department of Veterans Affairs (VA), Department of Defense (DoD) and Department of Labor (DOL) initiated a new TAP program titled the Transition Assistance Program Goals, Plans and Success (GPS), effective January 1, 2013; and

WHEREAS, The new Transition GPS Program is conducted by hiring local subcontractors to conduct the TAP workshops; and

WHEREAS, In some locations, Transition GPS prevents veteran service organizations (VSOs) from participating or providing assistance to transitioning service members, guard and reserve, which has resulted in a lack of uniform or consistent policy on the level of VSO participation in Transition GPS nationwide; and

WHEREAS, In the past, the service officers participated voluntarily, at no cost to the government, as presenters during TAP Workshops; and

WHEREAS, Transitioning service members could benefit from receiving information directly from The American Legion Accredited Representatives (service officers) and other major VSOs who have over 98 years of experience in assisting veterans in obtaining their VA benefits, especially when benefits have been denied by VA; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That the Department of Veterans Affairs (VA), the

Department of Defense (DoD) and Department of Labor (DOL) work together to establish a nationwide policy to permit American Legion Accredited Representatives (service officers) as well as other major veterans service organizations (VSOs), that choose to participate in the Transition Goals, Plans and Success (GPS) Program; and, be it further

RESOLVED, That the VA, DoD, DOL, and The American Legion and other major VSOs co-author and sign a memorandum of agreement outlining all policy, procedures and level of expectations of all parties involved to better improve the awareness and filing of veterans' earned benefit.

RESOLUTION NO.: 202

SUBJECT: Department of Veterans Affairs to Provide Interim Benefits for Pending Claims Over 90 Days

Origin: Department of New York

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion, while supporting the Department of Veterans Affairs (VA) in its efforts to provide support to military veterans of the United States of America, recognizes the growing backlog of claims for disability and compensation submitted by military veterans; and

WHEREAS, The American Legion has continued to press the VA to improve both the efficiency and accuracy with which veterans' claims are processed; and

WHEREAS, Testimony by The American Legion before the Subcommittee on Disability Assistance and Memorial Affairs of the Committee on Veterans' Affairs, United States House of

Representatives informed Congress that the VA continues to be inefficient and inaccurate in processing veterans' claims for disability and compensation; and

WHEREAS, Veterans who have filed compensation and pension claims with the Veterans Benefits Administration and disagree with the decisions of the Regional Offices are entitled to appeal these decisions to the Board of Veterans Appeals; and

WHEREAS, The Regional Offices take anywhere from 76.6 to 361.7 days to produce a rating decision; and

WHEREAS, Although the Board of Veterans' Appeals (BVA) has authority to complete the development of cases, it remands approximately 25% of cases appealed back to the Regional Offices for additional development, thereby further delaying consideration of the veteran's claim; and

WHEREAS, Another government agency, the Internal Revenue Service, must pay interest on delayed refunds of more than 45 days from the due date of the return; and

WHEREAS, The rate of interest the I.R.S. uses changes every three months to reflect the prime interest rate then in effect; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall support any legislation to pay on a non-refundable basis in an amount to be determined by Congress for each day, from the date of original submission, for any claim decided after the 125 day limit; and, be it further

RESOLVED, That the action taken by Congress can include, but is not limited to, a nominal grant or interest that will be at

the same rate as used by the Internal Revenue Service when their refunds are delayed more than 45 days; and, be it further

RESOLVED, That The American Legion urge Congress to establish interim benefits for veterans awaiting action on claims for service connected disabilities if no action is taken by the Department of Veterans Affairs within the first 125 days of the claim's submission.

RESOLUTION NO.: 212

**SUBJECT: Designate Hypertension as a Presumptive
 Condition for Veterans Exposed to Agent
 Orange**

Origin: Department of Georgia

**Submitted by: Convention Committee on Veterans Affairs
 and Rehabilitation**

WHEREAS, hypertension/high blood pressure is a highly recognized disorder/disease, which can result in many long term health issues and potentially have fatal end results, and

WHEREAS, hypertension/high blood pressure is directly related to heart and kidney disease, and

WHEREAS, while a significant number of Veterans suffer from hypertension, or high blood pressure and many were exposed to Agent Orange, and

WHEREAS, a 2008 study conducted by the Institute of Medicine suggest that many cases could be a result of exposure to Agent Orange during Viet Nam, and

WHEREAS, this study added high blood pressure to the category of “limited or suggestive evidence of an association,” meaning there could be a link with Agent Orange exposure, and

WHEREAS, more recent studies from the Institute of Medicine, indicate strongly that Veterans who handled or were exposed to defoliants have a higher rate of high blood pressure, and

WHEREAS, the United States has used Agent Orange as a defoliant in Thailand (February 1, 1961 thru May 7, 1975), Viet Nam (January 9, 1962 thru May 7, 1975) and again in Korea from April 1, 1968 thru August 31, 1971, and

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion seek the Department of Veterans Affairs for approval of adding hypertension/high blood pressure to the list of presumptive conditions for any veteran who was exposed to Agent Orange in any area where Agent Orange was tested, sprayed or stored, and be it further

RESOLVED, That The American Legion seek legislation to amend Title 38, of the United States Code, section 1116 to provide entitlement to those presumptions for those veterans who were exposed to Agent Orange in any area where Agent Orange was tested, sprayed or stored.

RESOLUTION NO.: 215

**SUBJECT: Extend Eligibility for National Cemetery
Administration Medallion**

Origin: Department of Illinois

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Our country has a proud history of honoring deceased veterans by providing a free Government headstone or marker which can be placed either in a VA national cemetery or a private cemetery; and

WHEREAS, Some veteran's families prefer to purchase their own headstone or marker for interment in a private cemetery; and

WHEREAS, Many of these headstones have no engraving upon them to reflect that the deceased was a veteran; and

WHEREAS, To correct this the Department of Veterans Affairs now furnishes a Medallion made of bronze that can be affixed to an existing privately purchased headstone or marker for veterans interred in a private cemetery; and

WHEREAS, Its purpose is to signify the deceased's status as a Veteran and is available in three sizes: 5 inches, 3 inches, and 1½ inches and each Medallion is inscribed with the word VETERAN across the top and the branch of service at the bottom; and

WHEREAS, Under PL 110-157 this Medallion is currently issued to all deceased other than dishonorably discharged Veterans that died on or after November 1, 1990, and

whose grave in a private cemetery is marked with a privately purchased headstone or marker; and

WHEREAS, If a veteran died before November 1, 1990 they would not qualify for this Medallion; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That — the American Legion support legislation to remove the date of November 1, 1990 from the current law (PL 110-157) and change it to grant eligibility for this medallion to all veterans other than dishonorably discharged, regardless of their date of death.

RESOLUTION NO.: 216

SUBJECT: Automatic Waiver for Over-Payments of \$300 or Less

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Veterans sometimes incur overpayments with the Dept. of Veterans Affairs due to the complexity of VA laws and regulations; and

WHEREAS, The majority of these overpayments are not due to any misrepresentation or fraud on the veteran's part; and

WHEREAS, VA processing of waiver requests through the Committees on Waivers and Compromises and collection of these debts requires significant employee resources and time, printing, mailing, filing, et cetera; and

WHEREAS, Under current regulations, many small overpayment waiver requests are granted; and

WHEREAS, Elimination of processing of small overpayment amounts would allow VA personnel to concentrate on other duties, such as attacking the large claims and appeals backlog, thus improving the timeliness of delivery of benefits to our deserving veterans;
now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That — The American Legion shall sponsor and support legislation to allow the VA to grant an automatic waiver for those overpayments of \$300 or less if the claimant requests one.

