

2009 Proposed Convention Resolutions



Compiled

**By the
2009 Resolutions Committee
Fred Elliott, Chair
Sharon Hodge, Staff Advisor**

**For Consideration at the
Fourteenth National Convention
Louisville, Kentucky
July 27th - August 2nd 2009**

Table of Contents

Page

Proposed 2009 Convention Resolutions

Culturally and Linguistically Appropriate Health Care
Submitted by Minority Affairs Committee4

Women Veterans Research Submitted by the Women Veterans Committee.....5

Women Veterans and Veterans Benefits Submitted by the Women Veterans
Committee6

Homeless Veterans Reintegration Program to Remain at the Us Department of
Labor (DOL) And Be Fully Funded At \$50 million
Submitted by the Homeless Veterans Committee7

Support for Continued Funding and Oversight of the Us Department Of Housing
And Urban Development/Us Department of Veterans Affairs Supportive Services
(HUD/VASH)) Program Submitted by the Homeless Veterans Committee8

US Department Of Housing And Urban Development (HUD) Shelter plus Care
Housing Programs to Receive Supportive Service Dollars
Submitted by the Homeless Veterans Committee.....9

**Proposed 2009 Convention Resolutions Not Adopted by
Committees**

Support legislation to have Section 4.88b of Title 38 Code of Federal
Regulations, The List of Infectious Diseases, amended to include Hepatitis C.
Submitted by Theodore L. Pietz.....10

Support Legislation to have Hearing Loss Added to the List of Birth Defects,
Recognized by the Veterans Administration, due to Exposure to Agent Orange
Submitted by Theodore L. Pietz.....11

Vietnam Veterans Recognition Week
Submitted by Cecilio Bezares, II.....12

To repeal section 511(a) United States Code regarding Decision of the Secretary
of Veterans Affairs Finality
Submitted by John Halbrook.....13

All Committees: Better use of financial resources of VVA and use of technology avail to us could/should be utilized to reduce "physical" meetings whenever possible and prudent.

Submitted by John Neuman.....14

To support presumption for exposure for digestive Disorder Hepatitis C.

Submitted by Theodore L. Pietz.....15

Proposed 2009 Amended Convention Resolutions by Committees

Woman Veterans Committee Medical Treatment of Women Veterans by Department of Veterans Affairs.....16

Health Care Committee Veterans Health Care.....19

Veterans with HIV Infection.....21

Military Health Care.....22

2009 Committee Retired Resolutions

Retired Resolutions by Committee.....24

2009 Convention Resolutions Referred out of Committee

Resolutions referred out of Committee.....26

ADOPTED BY MINORITY AFFAIRS COMMITTEE
CULTURALLY AND LINGUISTICALLY APPROPRIATE
HEALTH CARE
(MA-XX-09)

UPDATE CORNER
Submitted by: Jerry Yamamoto, November 6, 2008
Accepted by: Minority Affairs Committee at April 2009 committee meeting.

Issue: The United States Armed Forces are increasingly recruiting racial and ethnic minorities. Over ten percent of military personnel, including the Coast Guard, are of Hispanic descent; over 1 percent are American Indian or Alaska Natives; Asian American/Pacific Islanders represent nearly four percent.

Background: A significant number of Vietnam-era veterans are of Hispanic descent, and Spanish is their first/primary language. To date, only 43 percent of VA facilities have trained their staff to implement culturally and linguistically appropriate programs and only 24 percent of facilities have translated materials into languages used by our servicemen and women and their families. This resolution would support the implementation of legislation to enable veterans and their families to receive culturally and linguistically appropriate health care by the Veterans Administration.

Resolved That, Vietnam Veterans of America supports legislation to ensure veterans receive culturally and linguistically appropriate health care as defined in guidelines issued in 2002 by the VA Under Secretary for Health. The legislation would require the VA to conduct a thorough assessment of the language needs of the population to be served, including identifying the non-English languages that are likely to be encountered. It would ensure development and implementation of a comprehensive language assistance program. The legislation ensures that the VA trains staff on the limited English proficiency policy and establishes a monitoring and oversight system to ensure meaningful access.

ADOPTED BY WOMEN VETERANS COMMITTEE**WOMEN VETERANS RESEARCH****(WV-XX-09)**

Issue: Specific issues pertinent to women veterans have not been adequately researched.

