



**Compiled By
The 2025 Resolutions Committee
John Margowski, Chair
For Consideration at the
National Convention
New Orleans, Louisiana
August 6-9, 2025**

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AGENT ORANGE/DIOXIN COMMITTEE

Committee recommends adoption

AO-X

TOXIC EXPOSURE RESEARCH FOR CHILDREN OF VETERANS

1 **Issue:** Since 1980 veterans have been concerned about their child's
2 incidence of illness which they believe is related to the parent exposure to
3 toxins during military service. The questions frequently asked are what can
4 be done to help my child and will this continue for future generations. In
5 addition to the problems brought upon these children, it has been very
6 difficult for the families.

7
8 **Background:** Health care professionals have not voiced a cause for these
9 diseases. They say research is needed. Congress has said research is needed
10 before a plan can be developed for these children. Therefore step 1 is
11 research.

- 12 • 2016 – The law to provide Toxic Exposure Research for Children of
13 Veterans was passed and signed by President Obama. The Department of
14 Veteran Affairs was to oversee the process. Step 1 was completed when
15 ASEM reported “more research was needed”
16
- 17 • 2017 – 2024 DVA did not respond to any contact including the
18 Congressional sponsors of the law on the progress on enactment of the
19 law. 2024 DVA responded to a congressional hearing on the law and
20 stated they were not going to do the research because “if any link was
21 found they would be responsible for the health care”. New legislation
22 was introduced to change the responsibility to an agency that would take
23 responsibility for the research. This legislation did not pass before the
24 end of the Congressional term.
25

26 **Proposed Position:** Vietnam Veterans of America encourages Congress to
27 develop a law which provides for toxic exposure research utilizing the most
28 recently developed methods to finally answer if there is a connection
29 between the generational illnesses and military toxins.

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AGENT ORANGE/DIOXIN COMMITTEE

Committee recommends adoption

AO-XX

PRESUMPTIVE LOCATIONS

1 **Issue:** During their service, many veterans were stationed at sites where
2 toxins were not only used but
3 also stored, tested, and buried. Consequently, both these veterans and
4 nearby civilians later developed illnesses associated with these toxic
5 exposures. Despite clear links between their service and subsequent health
6 issues, veterans, along with their spouses and children, have been denied the
7 benefits they deserve.

8 **Background:** Over the past 60 years, countless veterans have grown
9 increasingly frustrated by the lack of acknowledgment and support for
10 illness resulting from toxic exposure during military service. Neither the
11 Department of Veterans Affairs nor the Department of Defense has fully
12 recognized the extent of these exposures or accurately identified all
13 contaminated sites, whether within the United States or overseas. Although
14 the PACT Act broadened the list of recognized exposure locations, it still
15 omitted several known contaminated areas. Veterans were assured of
16 comprehensive healthcare and benefits, yet many—such as Blue Water
17 Navy veterans who served in combat zones outlined in Executive Orders No.
18 11,216 and No. 11,231—suffered due to exposures at sites like burial
19 grounds in Korea, transfer points in Okinawa, and areas in the Panama Canal
20 Zone. Moreover, many of these service members did not receive adequate
21 protective gear, further exacerbating their risk and subsequent denial of
22 benefits.

23 **Proposed Position:** Vietnam Veterans of America strongly encourages
24 Congress to mandate every location where toxins were tested, stored,
25 transported, used or buried be officially designated as contaminated. These
26 sites to be made public. Veterans and their families, who were exposed
27 under circumstances beyond their control, be granted the health care and
28 compensation benefits they rightfully earned. Veterans should never be held
29 responsible for exposures incurred during their service.

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AGENT ORANGE/DIOXIN COMMITTEE

Committee recommends adoption of amendments

AO – 02

**BIRTH DEFECTS CHILDRENS REGISTRY: RECOGNIZING THE
CONNECTION BETWEEN ~~DIOXIN~~ MILITARY TOXINS AND
LEARNING DISABLED THE HEALTH OF VETERAN'S
CHILDREN**

Strike the words indicated by the ~~strike-through~~ and insert the **bold**
underlined words.

History:

First adopted in 1989 as G-4-89

In 1997, AO-16-97 was adopted to address the connection between learning disabled children and dioxin. They were combined to create AO-2 in 2007

Renumbered in 2011 as AO-2

1 **Issue:** Many veterans, having been exposed to Agent Orange Dioxin **and**
2 **other toxins** during their military service , subsequently, have become parents
3 of children who may be physically or developmentally impaired because of
4 such exposure (e.g., Spina Bifida). Currently, there is no mechanism ~~currently~~
5 in place to monitor these children to establish patterns of physical or
6 developmental impairments for purposes of ascertaining the effects of ~~Agent~~
7 ~~Orange/Dioxin~~ toxic exposure on the parents of these children. It is also
8 evident, from the scientific literature that those of our children with a learning
9 disability diagnosis lack the proper education and treatment needed to
10 ultimately become productive members of society. ~~And~~ Because of parental
11 exposure to Dioxin during the Vietnam era, studies have shown a marked
12 increase in the number of children with learning disabilities. Such evidence
13 has shown proportionally higher number of veterans' offspring are affected
14 than those of non-veterans.

15 **Background:** ~~It would contribute significantly to the information available on~~
16 ~~the effects of exposure to Agent Orange/Dioxin on the children of exposed~~
17 ~~veterans if data registry systems were developed. Furthermore, the~~
18 ~~development and maintenance of a national register/data bank of these~~
19 ~~children must include mechanisms that protect the privacy of these children~~
20 ~~and their families.~~

21 **Continued**

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Since 1994 the health care professionals have been required to list a disability on the birth certificate. Many state health departments ended the birth defect registries in favor of the birth certificate. Our families report more functional defects than structural defects. Functional defects are not diagnosed prior to the birth certificate being issued.