RESOLUTION NO.: 219

SUBJECT: Increase Maximum Coverage Under the Service-Disabled Veterans Insurance

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Service-Disabled Veterans Insurance (also known as S-DVI or RH insurance) was established in 1951 to meet the insurance needs of certain veterans with service-related disabilities; and

WHEREAS, The maximum coverage was set at \$10,000 back in 1951; and

WHEREAS, What cost \$10,000 back in 1951 would cost over \$77,000 in 2012 due to inflation; and

WHEREAS, This puts a greater burden on the surviving family members to meet the burial and final expenses of a deceased service-connected disabled veteran; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That — The American Legion shall sponsor and support legislation to increase to \$50,000 the maximum coverage a service-connected disabled veteran can purchase under the Service-Disabled Veterans insurance program.

RESOLUTION NO.: 220

SUBJECT: Oppose Lump Sum Payments for Department of Veterans Affairs Disability Compensation

Origin: Department of Illinois

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Department of Veterans Affairs (VA) Disability compensation is paid monthly to an eligible veteran at a rate commensurate with diminished earning capacity resulting from the effects of service-connected disease or injury; and

WHEREAS, Such compensation is designed to provide continuous relief from the service-connected disability for as long as the veteran continues to suffer its effects at a compensable level, usually for the rest of the veterans' life; and

WHEREAS, By law, the rate of compensation is determined by the level of disability present, thereby requiring reevaluation of the disability upon a change in its degree; and

WHEREAS, Many veterans may start out with a lower rating, but as they age the degree of disability worsens; and

WHEREAS, There is some discussion in Congress on having the VA consider establishing lump sum payments for veterans with disability ratings of 20 percent or less; and

WHEREAS, Many veterans who are first discharged from the military and have a service-connected disability are usually in a financial bind and would find a lump-sum payment enticing, and would not focus on the long range implications of this decision e.g. later increases, added stipend for having dependents, secondary service-connected disability to name a few; and

WHEREAS, Such lump-sum payments would not, on the whole, be in the best interests of disabled veterans but would be for Government savings and convenience; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That — The American Legion oppose any recommendation, legislative or otherwise, to establish lump-sum payments of Department of Veterans Affairs (VA) disability compensation.

RESOLUTION NO.: 233

SUBJECT: Agent Orange

Origin: Department of Michigan

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Agent Orange was the most common herbicide used in Southeast Asia by

the U.S. Armed Forces during the Vietnam War from 1962-1971;
and

WHEREAS, Agent Orange was contaminated by the carcinogen
dioxin (2, 3, 7, 8-
tetrachlorodibenzo-*para*-dioxin [TCDD]); and

WHEREAS, Over 2 million veterans served in Vietnam during the
Vietnam War and are
presumed to have been exposed to Agent Orange; and

WHEREAS, Scientific evidence has linked human exposure to
dioxin and certain
diseases; and

WHEREAS, A significant number of Vietnam veterans have
developed various cancers,
neurological disorders, liver dysfunction and other severe diseases;
and

WHEREAS, The American Legion supported Public Law 96-151
(1979), which
mandates that the Department of Veteran Affairs (VA) conduct a
major epidemiological
study of Vietnam veterans who were exposed to dioxin, unless it is
determined to be
unfeasible; and

WHEREAS, VA was congressionally mandated by Public Law
102-4 (1991) to contract
with the National Academy of Sciences (NAS) to review existing
peer-reviewed research
on herbicides - to include their components - exposure and medical
evidence on related
health effects; and

WHEREAS, A committee convened by the Institute of Medicine (IOM) of the National Academies to study the health effects of herbicide exposure had little information about the exposures the Vietnam veterans encountered and recommended in its 1994 biennial report that VA, upon discovering the feasibility of a valid exposure reconstruction model, facilitate epidemiological studies; and

WHEREAS, The Secretary of VA, in response to the recommendation, requested that IOM convene a separate committee to oversee development and evaluation of herbicide exposure models for use in studies of Vietnam veterans; and

WHEREAS, The IOM committee determined - in 2003 - that a model created by researchers from Columbia University's Mailman School of Public Health demonstrated the feasibility of a valid exposure-reconstruction model of Vietnam veterans' herbicide exposure and recommended that VA and other governmental agencies promote more epidemiological studies of veterans by non-governmental groups and independent researchers; and

WHEREAS, The Department of Veterans Affairs has still not funded the major epidemiology study mandated by public law; and

WHEREAS, In view of the current absence of alternative judicial recourse to remedy the injustice perpetuated on so many disabled Vietnam veterans, their families and survivors,

The American Legion will continue to monitor other pending dioxin-related suits; and

WHEREAS, Information has been released by the Department of the Defense on numerous locations other than Vietnam where the herbicide was tested, sprayed, and stored, including: testing at Fort Drum, New York, in 1959; spraying in the Panama Canal Zone in the 1960s and 1970s and in the Korean Demilitarized Zone (DMZ) in 1968-69; and the storage of unused herbicide on Johnston Atoll in the Pacific from 1972-78; and

WHEREAS, VA has recently identified more units that were exposed to herbicide at the Korean DMZ; and

WHEREAS, Title 38, United States Code, section 1116 and title 38, Code of Federal Regulations, section 3.309, set forth certain presumptions that apply to claims for service connection based on herbicide exposure by veterans who served in the Republic of Vietnam during the period January 9, 1962, and May 7, 1975; and

WHEREAS, Veterans who served in other locations during these periods who may have been exposed to the herbicide and who may have developed one of the recognized Agent Orange-related diseases, set forth in title 38, United States Code, section 1116 and title 38, Code of Federal Regulations, section 3.309, are not entitled to presumptive service connection for their disability, rather they must meet the more stringent requirements for

direct service connection; and

WHEREAS, This inequity was not contemplated at the time of the enactment of Public Law 102-4, the Agent Orange Act of 1991, as amended, due to limited available information on the full extent of the United States' Agent Orange testing, spraying, and storage activities; and

WHEREAS, Under title 38, United States Code, Chapter 18, benefits are payable to children of veterans that served in the Republic of Vietnam during the period January 9, 1962, to May 7, 1975, and who suffer from the birth defect spina bifida; and

WHEREAS, Recent legislation has extended the spina bifida benefits to include the children of veterans who served in or near the Korean Demilitarized Zone during the period of September 1, 1967, and August 31, 1971, and determined by the Secretary of Veterans Affairs to have been exposed to herbicides during such service; and

WHEREAS, The children of veterans who served in locations other than Vietnam and Korea who were possibly exposed to Agent Orange would be denied entitlement to compensation for spina bifida under the current statute and regulations; now, therefore, be it

RESOLVED, By The American Legion By The American Legion in National

Convention, assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That, The American Legion continue to urge the completion of the scientific study mandated by Public Law 96-151; and, be it further

RESOLVED, The American Legion vigorously support the liberalization of the rules relating to the evaluation of studies involving exposure to dioxin and the adjudication of claims based on Agent Orange exposure; and, be it further

RESOLVED, That The American Legion continue to closely monitor the development of all ongoing research on the long-term effects of Agent Orange exposure and point out to the proper officials any perceived deficiencies or discrepancies in these projects; and to ensure that government committees charged with review of such research are composed of impartial members of the medical and scientific community; and, be it further

RESOLVED, That veterans reporting to VA medical care facilities claiming exposure to Agent Orange be provided examinations and treatment which are thorough and appropriate, and that VA physicians demonstrate compassion in responding to the medical needs of these veterans; and, be it further

RESOLVED, That The American Legion seek legislation to amend title 38,

United States Code, section 1116, to provide entitlement to these presumptions for those veterans who were exposed to Agent Orange while serving in areas other than the Republic of Vietnam where Agent Orange was tested, sprayed, or stored; and, be it finally

RESOLVED, That The American Legion seek legislation to amend title 38, United States Code, Chapter 18, to provide entitlement to spina bifida benefits for the child or children of any veteran who was exposed to Agent Orange as the result of service in the Republic of Vietnam or in other locations where Agent Orange was tested, sprayed, or stored.