Background: Because women veterans have historically been a small percentage of the veteran population, many issues specific to women veterans have not been researched. General studies of veterans often had insufficient numbers of women veterans to detect differences between male and female veterans and/or results were not reported by gender. Today, however, women are projected to be 14% of the veteran population by 2010.

Resolved, That: Vietnam Veterans of America asks the Secretary to conduct several studies specific to women veterans and that Congress pass legislation to mandate such studies if the Secretary does not act:

- A long-term health study of the physical and mental health effects of in-country Vietnam service on women veterans to include an evaluation of the prevalence of autoimmune disorders in this population.
- A comprehensive assessment of the barriers to and root causes of disparities in the provision of comprehensive medical and mental health care by Department of Veterans Affairs for women veterans.
- A comprehensive assessment of the capacity and ability of women veterans' health programs in Department of Veterans Affairs, including Compensation and Pension examinations, to meet the needs of women veterans.

UPDATE CORNER

***Submitted by: Marsha Four, Chair, Women Veterans Committee
March 27, 2009
Accepted by: Women Veterans Committee
at April 2009 committee meeting.***

ADOPTED BY WOMEN VETERANS COMMITTEE

WOMEN VETERANS AND VETERANS BENEFITS

(WV-XX-09)

Issue: Women Veterans underutilize veterans' benefits in comparison with male veterans.

Background: The Veterans Benefits Administration (VBA), and to a lesser extent, the National Cemetery Administration (NCA), have been less proactive than the Veterans Health Administration in targeting outreach to women veterans and in ensuring competency in managing claims filed by women veterans.

Resolved, That: Vietnam Veterans of America will continue its advocacy to secure benefits for all eligible veterans.

- VVA asks the Secretary ensure the leadership in all VA Regional Offices (VARO) are cognizant of women veterans' issues and conduct appropriate outreach activities to women veterans.
- Further, we seek that the Secretary ensure:
- That VBA establishes consistent standards for the time allocated to the position of Women Veteran Coordinator (WVC) based on the number of women veterans in the area the VARO serves.
- That VBA establish a method to identify and track outcomes for all claims involving personal assault trauma, regardless if the resulting disability, such as PTSD depression, or anxiety disorder.
- That all claim adjudicators who process claims for gender-specific conditions and claims involving personal assault trauma receive the training necessary to be competent to evaluate such claims
- That VAROs create an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort.
- That NCA enhance targeted outreach efforts in those areas where burial benefits usage by women veterans does not reflect the women veterans' population. This may include collaboration with VBA and VHA in seeking means to proactively provide burial benefits information to women veterans, their spouses and children, and to funeral directors.

UPDATE CORNER

***Submitted by: Marsha Four, Chair, Women Veterans Committee
March 27, 2009
Accepted by: Women Veterans Committee
at April 2009
committee meeting.***

UPDATE CORNER

ADOPTED BY HOMELESS VETERANS COMMITTEE

**HOMELESS VETERANS REINTEGRATION PROGRAM
TO REMAIN AT THE US DEPARTMENT OF LABOR
(DoL) AND BE FULLY FUNDED AT \$50M**

(HVC-XX-09)

***Submitted by: Sandra
Miller, Chair Homeless
Veterans Committee,
on March 27, 2009
Accepted by:
Homeless Veterans
Committee at April
2009 committee***

Issue: Job readiness training and reeducation are a congressionally mandated function and responsibility of the US Department of Labor (DOL).

Background: The Homeless Veterans Reintegration Program (HVRP) has long suffered the consequences of limited funding. VVA is seeking to ensure that DOL request full authorized funding in its budget. This is not only a significant investment in the lives of veterans who are trying to “make their way back”...it is an investment in our national economy.

This training and employment program has proved over time to be extremely successful in retraining and reeducating our homeless veteran, providing a new start at life. It is a labor and training issue, and as such, it should be held accountable for program investment and performance in the same vein as all other agencies to include the U.S. Department of Veterans Affairs.

Resolved, That: Vietnam Veterans of America opposes the transition of the HVRP Program from the US Department of Labor and further, that DOL should be held accountable for this program’s function, oversight, and performance. Additionally, VVA urges full funding to the authorized level for the HVRP program.

