

**2011
CONVENTION RESOLUTIONS**



In Service to America ®

**15TH NATIONAL CONVENTION
RENO, NEVADA
AUGUST 17-21, 2011**

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

GOVERNMENT AFFAIRS

G-7

SERVICE CONNECTION FOR HEPATITIS C

History:

First adopted in 1999 as G-7-99

Renumbered in 2011 as G-7

Issue: Service connection for Hepatitis C.

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

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

G-9

AWARDING OF THE COMBAT MEDEVAC BADGE (CMB)

History:

First adopted in 2003 as G-9-03

Renumbered in 2011 as G-9

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

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

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

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

G-10

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

History:

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

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

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

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

G-13

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

History:

First adopted in 1999 as V-16-99
Renumbered in 2003 as V-13-03
Renumbered in 2005 as V-16-99
Renumbered in 2009 as G-13-07
Renumbered in 2011 as G-13

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

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

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

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

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

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

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

G-14

STATE VETERANS HOMES

History:

First adopted in 2003 as V-14-03
Renumbered in 2005 as V-17-03
Renumbered in 2009 as G-14-07
Renumbered in 2011 as G-14

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

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

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

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

Resolved, That: Vietnam Veterans of America maintain that:
Each state council and its chapter make themselves aware of the plight of the veterans home in their state and support the high quality of care that these homes deliver to our veterans in need.

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

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

G-15

VIETNAM WAR IN MEMORY MEMORIAL PLAQUE PROJECT

History:

First adopted in 2001 as P-9-01
Amended in 2005 as P-9-05
Amended in 2007
Renumbered in 2011 as G-15

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

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

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

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

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

G-16

SEXUAL HARASSMENT

History:

First adopted in 1993 as V-15-93
Renumbered in 1995 as V-8-95
Renumbered in 2003 as V-5-03
Amended in 2005 as V-8-95
Amended in 2007 as VB-22-07
Renumbered in 2009 as VB-22
Renumbered in 2011 as G-16

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

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

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

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

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

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

G-17

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

History:

First adopted in 1991 as V-26-91

Renumbered as V-21-93 in 1993

Renumbered as V-13-95 in 1995

Amended in 1997 as V-11-97

Renumbered in 2003 as V-8-03

Renumbered in 2005 as V-11-95

Renumbered in 2011 as G-17

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

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

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

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

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

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

MEMBERSHIP AFFAIRS

M-1

VERIFICATION AND SECURITY OF DD FORM 214

History:

First adopted in 1983 as M-9-83

Amended in 1991 as M-4-91

Amended in 1993 as M-4-93

Renumbered in 1997 as M-2-97

Renumbered in 1999 as M-1-99

Renumbered in 2011 as M-1

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