RESOLUTION NO.: 234

SUBJECT: Co-Payments and Enrollment Fees for Priority Groups 7 & 8

Origin: Department of Michigan

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Since the enactment of Public Law (PL) 104-262, that authorized eligibility reform and open enrollment process, the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), has experienced a dramatic growth from 2.5 million veterans to over 7 million veterans enrolled in VA health care; and

WHEREAS, Fiscal Year (FY) 2002 saw the astronomical growth of Priority Group 7 veterans seeking health care at their local VA medical facility and the creation of a new Priority Group 8; and

WHEREAS, VA, upon creating the new Priority Group 8, placed an immediate suspension on all new Priority Group 8 enrollments; and

WHEREAS, VHA is authorized to bill, collect, and retain co-payments and the third party insurance payment of Priority Groups 7 and 8 veterans; and

WHEREAS, During the past several years, VA has proposed to increase the outpatient co-payment from \$15 to \$20 and the prescription co-payment from \$8 to \$15 per 30 day supply, as well as, levy a \$250 enrollment fee on Priority Groups 7 and 8 veterans; and

WHEREAS, In 2006, VA proposed to eliminate the copayment offset (reduction in payment) to Priority Groups 7 and 8 veterans who have third party insurance; and

WHEREAS, The co-payment increases and enrollment fees could suppress the demand for VA services at the expense of Priority Groups 7 and 8 veterans who may not be able to afford the co-payment increases and out-of-pocket enrollment fee; and

WHEREAS, VA believes these initiatives will ultimately drive 1.2 million veterans away from the VA health care system; now, therefore, be it

RESOLVED, By The American Legion in National Convention, assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion American Legion adamantly oppose any effort to increase co-payments or impose an enrollment fee for Priority Groups 7 and 8 veterans to receive VA health care.

RESOLUTION NO.: 235

SUBJECT: Improvements to Department of Veterans Affairs Women Veterans Programs

Origin: Department of Michigan

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Women veterans are the fastest growing demographic serving in the military and enrolling in the Department of Veterans Affairs (VA) for their health care treatment;
and

WHEREAS, According to VA statistics, the total veteran population in the United States, as of September, 30, 2012, was approximately 22.3 million, of which women veterans numbered 2,248,579; and

WHEREAS, Women veterans continue to face many barriers and challenges with enrolling for and receiving their VA care due to a number of reasons such as: not identifying as a veteran; not being recognized as a veteran by VA employees and staff;

lack of awareness and understanding of their VA health care benefits; and the stigma and perceptions that VA is still an “all male” health care system; and

WHEREAS, According to VA, women veterans are 30 percent less likely to enroll for health care than their male counterparts, which is as a result of many factors that include, but are not limited to lack of awareness of benefits and fragmentation of care from limited access to gender specific care (OB/GYN, Mammography); and

WHEREAS, According to VA estimates, 27 percent of female Vietnam veterans report that they have been diagnosed with Post Traumatic Stress Disorder (PTSD) and 20 percent of female veterans who served in Iraq and Afghanistan have been diagnosed with PTSD; and

WHEREAS, The majority of VA facilities do not offer inpatient/residential mental health programs for women veterans, and as a result, based on findings from the System Worth Saving Task Force, one veteran had to travel from Colorado to the Coatesville, PA VA Medical Center in order to receive inpatient treatment for Military Sexual Trauma and PTSD; and

WHEREAS, Research on women veterans long-term care health and reproductive issues is needed, especially in developing mental health treatments for women veterans in their child-bearing ages; and

WHEREAS, On October 3, 2011, VA launched congressional child care pilot programs for veterans at the Buffalo VA Medical Center, Northport, NY VA Medical Center and the Tacoma, WA VA Medical Center; and

WHEREAS, On October 3, 2013, the legislative authority for these child care programs expired and VA no longer has congressional authority to provide these crucial and vital child care services, which many veterans have come to rely on when seen by their VA health care provider for their scheduled appointment; and

WHEREAS, Without the support of VA's Child Care program, veterans may no longer be able to attend their scheduled appointments, which will result in a significant increase in VA's no show rate or veterans not receiving care in VA; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the Department of Veterans Affairs (VA) to work with the Department of Labor and Department of Defense to develop a customized women veterans health care track for the Transition Goals, Plans and Success (GPS) program, facilitated by women clinicians; and, be it further

RESOLVED, That The American Legion urge VA to establish an acceptable benchmark for communication of mammogram results to women veterans that is

better than industry standards, which currently is 30 days for normal results and 3 to 5 days for abnormal results; and, be it further

RESOLVED, That The American Legion urge VA to evaluate the access and demand for mental health residential services for women veterans at each of the 152 VA Medical Centers and require each of the 21 Veteran Integrated Service Networks (VISNs) to have a minimum of one (1) Inpatient/Residential Mental Health Program site per VISN; and, be it further

RESOLVED, That VA conduct studies on the long-term health effects for women in the military and differences in treatment for mental health conditions, especially for women in their child-bearing age; and, be it finally

RESOLVED, That The American Legion urge Congress to pass legislation extending the VA Child Care program for veterans, which expired on October 3, 2013.

RESOLUTION NO.: 236

SUBJECT: Exempt Certain Income from VA Pension Rate Determination

Origin: Department of Michigan

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Veterans and surviving spouses in receipt of Department of Veterans Affairs (VA) pension benefits under Public Law (PL) 95-588 must report all income received from outside sources, since this directly affects the amount of VA pension to which they are entitled; and

WHEREAS, Countable income received by the veteran from most sources would include earnings, disability and retirement payments, interest and dividends, and net income from farming or business; and

WHEREAS, Any reimbursement that would compensate a veteran for expenses due to an accident, theft or loss would also be considered countable income; and

WHEREAS, At many polling places, there is a shortage of needed supervisory personnel and serving as an election judge helps ensure a fair and impartial election process; and

WHEREAS, The amount of financial remuneration received from these types of civic activities is relatively small, but it can result in the reduction in monthly benefits, dollar for dollar, or the complete loss of entitlement to pension; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion support legislation to amend paragraph (5), section 1503(a), and title 38, United

States Code, to exempt the reimbursement of expenses related to accidents, theft loss or casualty loss from being included in the determination of countable income with respect to pensions for veterans and surviving spouses and children of veterans; and, be it finally

RESOLVED, That The American Legion shall sponsor and support legislation to exempt income received from jury duty and income from service as an election judge in determining the VA pension rate under Public Law (P.L.) 95-588.