UPDATE CORNER**ADOPTED BY HOMELESS VETERANS COMMITTEE****SUPPORT FOR CONTINUED FUNDING AND
OVERSIGHT OF THE US DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT/US DEPARTMENT OF
VETERANS AFFAIRS SUPPORTIVE SERVICES
(HUD/VASH) PROGRAM.****(HVC-XX-09)**

***Submitted by: Sandra
Miller, Chair Homeless
Veterans Committee,
on March 27, 2009
Accepted by:
Homeless Veterans
Committee at April
2009 committee***

Issue: Continued funding for the existing HUD/VASH voucher program, as well as the proposed additional \$75M for 10,000 more vouchers is key to ending homelessness among our nation's veteran population. Oversight of the HUD/VASH program and its processes will prove to an invaluable tool in the continuance and expansion of this program.

Background: VVA applauds the Senate Appropriates Committee for having funded the initial \$75M for 10,000 HUD/VASH vouchers included in PL 110-161. The vouchers created by this funding will prove paramount in addressing the permanent supportive service housing needs of our homeless veteran population. By allocating this funding, Congress has given service providers the greatest tool possible in our fight to end homelessness among veterans. Oversight is necessary to ensure these vouchers, and any additional vouchers, will be administered, distributed and utilized to the fullest extent possible. By tracking the outcomes of the current HUD/VASH voucher program, a full annual evaluation of their effectiveness will drive not only those vouchers online, but the need for additional vouchers.

Resolved, That: Vietnam Veterans of America strongly supports and urges the continued funding and expansion of the HUD/VASH voucher program. Further, VVA urges the US Department of Housing and Urban Development and US Department of Veterans Affairs establish a mechanism whereby oversight of the HUD/VASH voucher program will be insured so that outcomes, and effectiveness of the program can be monitored.

UPDATE CORNER**ADOPTED BY HOMELESS VETERANS COMMITTEE****US DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT (HUD) SHELTER PLUS CARE HOUSING
PROGRAMS TO RECEIVE SUPPORTIVE SERVICE
DOLLARS****(HVC-XX-09)*****Submitted by: Sandra
Miller, Chair Homeless
Veterans Committee,
on March 27, 2009
Accepted by:
Homeless Veterans
Committee at April
2009 committee***

Issue: The HUD Shelter plus Care grants provide no funding dollars for operational/ staffing support to provide supportive services to anyone in Shelter plus Care beds. Case management is vital to the success of the population of homeless individuals as evidenced in the required eligibility for placement in S+C programs. HUD Supported Housing Program (SHP) grants do provide for these services, as does, also the new HUDVASH (VA Supported Housing).

Background: Shelter Plus Care (S+C) is an old solution to continuing problem homelessness. Certainly, not all persons in this supported housing program are veterans. However, with the percent of homeless veterans in the homeless population, one can surmise that veterans are a significant portion of those placed in S+C programs. The care, benefits and entitlements within VHA and VBA can be very confusing even to veterans, but especially to non-veterans and community service providers. While Case management is a component of S+C, no service or staffing dollars are available in this program. This is a severe handicap to non-profits who find general case management of S+C difficult within their general agency budget, but to find one who is educated in the ways of the VA is truly challenging. For this reason, we believe HUD should readdress S+C and move it into the 21st century, providing funding for case management similar to that of its SHP McKinney-Vento program which is also a subsidized permanent housing program.

Resolved, That: Vietnam Veterans of America urges the US Department of Housing and Urban Development to restructure the Shelter Plus Care grant and funding process to mirror that of the Supported Housing Program process, whereby funding for supportive services is provided through the availability of operational/staffing dollars.

**2009 PROPOSED CONVENTION RESOLUTIONS
NOT ADOPTED BY GOVERNMENT AFFAIRS
COMMITTEE**

Submitted by: Theodore L. Pietz
Resolution endorsed by chapter: YES
Which chapter endorsed: 185
Date endorsed by chapter board: 2-18-2009
Date endorsed by chapter membership: 2-18-2009
Resolution endorsed by state council: YES
Which state council: Maine
Date endorsed by state council delegates: 2-18-2009
Responsible committee: Government Affairs
Revision of existing resolution: NO

UPDATE CORNER
**GOVERNMENT AFFAIRS
COMMITTEE**
**TO: VVA Resolutions
Committee**
**FROM: John Miterko, Chair,
and Government Affair
Committee**
DATE: April 24, 2009
**SUBJECT: 09 CONVENTION
RESOLUTIONS R-3
submitted by Theodore Pietz**

Issue: Title: Support legislation to have Section 4.88b of Title 38 Code of Federal Regulations, The List of Infectious Diseases, amended to include Hepatitis C.