RESOLUTION NO.: 238

SUBJECT: State Veterans Home Funding for Construction Grants

Origin: Department of Michigan

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Federal Funding for construction grants to State Veterans Homes has been static at \$85 million for the past three fiscal years (FY 2011 to 2014), however; in FY 2015 the VA budget proposed a decrease to this funding amount by \$5 million; and

WHEREAS, The President's Budget request for 2014 included \$85 million for State Veterans Homes construction grants; and

WHEREAS, The National Association of State Veterans Homes expects to see an increase in the number of State Home construction projects submitted in the coming years as more states

are once again able to provide matching funds for projects that were previously withdrawn or deferred due to the recessions; and

WHEREAS, The Department of Veterans Affairs has added a new type of Community Living Centers (CLC) which is referred to as a small house concept in which the house is a home for 10 to 12 residents; and

WHEREAS, The home concept is based on the “small house” model, which is more intimate, less institutional and contains fewer residents to accomplish the goal of a home setting; and

WHEREAS, The CLC neighborhood consists of not more than twelve (12) homes and a community center; and

WHEREAS, This new home concept is leading to higher construction costs for new State Veterans Home projects and renovations; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to provide funding to the Departments of Veterans Affairs for State Veteran Homes construction grants at a minimum of \$125 million annually and that these cots permit sufficient funding to mitigate life-safety issues in State Veterans Homes, as well as the design and construction of new types of Community Living Center “small house” models.

RESOLUTION NO.: 239

SUBJECT: Research to Develop a Blood Test to Detect Colorectal Cancer

Origin: Department of Michigan

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, According to the Department of Veterans Affairs (VA), Colorectal Cancer (CRC) is the third most common cancer and the second leading cause of cancer deaths in the United States; and

WHEREAS, In the 2013 VA's Office of the Inspector General (OIG) report "Gastroenterology (GI) Consult Delays at the William Jennings Bryan Dorn VA Medical Center, Columbia, SC," the OIG cited the Centers for Disease Control (CDC) that more than 22 million Americans remain unscreened for CRC; and

WHEREAS, Failure to recognize the critical nursing staffing shortages resulted in a GI consult backlog of 3,800 gastroenterology consults, 700 of them critical; and

WHEREAS, During the review "look-back" period, 280 patients were diagnosed with GI malignancies, 52 of which had been associated with a delay in diagnosis and treatment; and

WHEREAS, In accordance with the Veterans Health Administration (VHA) Directive 2007-004 titled, "Colorectal Cancer Screening," it is VA's policy that eligible veterans at average or high risk for CRC must be offered CRC screening; and

WHEREAS, To detect CRC, there are four commonly tests used:

- Fecal occult blood test (FOBT)—This test checks for hidden blood in fecal material (stool);
- Sigmoidoscopy—This test examines the rectum and lower colon using a lighted instrument called asigmoidoscope;
- Colonoscopy—This test examines the rectum and entire colon are examined using a lighted instrument called a colonoscope, and;
- Double contrast barium enema (DCBE)—With this test a series of x-rays of the entire colon and rectum are taken after the patient

is given an enema with a barium solution and air is introduced into the colon; and

WHEREAS, Delays in detecting CRC due to backlogs, and scheduling can result in patients deaths as in the case where six deaths were linked to delayed screenings for colorectal cancer at a South Carolina VA Medical Center; and

WHEREAS, On May 28, 2013, in House Report 113-90 titled, "Military Construction, Veterans Affairs, and Related Agencies Appropriations Bills," the Committee on Appropriations encouraged the VA to support additional research and development in the field, including investigation of a less costly blood test for colorectal cancer; and

WHEREAS, In a May 2012 VA Research Currents publication it included a quote stating, "A simple blood test would be the ideal approach to colorectal cancer"; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to increase the budget for The Department of Veterans Affairs' (VA) research and clinical trials to develop a blood test for colorectal cancer; and, be it finally

RESOLVED, That VA accelerate the research and development of a screening blood test for detecting colon cancer to ensure that veterans at risk for colon cancer are properly screened and evaluated to prevent further harm or death.

RESOLUTION NO.: 245

SUBJECT: Exempt Funds Related to Interment Services at Cemeteries from any Future Sequestration

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, our country has a proud history of honoring deceased veterans by providing burials in cemeteries paid at VA's expense; and

WHEREAS, when a serviceman or woman dies on active duty there are additional benefits available to the surviving spouse and/or family: and

WHEREAS, in these Killed-In-Action (KIA) or active duty deaths cases those benefits include a \$100,000 death gratuity normally paid out to help tide the family over until survivor benefits kick in and also a year's worth of housing allowance, typically paid in a lump sum to the surviving spouse or dependent children of a service person; and

WHEREAS, during the recent Federal Government budget problems we experienced sequestration of funds; and

WHEREAS, this put a halt to these above mentioned benefits and families were unable to bury their loved ones in a timely manner and unable to secure these monetary benefits, causing greater personal financial pressure and problems during their time of grief; and

WHEREAS, families who wished to have their loved ones interred in a cemetery, paid at VA expense also experienced delays in burial; now therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion promote and support legislation to have all benefits paid, at time of death to the surviving families of those KIA or died on active duty, and funds related to interment services at cemeteries be exempt from any future Sequestration of laws.

RESOLUTION NO.: 248

SUBJECT: Add Agent Orange Component to Code of Federal Regulations 4.16

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, After veterans are released from service they are able to apply for VA compensation for their injuries and illnesses related to their active duty service; and

WHEREAS, Some veterans are given a VA rating that is less than total i.e. under 100%, but they are unable to secure gainful employment due to their service-related conditions(s); and

WHEREAS, Under VA regulations found in C.F.R. 4.16 the VA is able to grant a total rating for individual unemployability if the veteran has one disability rated 60% or a combined rating of 70% with one disability rated 40%; and

WHEREAS, Under this regulation the following will be considered as one disability: (1) Disabilities of one or both upper extremities, or of one or both lower extremities, including the bilateral factor, if applicable, (2) disabilities resulting from common etiology or a single accident, (3) disabilities affecting a single body system, e.g. orthopedic, digestive, respiratory, cardiovascular-renal, neuropsychiatric, (4) multiple injuries incurred in action, or (5) multiple disabilities incurred as a prisoner of war; and

WHEREAS, Some veterans who were exposed to Agent Orange are being granted compensation for various presumptive conditions e.g. residuals of prostate cancer, diabetes, coronary artery disease, etc. and have a combined rating of 60% or more; and

WHEREAS, They are unable to use the above cited regulation because the disabilities are not from a single accident, affect a single body system, incurred in action or incurred as a prisoner-of-war; now therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion ask the Dept. of Veterans Affairs to review and revise C.F.R. 4.16 to include the following new subsection (6) multiple presumptive disabilities from exposure to Agent Orange.