Proposed_Position: Therefore, let it be adopted at the chapter level that the VVA legislate to have the disease Hepatitis C added to the List of Contagious Diseases under Section 4.88b of Title 38 Code of Federal Regulations

The Government Affairs Committee declined to report out this proposed resolution because service connection for Hepatitis C is the subject of current Resolution G-7-99.

Submitted by: Theodore L. Pietz
Resolution endorsed by chapter: YES
Which chapter endorsed: 185
Date endorsed by chapter board: 3-3-09
Date endorsed by chapter membership: 3-3-09
Resolution endorsed by state council: YES
Which state council: Maine
Date endorsed by state council delegates: 3-3-09
Responsible committee: Agent Orange
Revision of existing resolution: NO

UPDATE CORNER

**GOVERNMENT AFFAIRS
COMMITTEE**

**TO: VVA Resolutions
Committee**

**FROM: John Miterko, Chair,
Government Affair
Committee**

DATE: April 24, 2009

**SUBJECT: 09 CONVENTION
RESOLUTIONS R-4 submitted
by Theodore Pietz**

Issue: Title: Support Legislation to have Hearing Loss Added to the List of Birth Defects, Recognized by the Veterans Administration, due to Exposure to Agent Orange

Proposed_Position: Therefore, let it be adopted at the chapter level that the VVA legislate to have hearing loss in children of service members and veterans, who were exposed to Agent Orange, be added to the list of conditions under birth defects, recognized by the veterans Administration, for exposure to agent Orange.

The Government Affairs Committee referred this proposed resolution to the Agent Orange Committee.

UPDATE CORNER**GOVERNMENT AFFAIRS
COMMITTEE****TO: VVA Resolutions
Committee****FROM: John Miterko, Chair,
Government Affair
Committee****DATE: April 24, 2009****SUBJECT: 09 CONVENTION
RESOLUTIONS R-5 submitted
by Cecilio Bezares**

Submitted by: Cecilio Bezares, II
 Resolution endorsed by chapter: YES
 Which chapter endorsed: 874
 Date endorsed by chapter board: 2 Feb 2009
 Date endorsed by chapter membership: 2 Feb 2009
 Resolution endorsed by state council: Yes
 Which state council: West Virginia
 Date endorsed by state council delegates: 15 March
 2009
 Responsible committee: Government Affairs
 Revision of existing resolution: NO

Issue: Recognizing and acknowledging Vietnam Veterans Recognition Week, to be held in homage of honorable and dedicated veterans who served during the Vietnam War

Background: There are approximately 3.4 million veterans of the Vietnam War in this country, and 8,744,000 military personnel from this country served in active duty in the Vietnam War, and over 58,000 American military personnel lost their lives from Vietnam related duty; and the men and woman who served during the Vietnam War; though suffering great personal sacrifice and in some instances, being reviled by some of their own fellow citizens, did so with intense and unquestioned honor and dedication to this country.

Proposed Position: Whereas, May 1st through May 7th be slated as "Vietnam Veterans Recognition Week" a time to pay particular homage to these veterans who served selflessly and courageously, but who, at the time of their services, did not receive the recognition they so greatly deserved; therefore, be it Resolved by the Vietnam Veterans of America.

The Government Affairs Committee declined to report out this proposed resolution because similar legislation has been introduced in the Senate to have March 30th recognized as "Welcome Home, Vietnam Veterans Day".

Submitted by: John T. Halbrook
 Resolution endorsed by chapter: YES
 Which chapter endorsed: 216
 Date endorsed by chapter board: 1 October 1998
 Date endorsed by chapter membership: 1 October 1998
 Resolution endorsed by state council: Yes
 Which state council: Oklahoma
 Date endorsed by state council delegates: 1 October 1998
 Responsible committee: Government Affairs
 Revision of existing resolution: Yes

UPDATE CORNER

**GOVERNMENT AFFAIRS
 COMMITTEE**

**TO: VVA Resolutions
 Committee**

**FROM: John Miterko, Chair,
 Government Affair
 Committee**

DATE: April 24, 2009

**SUBJECT: 09 CONVENTION
 RESOLUTIONS R-6**

submitted by John Halbrook

Issue: Section 511(a) of the United States Code states that the decision of the Secretary are final and cannot be appealed to a higher authority.