RESOLUTION NO.: 249

SUBJECT: INCLUDE WORLD WAR II VETERANS IN PRIORITY GROUP 6 FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE

Consolidated with Resolution No: 68 (CO) and 161 (MD)

Origin: Department of Illinois

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, Historically when Mexican War and World War I veterans reached advanced age they were provided priority medical care without regards to the other VA eligibility requirements; and

WHEREAS, The average age of our World War II veterans is 84+ years; and

WHEREAS, The veterans of WWII have served our country honorably both in war and after discharge as exemplary citizens of our great nation and are reaching an age when medical services are needed; and

WHEREAS, The current medical services provided to the WWII veterans by VA is based on a category and/or an income means test and proves difficult for these aging veterans to complete as well as being cumbersome for VA to apply and thus prevents some WWII veterans from accessing those services; and

WHEREAS, It is estimated that over 720 World War II veterans are passing away each day and there are less than one million remaining; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in

**Charlotte, North Carolina, August 26, 27, 28, 2014, That —
The American Legion
strongly supports legislation to amend title 38, USC, Chapter
17, to give the
Department of Veterans Affairs (VA) the authority to
automatically enroll World
War II veterans (if they are not already enrolled in Priority
Groups 1-5) into
“Priority Group 6” for the purpose of receiving VA health care
services.**

RESOLUTION NO.: 250

SUBJECT: Blue Water Navy Vietnam Veterans

Origin: Department of Illinois

**Submitted by: Convention Committee on Veterans Affairs and
Rehabilitation**

**Consolidated with Resolution No. 131 (MD), Resolution No.
132 (MD), and Resolution #199 (NY)**

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, Annually the Department of Veterans Affairs (VA) updates a list which includes vessels that operated primarily or exclusively on Vietnam’s waterways; and

WHEREAS, This list includes ships that temporarily operated in these waterways or were moored at the shoreline and ships that operated in close coastal waters of Vietnam for extended periods with evidence that the crewmembers went ashore; and

WHEREAS, It is estimated that more than 500,000 service members served aboard ships off the coast from 1964-1975; and

WHEREAS, Many of these personnel now have health problems commonly associated with herbicide exposure and have endured lengthy legal struggles to prove these problems are service-related; and

WHEREAS, In 2011, the Institute of Medicine (IOM) of the National Academies of Science (NAS) released its results of the Blue Water Navy Vietnam Veterans and Agent Orange Exposure Report, which found no consistent evidence to suggest “Blue Water Navy” veterans were at higher or lower risk and were unable to state with certainty that “Blue Water Navy” veterans were or were not exposed to dioxins from Agent Orange; and

WHEREAS, Current International Law and Treaties usually put the International Water boundary 12 nautical miles (22km) from a country’s coastline; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion strongly supports legislation to amend title 38, USC, to presume exposure to Agent Orange for any military personnel who served during the Vietnam War on any vessel that came within 12 nautical miles of the coastlines of Vietnam.

RESOLUTION NO.: 251

SUBJECT: Extended Hours and Weekends for Veterans' Health Care

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, The Department of Veterans Affairs' (VA) mission is to provide for those who have born the battle; and

WHEREAS, Veterans employed in the civilian workforce may require more flexible hours to meet their health care needs, because they have not accrued an adequate amount of personal or sick leave to use for health care appointments or are in a probationary period of employment with a new company and don't wish to foster a bad impression by taking excessive days off; and

WHEREAS, Eligible veterans should not be denied access to VA healthcare due to a lack of flexible health care appointments; and

WHEREAS, Veterans with children, especially those in single parent households, also may require flexible hours to meet their health care needs; and

WHEREAS, Extended hours such as early mornings, evenings and weekend appointments should be made available at all VA facilities to include primary and specialty care; and

WHEREAS, Offering extended hours for veterans may reduce no-show rates by providing flexible appointments; and

WHEREAS, Additional clinic hours are not possible due to chronic short staffing; and

WHEREAS, Staffing limitations would affect patients from receiving health care on a timely basis; and

WHEREAS, The VA's premium and overtime compensation should be competitive with the private sector for employees who contribute overtime and weekend work; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That — The American Legion shall encourage and support the Department of Veterans Affairs in providing extended hours and weekend appointments for both primary and specialty care at all VA medical facilities in addition to their regular hours of operation; and be it further

RESOLVED, That the VA recruits and hires additional staff to accommodate the rising need of weekend and extended hours for appointments in both primary and specialty care.

RESOLUTION NO.: 255

SUBJECT: Allow Beneficiaries to Retain \$90 of their Benefits While in Medicaid-covered Nursing Homes

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

Consolidated with Resolution No. 15 (GA)

WHEREAS, The American Legion is an organization of war veterans who have dedicated themselves to the service of the community, state and nation; and

WHEREAS, When a veteran without dependents in receipt of pension benefits is covered by Medicaid for nursing home care, Department of Veterans Affairs (VA) pension is reduced to \$90 for incidental expenses; and

WHEREAS, However, when a veteran without dependents who is receiving compensation benefits and is similarly covered by Medicaid, only \$30 a month is allowed for incidentals; and

WHEREAS, When a helpless child who is in receipt of pension or Dependency and Indemnity Compensation (DIC) and is similarly covered by Medicaid, there is no provision for VA to reduce the individual's award for incidental expenses; and

WHEREAS, When a surviving parent who is in receipt of Parents' DIC and is similarly covered by Medicaid, there is no provision for VA to reduce the individual's award for incidental expenses; and

WHEREAS, Under current VA and Medicaid statutes, the service-disabled veteran, helpless child and surviving parent are financially disadvantaged; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall sponsor and support legislation to authorize veterans in receipt of VA compensation, or a helpless child in receipt of VA pension or DIC, or a surviving parent in receipt of VA Parents' DIC, to keep up to \$90 of their monthly VA benefits for incidental expenses while in a Medicaid-covered nursing home.

RESOLUTION NO.: 257

SUBJECT: Exempt Certain Income from VA Pension Rate Determination

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, Serving on jury duty is a civic obligation, which all citizens, when called, should take very seriously; and

WHEREAS, At many polling places, there is a shortage of needed supervisory personnel and serving as an election judge helps insure a fair and impartial election process; and

WHEREAS, Veterans and surviving spouses in receipt of Department of Veterans Affairs (VA) pension benefits under Public Law (PL) 95-588 must report all income received from outside sources, since this directly affects the amount of VA pension to which they are entitled; and

WHEREAS, The amount of financial remuneration received from these types of civic activities is relatively small, but it can result in the reduction in monthly benefits, dollar for dollar, or the complete loss of entitlement to pension; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion shall sponsor and support legislation to exempt income received from jury duty and income from service as an election judge in determining the VA pension rate under PL 95-588.

RESOLUTION NO.: 262

SUBJECT: Grant a 10% Rating for Veterans Who Must Take Daily Medication for Hypertension

Origin: Department of Illinois

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion is a national organization of veterans who have dedicated themselves to the service of their community, state and nation; and

WHEREAS, After veterans are released from service they are able to apply for VA compensation for their injuries and illnesses related to their active duty service; and

WHEREAS, The purpose of this program is to compensate a veteran for the average effect of their disability on their employment and quality of life; and

WHEREAS, Most rated disabilities start at 10% disabling and may go up to 100% depending on the severity of the condition; and

WHEREAS, In the case of hypertension a veteran who takes their medication regularly, watches their diet, weight and exercises on a regular basis may be able to keep their hypertension under good control; and

WHEREAS, Due to their proactive measures their diastolic pressure can be kept below 100 and/or systolic pressure predominantly under 160; and

WHEREAS, Under the current rating schedule, diagnostic code (DC) 7101 this would only allow a 0% rating; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That — The American Legion shall encourage and support legislation to change the rating schedule under DC 7101 to grant a 10% rating for any veteran who must take daily medication to keep their hypertension under control.

RESOLUTION NO.: 264

SUBJECT: Timely Processing of Overpayments for Reserve Components and/or Active Duty Pay

Origin: Department of Arizona

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, US Code Title 10 Armed Forces, Subtitle E, Chapter 1209 Active Duty, Section 12316 states in part: (a) Except as provided by subsection (b), a Reserve of the Army, Navy, Air Force, Marine Corps, or Coast Guard who because of his earlier military service is entitled to a pension, retired or retainer pay, or disability compensation, and who performs duty for which he is entitled to compensation, may elect to receive for that duty either- (1) the payments to which he is entitled because of his earlier military service; or (2) if he specifically waives those payments, the pay and allowances authorized by law for the duty that he is performing; and

WHEREAS, US Code Title 38 Veterans Benefits, Part IV General Administrative Provisions, Chapter 53 Special Provisions Relating to Benefits, Section 5304 states in part: (c) Pension, compensation, or retirement pay on account of any person's own service shall not be paid to such person for any period for which such person receives active service pay; and

WHEREAS, The Department of Veteran's Affairs (VA) has the authority under US Code Title 38, Chapter 53 to withhold any such overpayment incurred from duplicate payment of disability

compensation and active service pay from future compensation payments to the veteran; and

WHEREAS, With other debts incurred by veterans for overpayments or educational debts the veteran is afforded the opportunity to make payment arrangements with the collection arm of the VA, namely Debt Management, and pay this debt back in monthly installments; and

WHEREAS, The VA is grossly delinquent in processing the overpayments for Military Drill Pay each year, sometimes resulting in processing of two or three years at the same time, several years in arrears; and

WHEREAS, The VA does not afford the veteran the opportunity to make payment arrangements, but instead withholds the entire monthly compensation, which can result in the veteran not receiving any compensation for two, four, or six months; and

WHEREAS, The veteran has come to rely on the monthly disability or pension payments and having the entire amount withheld, sometimes years after the veteran has ceased to be in a drilling status with a Reserve Component, results in serious financial difficulty for the veteran; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion supports a strong recommendation to the Department of Veteran's Affairs that they:

a. Place greater emphasis on processing of these overpayments for performance of Reserved Component and/or Active Duty pay so as not to have multiple years processed at the same time; and

b. Allow the debt to be placed with Debt Management for collection to allow the veteran to pay the debt in installments so as not to cause a financial hardship.

RESOLUTION NO.: 281

SUBJECT: Advance Appropriations for all of the Department of Veterans Affairs' Discretionary Accounts

Origin: Department of Iowa

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion supported the 2009 passage of the Veterans Health Care Budget Reform and Transparency Act which ensures sufficient, timely and predictable funding for veterans health care by authorizing funding of Department of Veterans Affairs (VA) medical programs one-year in advance; and

WHEREAS, Current proposals before Congress considers expanding advance appropriations to include the following discretionary programs within the Department of Veterans Affairs:

- (1) VA Construction, Research, and Information Technology
- (2) National Cemetery Administration; and
- (3) Veterans Benefits Administration; and

WHEREAS, With the federal budget and appropriations process continuing to break down, as evidenced by stalemates over debt ceilings, sequestration and proposed government shutdowns; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urges Congress to authorize

advance appropriations for all Department of Veterans Affairs' discretionary appropriations accounts, particularly for Veterans Benefits Administration operations, construction, research, and Information Technology.

RESOLUTION NO.: 282

**SUBJECT: Congressional Budget Office Scoring on
Department of Veterans Affairs Leasing**

Origin: Department of Iowa

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

WHEREAS, In the mid-1990s, Dr. Kenneth Kizer, former Department of Veterans Affairs (VA) Under Secretary for Health, revolutionized the delivery of health care to our nation's veterans by opening local community based outpatient clinics (CBOCs) to provide outpatient medical care to veterans; and

WHEREAS, CBOCs transformed VA into a health care-based system that became more geographically accessible to veterans; and

WHEREAS, Since the mid-1990s, the VA has turned to outpatient clinics as a way to bring health care closer to where veterans live, with 821 clinics to supplement the care provided at 152 medical centers; and

WHEREAS, In FY 2012, H.R. 2646 authorized the VA sufficient appropriations to continue to fund and operate leased facility projects that support our veterans all across the country; and

WHEREAS, The Congressional Budget Office (CBO) abruptly changed its scoring methodology of interpreting leases as operational to capital leases after decades of precedence; and

WHEREAS, In September of 2012, the authorizations for 15 Veterans Health Administration facility leases were eliminated from a construction bill due to the scoring change initiated by the CBO; and

WHEREAS, Approximately 27 leases are impacted for FY 2013 and FY 2014 (see Attachment A) as well as a number of future leases that are set to expire; and

WHEREAS, Based on the scoring change, funding for these leases must be accounted for up-front; and

WHEREAS, VA would see a detrimental impact on its budget and medical care program without the leases; and

WHEREAS, This technical book-keeping ruling prevents Congress from enacting important authorizations to renew and establish new leases; and

WHEREAS, If no action is taken to resolve the issue, veterans will ultimately suffer increased delays and diminished access to needed medical care and services; inefficiencies in their continuum of care, and veterans' care will negatively be impacted by increased costs of duplication of services and contracted care; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion request that Congress provide an annual or permanent exemption for the Department of Veterans Affairs (VA) leases from the Congressional Budget Office's scoring process, so as to give flexibility to VA to meet the health care needs of veterans.

RESOLUTION NO.: 283

SUBJECT: Licensed Professional Mental Health Counselors and Marriage and Family Therapists

Origin: Department of Iowa

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Licensed professional mental health counselors (LPMHCs) and marriage and family therapists (MFTs) comprise over 40 percent of the mental health workforce, totaling more than 175,000 mental health professionals; and

WHEREAS, All 50 states license LPMHCs and MFTs to independently deliver clinical mental health services to individuals, families and groups, providing diagnosis and treatment of mental and addictions disorders, psychotherapy, counseling, and the full range of behavioral health services offered by all mental health professionals; and

WHEREAS, Congress passed legislation recognizing LPMHCs and MFTs as qualified mental health professionals within the Department of Veterans Affairs (VA) in 2006, and VA released qualification standards authorizing the hiring of these professions in 2010; and

WHEREAS, As of 8/31/2012, there were 28 LPMHCs and 69 MFTs onboard in VHA. Since then, VHA has more than tripled the number of LPMHCs to 90 onboard providers and increased by 55% the number of MFTs to 107 onboard providers; and

WHEREAS, The VA's primary recruitment program, the trainee support program, provides over \$100 million in financial stipends, including \$36 million for social work and psychology trainees, and trains more than 3,000 mental health professionals annually; and

WHEREAS, The VA trainee support program does not recognize LPMHCs or MFTs for financial stipends, and the VA has stated that it will not add the professions to the program; and

WHEREAS, Research demonstrates that LPMHCs and MFTs are more likely to practice in rural and underserved areas that lack social workers, psychologists or other mental health professionals, so exclusion from the VA workforce and trainee support program decreases veterans' access to behavioral health care; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion supports the inclusion of licensed professional mental health counselors (LPMHCs) and marriage and family therapists (MFTs) as funded associated health trainees through the Department of Veterans Affairs (VA) trainee support program; and, be it finally

RESOLVED, That The American Legion supports legislation directing VA to provide financial stipends to LPMHCs and MFTs through the VA trainee support program and increase the hiring of these mental health professionals.