Background: Lane Evans H.R. 4018 would have repealed this, but it was struck forever in committee

Proposed_Position: Sec 511 (a) U.S. needs to be repealed by a bill in the House or the senate, or by a partisan bill and signed into law by the President.

The Government Affairs Committee referred this proposed resolution to the Veterans Benefits Committee to define what the submitter wants. After review of the proposed convention resolution at the April 2009 committee meeting, the Veterans Benefits Committee did not report this resolution out of committee.

**2009 PROPOSED CONVENTION RESOLUTION
NOT ADOPTED BY MEMBERSHIP AFFAIRS
 COMMITTEE**

Submitted by: John Neuman
 Resolution endorsed by chapter: YES
 Which chapter endorsed: #392
 Date endorsed by chapter board: 1/14/09
 Date endorsed by chapter membership: 1/14/09
 Resolution endorsed by state council: YES
 Which state council: Montana and Oregon
 Date endorsed by state council delegates: 3/6/09
 Responsible committee: Membership
 Revision of existing resolution: NO

UPDATE CORNER

**VVA Membership Affairs
 Committee**

**TO: VVA Resolutions
 Committee**

**FROM: Bill Meeks, Chair,
 Membership Affairs
 Committee**

DATE: April 24, 2009

**SUBJECT: 09 CONVENTION
 RESOLUTIONS R-7 submitted
 by John Neuman**

Issue: ALL COMMITTEES: Better use of financial resources of VVA and use of technology avail to us could/should be utilized to reduce "physical" meetings whenever possible and prudent. Teleconference, Internet and Video conference greatly reduces and eliminates Travel; (single largest expense) air, lodging, meals and expenditure of time to a fraction. Savings go directly TO operating income for veteran programs/projects rather than TAKE from them. We can greatly increase cost effectiveness of all involved.

Proposed Position: Be it resolved as an ongoing service organization we do not make immediate life or death decisions and should use cost effective vs. crisis direction.

1) Efforts to reduce any physical meetings should be used whenever possible and prudent to do so. 2) Action required by the BOD should be submitted in writing to its members with at least 30 days notice as a standard rule and no less than 10 days on an emergency basis.

The Membership Committee declined to report out the proposed resolution. Teleconference and video conference is not cost effective technology at this time due to the size of the participants involved. State Council Presidents and National Board members comprise the committee ranks and scheduling such conferences would be a logistic nightmare.

2009 PROPOSED CONVENTION RESOLUTION
NOT ADOPTED BY VETEARN'S BENEFIT COMMITTEE

Submitted by: Theodore L Pietz
Resolution endorsed by chapter: YES
Which chapter endorsed: 185
Date endorsed by chapter board: 1.21.09
Date endorsed by chapter membership: 1.21.09
Resolution endorsed by state council: NO
Responsible committee: Benefits
Revision of existing resolution: NO

UPDATE CORNER
**VETERANS BENEFITS
COMMITTEE**
**TO: VVA Resolutions
Committee**
**FROM: Jerry Klein, Chair
Veterans Benefits Committee**
DATE: April 24, 2009
**SUBJECT: 09 CONVENTION
RESOLUTIONS R-6 submitted
by Theodore Pietz R-2**

Issue: Title: Support Presumption to Exposure for the Digestive Disorder Hepatitis C under Diagnostic Code 7354 in Section 4.114 of Title 38 Code of Federal Regulations, for all Veterans

Proposed_Position: Therefore, let it be adopted at the chapter level that presumption of exposure while in military service be accepted.

The Veterans Benefits Committee declined to report out this proposed resolution because service connection for Hepatitis C is the subject of current Resolution G-7-99.

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

WV-2-05 (Amended)

Issue: Since 1982, Vietnam Veterans of America has been a leader in championing appropriate and quality health care for all women veterans. There are many innovations and improvements in the delivery of Department of Veterans Affairs (DVA) health care for women veterans that were sponsored by Vietnam Veterans of America. Some concerns remain in the treatment, delivery, and monitoring of services to women veterans.