RESOLUTION NO.: 284

SUBJECT: Department of Veterans Affairs to Develop Outreach and Peer to Peer Programs for Rehabilitation

Origin: Department of Iowa

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, One of The American Legion's founding principles is Veterans Affairs and Rehabilitation; and

WHEREAS, The American Legion considers itself to be a partner with the Department of Veterans Affairs in ensuring that our nation's military members and veterans have access to the best health care available; and

WHEREAS, In 2013, the unemployment rate of returning service members is 9.0% compared to approximately 7.0% for their civilian counterparts; and

WHEREAS, Citizen soldiers often return from combat duty and immediately resume civilian life without access to readjustment services of Veterans Affairs facilities; and

WHEREAS, The stated goal of the Veterans Administration regarding mental health is to move away from the maintenance model of treatment and transition to the recovery model; and

WHEREAS, The Veterans Administration recognizes that the most important aspect of the recovery-oriented model is peer to peer support; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge the President of the United States and the U.S. Congress to call on the Secretary of Veterans Affairs to develop a national program to provide peer to peer rehabilitation services based on the recovery model tailored to meet the specialized needs of current generation combat-affected veterans and their families; and, be it further

RESOLVED, That the Secretary of Veterans Affairs direct the Department of Veterans Affairs to develop effective service partnerships with community mental health and addictions agencies to expand access to mental health services for National Guard members and reservists living in rural America; and, be it finally

RESOLVED, That The American Legion continue to exert maximum effort to ensure that the Secretary of Veterans Affairs utilizes returning service members for positions as peer support specialists in the effort to provide treatment, support services and readjustment counseling for those veterans requiring these services.

RESOLUTION NO.: 285

SUBJECT: Congress to Provide Back Pay to Veterans and Dependents

Origin: Department of Idaho

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, On October 1, 2013, the United States Congress failed to approve the federal budget, which resulted in the furlough of federal government employees; and

WHEREAS, Compensation payments to more than 3.8 million veterans will be suspended if the government shut-down extends past October 31, 2013; and

WHEREAS, Pension payments to more than 315,000 veterans and over 202,000 surviving spouses and dependents will not be distributed if the government shut-down extends past October, 31, 2013; and

WHEREAS, The failure to provide veterans and their families with their earned benefits will result in financial hardship, which could lead to a loss of homes, to include other basic necessities of living, and may result in delinquent credit reporting; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to reinstate any and all federal benefits to include, but not limited to, compensation, pension, education and dependency and indemnity compensation payments, and provide back pay to veterans and surviving spouses and dependents whose payments may be suspended due to the government shut-down.

RESOLUTION NO.: 287

SUBJECT: Agent Orange Presumption for Service in Southeast Asia since 1975

Origin: Department of Pennsylvania

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, Agent Orange was the most common herbicide used in Southeast Asia by the U.S. Armed Forces during the Vietnam War from 1962-1971; and

WHEREAS, According to the Institute of Medicine of the National Academies, U.S. military forces sprayed over 19 million gallons of herbicide over Vietnam; and

WHEREAS, Agent Orange was contaminated by the carcinogen dioxin- 2, 3, 7, 8-tetrachlorodibenzo--dioxin (TCDD); and

WHEREAS, Over 2 million veterans served in Vietnam during the Vietnam War and are presumed to have been exposed to Agent Orange; and

WHEREAS, A significant number of Vietnam veterans have developed various cancers, neurological disorders, liver dysfunction and other severe diseases; and

WHEREAS, Current law 38 USC Sec. 1116 and 38 CFR 3.307 state a veteran who, during active military served in the Republic of Vietnam during the period beginning on January 9, 1962 and ending on May 7, 1975 shall be presumed to have been exposed during such service to an herbicide agent; and

WHEREAS, Joint POW/MIA Accounting Command (JPAC) was activated on October 1, 2003, created from the merger of the 30-year-old U.S. Army Central Identification Laboratory - Hawaii and the 11-year-old Joint Task Force – Full Accounting, which replaced the 19-year old Joint Casualty Resolution Center; and

WHEREAS, Commanded by a flag officer, JPAC is manned by approximately 400 handpicked soldiers, sailors, airmen, Marines and Department of the Navy civilians; and

WHEREAS, JPAC maintains three permanent overseas detachments and are assigned active duty service members; and

WHEREAS, Detachment Two is stationed in Hanoi, Vietnam and routinely carries out day-to-day operations involving investigating leads, recovering and identifying Americans who were killed in action but never brought home; and

WHEREAS, Hatfield Consultants, out of North Vancouver, British Columbia, Canada; and the Office of the National Steering Committee 33 Ministry of Natural Resources and Environment, out of Hanoi, Vietnam, have performed multiple environmental and human health assessments of dioxin contamination in Vietnam as late as 2011; and

WHEREAS, Significant quantities of TCDD were detected in soil samples in December 2006, January 2008 and 2010; and

WHEREAS, A Hatfield Consultants report dated April 2007 states, “The present study (and previous work by Hatfield/10-80 Division of the Ministry of Health [1998, 2000, 2003,2005]) has verified that the highest concentrations of Agent Orange dioxin in soils/sediments in Viet Nam are found in the top 10 cm layer”; and

WHEREAS, Dioxin levels exceed Vietnamese and international standards and guidelines for TCDD;
and

WHEREAS, Tilapia, the most common fish captured and raised in Vietnam, were found to have more than 200 times the acceptable level established by Health Canada; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion request Congress and the Department of Veterans Affairs (VA) grant those members of the United States Military of the Joint POW/MIA Accounting Command (JPAC); The U.S. Army Central Identification Laboratory - Hawaii, the Joint Task Force – Full Accounting, and the Joint Casualty Resolution Center, who have been activated and served in Vietnam, Laos and Cambodia be presumed to have been exposed during such service to an herbicide agent; and, be it finally

RESOLVED, That the VA grant these personnel the same compensation as their counterparts who served between January 9, 1962 and May 7, 1975.

RESOLUTION NO.: 288

**SUBJECT: Department of Veterans Affairs
Involvement in the Department of Homeland Security**

Origin: Department of Pennsylvania

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The Department of Homeland Security provides a single source of authority, at the highest level, for all homeland defense programs and policies; and

WHEREAS, The role of the Department of Homeland Security is to coordinate national strategy to strengthen protection against terrorist threats or attacks; and

WHEREAS, One of the critical missions of the Department of Homeland Security is emergency preparedness and response “to minimize the damage and recover from future terrorist attacks”; and

WHEREAS, The Department of Veterans Affairs (VA) medical system serves as a primary back-up to the Department of Defense (DOD) in the event of military casualties; and

WHEREAS, VA and DOD have a Contingency Hospital System Plan as part of the Federal Emergency Management Agency; and

WHEREAS, VA is prepared to augment the DOD’s network of hospital and health care facilities in the event of a crisis, with 155 medical centers and a significant medical staff, many of whom are veterans; and

WHEREAS, VA also acts as a federal support organization during major disasters, as one of four partners in the National Disaster Medical System; and

WHEREAS, VA provided medical and psychological support to those in need during the months following the September 11, 2001, attack; and

WHEREAS, VA also maintains radiological response teams and decontamination systems should radioactive materials ever be used; and

WHEREAS, VA manages the largest health care program and is the largest medical education and health professional training program in the United States; and

WHEREAS, VA is a federal presence in virtually every local community in the country; and

WHEREAS, VA has the ability to move health care professionals to the site of a disaster and provide medical care quickly and efficiently; and

WHEREAS, The American Legion believes that the contingency plan for disasters developed by VA and DOD should be integrated as a part of the primary health care procedures of Homeland Security; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress and the Administration to include the Department of Veterans Affairs (VA) in all strategic planning of the Department of Homeland Security; and, be it finally

RESOLVED, That Congress takes into account any additional requirements of VA as a result of involvement in Homeland Security obligations when developing VA's annual budget.