Background: DVA eligible women veterans are entitled to complete health care including gender specific illnesses, injuries and diseases. The DVA has become increasingly more sensitive and responsive to the needs of women veterans and many improvements have been made. Unfortunately, these changes and improvements have not been completely implemented throughout the entire system. In some locations, women veterans experience barriers to adequate health care and oversight with accountability is lacking. **Primary care is fragmented for women veterans. What would be routine primary care in the community is referred out to specialty clinics in the VA. Today 1 in every 7 VA outpatients under the age of 50 is a woman. This is one reason that VVA believes that the following resolution requires address.**

The resolutions amends WV-2-05

Resolved, That: Vietnam Veterans of America will continue its advocacy to secure appropriate facilities and resources for the diagnosis, care and treatment of women veterans at all DVA hospitals and clinics. We ask the Secretary ensure senior leadership at all facilities and Veteran Integrated Service Networks (VISN) be held accountable for ensuring women veterans receive appropriate care in an appropriate environment. Further, we seek that the Secretary ensure:

- The competency of staff who work with women in providing gender-specific health care.
- **That appropriate training regarding issues pertinent to women veterans is provided.**
- **That there is the creation of an environment in which staff are sensitive to the needs of women veterans, and the environment meets the women's needs for privacy, safety, and emotional and physical comfort in all venues.**
- **That privacy policy standards are met for all patients at all VHA locations.**

- That patient satisfaction assessments and all clinical performance measures and monitors that are not gender-specific, be examined and reported by gender to detect any differences in the quality of care.
- That the Office of Quality Performance will report any significant differences and this report will be forwarded to the Under Secretary for Health, Under Secretary for Operations and Management, the VISN Directors, facility directors and chiefs of staff, and the Women Veterans Health Program Office.
- That every woman veteran has access to a VA primary care provider who meets all her primary care needs, including gender-specific and mental health care in the context of an ongoing patient-clinician relationship.
- That general mental health care providers are located within the women's and primary care clinics in order to facilitate the delivery of mental health services.
- That sexual trauma care is readily available to all veterans who need it. Additionally, that an evaluation of all gender specific sexual trauma intensive treatment residential programs be made to determine if this level is adequate.
- That Vet Centers are able to adequately provide services to women veterans.
- That a plan is developed for the identification, development and dissemination of evidence-based treatments for PTSD and other co-occurring conditions attributed to combat exposure or sexual trauma.
- That women veterans, upon their request, have access to female mental health professionals, and if necessary use fee basis to meet the women veteran's needs.
- That all Community Based Outpatient Clinics (CBOC) which do not provide gender-specific care arrange for such care through fee basis or contract in compliance with established access standards.
- That the Women Veterans Health Program Office aggressively seek to determine root causes for any differences in quality measures and report these to the Under Secretary for Health, Under Secretary for Operations and Management, the VISN Directors, facility directors and COS, and providers.

- **That all facilities have complied with the Under Secretary of Health's directive that all Women Veteran Program Managers be full-time positions.**
- **That VA update its web site to provide sufficient information to women veterans to locate and contact the Health Care for Homeless Veterans (HCHV) coordinator or alternate in their respective regions in order to find immediate shelter regardless of the time of day or night.**
- **That legislation be enacted to ensure neonatal care is provided for up to 30 days as needed for the newborn children of women veterans receiving maternity/delivery care through Department of Veterans Affairs**

VETERANS HEALTH CARE**HC-2-07
(Amended)**

Issue: The Department of Veterans Affairs (DVA) Veterans Health Care Administration, Veterans Integrated System Network/VISN is responsible for providing health care to veterans with service-connected disabilities and others as determined by eligibility rules established by Congress. Concerns continue regarding quality of health care, access, and eligibility for services.

Background: Many veterans have been adversely affected by what has been described as a health-care system “in crisis.” This, in part, is due to budget and resource limitations. Other significant factors are directly related to the massive size of the centralized DVA health-care system, its bureaucratic inertia, and its inability to organize itself into an effective instrument to meet the changing health-care needs of all veterans under its care. Both service-connected and non-service-connected veterans have experienced a consistent unavailability of access to DVA health care, including mental health, outpatient contract, and inpatient cares.

Issues of access involve the need for many veterans to travel long distances to obtain care, as occurs with veterans living in rural communities or on island communities in Puerto Rico, the U.S. Virgin Islands, and Hawaii. Non-U.S. citizen veterans of the U.S. Armed Forces may receive DVA treatment for service-connected disabilities only if residing in the U.S. the statute allows payment for the treatment of service-connected disabilities outside the U.S. for veterans of the U.S. Armed Forces, only if such veterans are U.S. citizens, reside in the Republic of the Philippines, or are Canadian nationals.

The quality of health care in DVA remains suspect as revelations of questionable practices and adverse outcomes continue to emerge. DVA has lost sight of its obligation to provide quality health care as defined by veterans and their families, opting instead for quality as defined by health administrators and medical school affiliations.

The resolution amends HC-2-07

Resolved, That: Vietnam Veterans of America maintains that: Veterans who have sustained injuries or illnesses during and/or as a result of their military service have the right to the highest quality medical and psychological services for treatment of those injuries and illnesses.

The first priority of the DVA must be to provide the highest quality medical and psychological treatment at no cost to veterans for illnesses and injuries incurred during and/or as a result of military service.

DVA must insure the highest quality of care provided in DVA health-care facilities. Monitoring activities conducted by Quality Assurance Programs must be scientifically based and include regular and consistent review **by the Under Secretary for Health, Deputy Under Secretaries for Health, VISN Directors, and the director and chief of staff of the institution. Quality data should be easily available to the public.**

When DVA cannot provide the highest quality care within a reasonable distance or travel time from the veterans' home (fifty miles) and in a timely manner (thirty days). DVA must provide care via fee-basis provider of choice for service-disabled veterans. Additionally DVA must provide beneficiary travel reimbursement at the government rate. **DVA should report at least annually on the use and cost of fee basis and contract care, including the type of care and the reasons VA could not provide it.**

Congress should remove restrictions against providing DVA medical care to non-citizen, service-connected disabled veterans of the U.S. Armed Forces must be removed in order to treat equitably all those who served in the U.S. Armed Forces regardless of their country of origin, citizenship, or current country of residence.

DVA health-care policies must allow the veteran client to have input in DVA Medical Center/Outpatient Clinic operations. This should include establishment of veteran's advisory boards at the local level. **DVA should report on how many facilities have such boards, how often the boards meet, how members are selected, and how meetings are publicized in the community and among VSOs.**

DVA health-care policies must be based on veteran patient needs. Health-care implementation should be decentralized to the local level, and budgeting should allow local facilities to plan for their own needs with significant consultation by the local veterans' advisory board. The Congress must enact and the President must sign into law legislation that creates an assured reliable funding stream for the DVA health care programs, indexed to medical inflation and the per capita use of the VA Health Care System. VVA questions the philosophy and the language that limits the delivery of the VA healthcare treatment and services to a "core constituency". VVA is committed to protecting the rights of veterans and access to VA programs and services as defined in Title 38 US code.

VETERANS WITH HIV INFECTION**HC-3-07
(Amended)**

Issue: Care of veterans with HIV infection, education and counseling services of veterans and their families regarding the prevention of HIV infection.

Background: Human Immunodeficiency Virus (HIV) infection remains a major health issue in the U.S. Approximately six to seven percent of all persons with AIDS in the U.S. are cared for in Department of Veterans Affairs (DVA) medical facilities, and many other veterans receive care for HIV infection/AIDS elsewhere.

This resolution amends HC-3-07

Resolved, That: Vietnam Veterans of America takes the following position:
Urges DVA to continue making available educational materials reflecting the latest research and developments in HIV care for both staff and patients at all DVA medical centers, outpatient clinics, Vet Centers, and Regional Offices.

Urges DVA to ensure currently recommended treatments for HIV are available to veterans in DVA facilities or through fee basis or contract care.

Continues its commitment to serving veterans with HIV infection through its service Representatives.

MILITARY HEALTH CARE

VB-21-95 (Amended)

Issue: Upholding individual rights and traditional patient-centered ethics within the Department of Defense (DoD) medical-care system.

Background: During Operation Desert Storm concerns were raised by requests from the DoD to the Food and Drug Administration (FDA) to obtain waivers for the administration of unlicensed drugs without informed consent. Although both of the drugs in question (pyridostigmine, for the pre-treatment of organophosphate nerve-agent intoxication, and botulinum-toxoid vaccine) have been used either for the licensed treatment of other conditions or with informed consent, and are known to be safe, the general concept of blanket waivers raises the specter of previous drug and chemical experiments conducted by the military. The issue of consent in a war zone is complex as some might choose to use failure to consent as an excuse for removing themselves from the dangers of a war zone. Conversely, requiring an unvaccinated or untreated individual to remain in a danger zone when use of chemical or biological warfare is anticipated also is unethical.