RESOLUTION NO.: 291

**SUBJECT: Oppose Lowering of Cost-of-Living
Adjustments**

Origin: Department of Pennsylvania

Submitted by: Convention Committee on Veterans Affairs and Rehabilitation

WHEREAS, The American Legion, since its inception, has promoted improvements in the earned benefits of the nation's military retirees and veterans; and

WHEREAS, These Department of Veterans Affairs (VA) benefits were earned through a veteran's selfless service during wartime; and

WHEREAS, The Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services; and

WHEREAS, The CPI for all Urban Consumers (CPI-U) is based on the expenditures of almost all residents of urban or metropolitan areas, including professionals, the self-employed, the poor, the unemployed, and retired people; and

WHEREAS, Military retirees, veterans receiving Social Security benefits and certain VA beneficiaries receive an annual cost-of-living adjustment (COLA) based on the CPI-U calculation; and
WHEREAS, The Chained Consumer Price Index (C-CPI-U) uses a formula that reflects the effect of substitution that consumers make in response to changes in relative prices; and

WHEREAS, The C-CPI-U would result in a lower COLA than one based on the current CPI-U; and

WHEREAS, There is current dialogue among lawmakers to consider switching future COLA calculations from the current CPI-U to the C-CPI-U; and

WHEREAS, The Congressional Budget Office estimates that switching to the C-CPI-U instead of the CPI-U for calculations of

future COLAs would save the U.S. Treasury \$208 billion (by reducing VA benefits and civilian and military retirement pay by approximately \$24 billion and Social Security benefits by \$112 billion) over 10 years; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion expresses strong opposition to using any Consumer Price Index that would reduce the annual cost-of-living adjustment for military retirees, veterans receiving Social Security benefits or Department of Veterans Affairs beneficiaries.

RESOLUTION NO.: 292

**SUBJECT: Traumatic Brain Injury and Post
Traumatic Stress Disorder Programs**

Origin: Department of Pennsylvania

**Submitted by: Convention Committee on Veterans Affairs
and Rehabilitation**

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

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

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

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

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

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

WHEREAS, Currently, there are not any definitive medical treatments for TBI and providers/clinicians use therapy and medications to treat the symptoms; and

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

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

WHEREAS, The Department of Defense (DOD) and VA developed a DOD/VA Integrated Mental Health Strategy which recommended as one of the strategic objectives to “develop a system to deliver evidence-based psychotherapies” but in the plan it does not mention coordinating research jointly between both departments; and

WHEREAS, The American Legion developed a TBI/PTSD Ad Hoc Committee in 2010 to investigate the existing science and procedures and alternative methods for treating TBI/PTSD; and 2

WHEREAS, The committee has found several concerns including: the overlapping of symptomology between TBI/PTSD and Substance Abuse Disorder which makes it difficult to diagnose and treat the correct injury/illness; ineffective and overuse of medications; and reluctance of service members and veterans to receive and continue mental health treatment; and

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

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

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

WHEREAS, Veterans that have participated in past DOD/VA TBI/PTSD research studies have not always been properly

informed that they are participants in the study and are not given a disclosure of the effects of any treatment they may be receiving through a study; and

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

RESOLVED, By The American Legion in National Convention assembled in Charlotte, North Carolina, August 26, 27, 28, 2014, That The American Legion urge Congress to provide oversight and funding to the Department of Defense (DOD) and Department of Veterans Affairs (VA) for innovative Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) research currently used in the private sector, such as Hyperbaric Oxygen Therapy and Virtual Reality Exposure Therapy and other non-pharmacological treatments; and, be it further

RESOLVED, That The American Legion urge Congress to increase the budgets for DOD and VA to improve the research, screening, diagnosis and treatment of TBI/PTSD as well as provide oversight over DOD/VA to develop joint offices for collaboration between DOD/VA research; and, be it further

RESOLVED, That DOD/VA both establish a single office for their agency's research and serve as a clearinghouse to track all DOD or VA research, and that all DOD/VA individual research programs and activities coordinate and provide monthly and as needed updates on research activities; and, be it further

RESOLVED, That servicemembers and veterans who participate in DOD/VA TBI/PTSD research studies are

properly informed and give their consent to be included in the study as well as be provided with a disclosure of any negative effects of treatment; and, be it further

RESOLVED, That DOD/VA accelerate research efforts to properly diagnose and develop evidence-based treatments for TBI/PTSD; and, be it finally

RESOLVED, That The American Legion urge Congress to exercise oversight over DOD/VA to ensure servicemembers and veterans are only prescribed evidence-based treatments for TBI/PTSD and not prescribed off-label and non-Federal Drug Administration approved medications or treatments for TBI/PTSD.

THE FOLLOWING RESOLUTIONS ARE BEING REFERRED TO THE STANDING COMMISSION FOR STAFF STUDY OR APPROPRIATE ADMINISTRATIVE DISPOSITION

There were (5) resolutions referred to the Standing Commission for Staff Study or Appropriate Administrative Disposition.

REFERRED RESOLUTIONS

32	California	Patriot Outreach Program
73	South Dakota	Department of Veterans Affairs Preservation of National Historic Properties
109	Minnesota	The Department of Veterans Affairs Work Force Be Comprised of 50% or more Veterans
229	Ohio	Department of Veterans Affairs Chiropractic Services
237	Michigan	Tobacco-Related Disabilities

267	Arizona	Change the Manner in Which Claims are Determined
290	Pennsylvania	Legislation to Provide Reporting, Tracking, and Action Dealing with Sexual Assaults at Department of Veterans Affairs Facilities

RECEIVED AND RECORDED RESOLUTIONS

244	Illinois	Urn Markers Provided by the National Cemetery Administration
289	Pennsylvania	Department of Veterans Affairs to Include and Treat Family Members of Veterans with Illnesses and Injuries

REJECTED RESOLUTIONS

13	South Dakota	Preservation of Department of Veterans Affairs Historic Properties
113	Washington	Department of Veterans Affairs Tracking System for Disability Claims
115	Washington	Improvements to the Veterans Online Application (VONAPP)
116	Washington	In-State Licensure for VA Healthcare Providers
231	Ohio	Accountability of Department of Veterans Affairs and Veterans Health Administration
265	Arizona	Establish an Asbestos Registry within the Department of Veterans Affairs (VA)

Respectfully submitted:

Veterans Affairs

Ralph P. Bozella (CO), Chairman
Convention Committee on
and Rehabilitation

Phil Youngblood (GA), Secretary