Also of concern is the question of whether military medical personnel are primarily responsible for the health and well-being of those under their care or whether they must subordinate the medical interests of individual patients to the military mission. While the treatment of multiple casualties often requires prioritizing the use of personnel and material resources by triaging patients, the care provided by military medical personnel should adhere to the same standards of medical care and medical ethics required by state licensing boards.

In 1999, President Clinton signed Executive Order 13139 that provides some controls on the use of investigational new drugs or drugs which have not yet been approved by FDA for its intended use. Under this Executive order, which is still in effect, only the President of the US may waive informed consent requirements on the grounds that obtaining consent is 1) not feasible; 2) is contrary to the best interests of the service members; or 3) is not in the interests of national security. The Executive Order requires that the Secretary of Defense must submit a plan for tracking use and adverse effects of the investigational drug(s) as a part of the waiver request and for notifying military personnel receiving the investigational drug(s). If granted, the waiver must be communicated to Congress and a public notice printed in the Federal Register. Waivers, when granted, will expire after no more than one year but can be renewed using the same procedures required for an original waiver.

This resolution amends VB-21-95

Resolved, That: Vietnam Veterans of America takes the following positions:

1. Affirms its support **for requiring fully informed** consent of military personnel, even in wartime, for the use of experimental and investigational drugs.
2. Calls on the DoD to develop a policy stating the ethical responsibilities of military medical personnel and to develop a patient's bill of rights similar to that adopted by Department of Veterans Affairs (DVA).
3. **Affirms its belief in leadership by example and that everyone in the theater of operations from the Commanding General on down should be subject to the same immunization requirements/protocols.**

2009 Retired Committee Convention Resolutions

Agent Orange Committee:

No retired resolutions

Employment, Training and Business Opportunities (ETABO):

No retired resolutions

Government Affairs Committee:

G-1-03, Veterans Vote Campaign

G-2-95, Legislative Coordinator Network

G-4-97, Extension of Vietnam Ending Date & Eligibility Vietnam Service Medal

G-5-03, Vet Center Eligibility for Vietnam-Era Veterans

G-12-07, Establishment of a New National Cemetery in Southeastern Pennsylvania

Membership Affairs Committee:

No retired resolutions

Minority Affairs Committee:

No retired resolutions

POW/MIA Committee:

No retired resolutions

Public Affairs Committee:

P-6-03, Biennial Publication of the VVA Constitution and Convention Resolutions

P-10-01, Recognition of Veterans Against Drug Task Force

P-11-07, Support for Chapel of Four Chaplains Recognition Program

Veteran Benefits Committee:

VB-2-95 Board of Corrections for Military Records

VB-3-95 Less-Than Honorable Administrative Discharge

VB-4-95 DVA Overpayment

VB-15-95 Veterans and Hepatitis C

VB-16-95 Copy of Military Records Upon Discharge

VB-17-95 Criminal Background Check for Incompetent Veterans

Veterans Incarcerated Committee:

No retired resolutions

PTSD/Substance Abuse Committee:

No retired resolutions

2009 Proposed Retired Convention Resolutions

Health Care Committee:

HC-4-07 (Replaces V-17-99) VLI, The Veterans Quality Of Life Initiative
VB-24-95 (Replaces V-10-95) Department Of Veterans Affairs Hospice Care

Women Veterans Committee:

WV-4-03, U.S. Department of Veterans Affairs Women Veterans Program
Managers

Homeless Veterans Task Force:

HTF-1-07, Homeless Veterans as a "Special Needs Population"
HTF-4-07, Homeless Veterans HUD Transitional and Supportive Services Only
Funding

Veterans Initiative Committee:

No retired resolutions

2009 Convention Resolutions Referred out of Committee

Veterans Benefits Committee referred VB-21-95, Military Health Care to Health Care Committee

Veterans Benefits Committee referred VB-24-95, Department Of Veterans Affairs Hospice Care to Health Care Committee

Health Care Committee referred HC-1-03 Government's Responsibility For Veterans Right To Know to Agent Orange/Dioxin Committee

Public Affairs committee referred P-9-05, Vietnam War In Memory Memorial Plaque Project to Government Affairs Committee