The rainbow of chemicals used during the Vietnam War were not restricted for use in Vietnam. Many military installations both within the United States and elsewhere stored and used these chemicals. During the Gulf Wars the military was potentially exposed to more than 20 toxic materials. These veterans also report problems with the health of their children.

Birth defects research for children has had a registry for 40 years. It contains 4 categories: veterans in country Vietnam, veterans not assigned to Vietnam, Gulf war veterans, and non-veterans. Registrants can be placed online by parents and the effected children.

Resolved, that, Vietnam Veterans of America calls upon the U.S. Congress and Department of Veterans Affairs as well as involved agencies to recognize the work already done by Birth Defects Research for Children (BDRC) organization, formerly the Association of Birth Defect Children. BDRC should continue to register the children of ~~Agent Orange/Dioxin-exposed~~ veterans **exposed to toxic substances** for the purpose of identification of any linkage between parental exposure and health problems of ~~such children~~ each child. Furthermore, VVA supports BDRC in its continuing research of present and future generations of ~~Agent Orange/Dioxin~~ exposed children. Furthermore, **resolved** that VVA:

- Strongly urge that chapters and state councils educate their membership on the cause and effect of exposure of the veteran. In addition, it should include the effect this exposure has had or could have on their children or grandchildren.
- Since the registry is the first and cheapest step in medical research, chapters should encourage and assist each family to complete the registration form.

Continued

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- 58 • Strongly urge that VVA request Congress to enact legislation that
59 will mandate the Department of Veterans Affairs or related agencies
60 assist or compensate effected children.

AGENT ORANGE/DIOXIN COMMITTEE

Committee recommends adoption of amendments

AO-4

VVA AGENT ORANGE/DIOXIN GUIDE

Insert the **bold underlined** words.

History:

First adopted as in 1991 as AO-6-91

Renumbered in 1995 as AO-4-95

Renumbered in 2011 as AO-4

Amended in 2025 as AO-4

- 1 **Issue:** New research, new Department of Veterans Affairs (DVA)
2 regulations, and new legislation have, over the years, increased the
3 knowledge about and access to services for veterans regarding Agent
4 Orange/ Dioxin exposure. Veterans and veteran advocates need to have
5 timely and accurate information to address their concerns.
- 6 **Background:** Vietnam Veterans of America has printed several editions of
7 the highly regarded VVA Guide on Agent Orange. Copies have been
8 provided to all VVA chapters and state councils, VVA service
9 representatives, congressional offices, and veterans and their families and
10 more recently has purchased and distributed the National Veterans Legal
11 Services Programs (NVLSP) —Self-Help Guide on Agent Orange. With this
12 guide, VVA members have become the most knowledgeable group of
13 veterans on this issue and have used this knowledge to advocate for
14 successful legislative and regulatory initiatives.
- 15 **Resolved, That:** Vietnam Veterans of America mandates biennial revision
16 of the VVA GUIDE ON AGENT ORANGE and encourages the periodic
17 update of the NVLSP “Self-Help Guide on Agent Orange.” **These revised**
18 **guides will be available on the VVA website.**

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AGENT ORANGE/DIOXIN COMMITTEE

Committee recommends adoption of amendments

AO-7

CHILDREN’S HEALTH CARE

Insert the **bold underlined** words.

History:

First adopted in 1991 as AO-3-91

Updated in 1995 as AO-8-95

Amended in 1997 as AO-8-97

Renumbered in 2003 as AO-7-03

Renumbered in 2011 as AO-7

1 **Issue:** Health care, compensation, and education has been awarded to the
2 children of veterans who have Spina bifida because of their parents’
3 exposure to Agent Orange Dioxin and other toxic chemicals while in
4 military service. However, more birth defects are associated with this
5 exposure.
6

7 **Background:** Novel studies are now showing a wide variety of birth
8 defects in the children and civilians and veterans who were exposed to toxic
9 substances. **The V.A. has modified the benefits application to include a**
10 **variety of illnesses.**
11

12 **Proposed Position:** Vietnam Veterans of America supports a
13 comprehensive health care and special needs program to assist all veterans’
14 children and subsequent generations who have birth defects, deficiencies, or
15 disabilities reasonably associated with parental exposure to toxic chemicals
16 while in military service.

17 **Vietnam Veterans of America encourages chapters and state councils to**
18 **seek and assist these veteran families to file appropriately with the VA.**
19 **This includes all veterans exposed regardless of active-duty period.**

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GOVERNMENT AFFAIRS COMMITTEE

Recommendation to be determined during hearing

GA – X X

RETENTION OF THE NATIONAL CONGRESSIONAL CHARTER

Submitted by Elizabeth Cannon

Has this Resolution been endorsed by a Chapter? Yes, If Yes, Enter Chapter Number 272, 530, 749, 885, 886, 892, 909, 962, 990, 1103

Has this Resolution been endorsed by a State Council? Yes, North Carolina Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? No

Issue: Retention of the National Congressional Charter of Vietnam Veterans of America, Inc (Prevent the surrender of National Congressional Charter) to allow membership the rights it provides.

Background:

- Whereas, The Vietnam Veterans of America (VVA) has been at the forefront of advocating for the rights and needs of our nation's veterans since its inception;
- Whereas, The VVA has established a legacy of service, support, and advocacy that exemplifies the principle that "Never Again Shall One Generation of Veterans Abandon Another;" and
- Whereas, The need for continuity and sustainability of VVA's mission and operations is paramount for the ongoing support of veterans and their families; and
- Whereas, the current national congressional charter requires amendments to facilitate the establishment of a follow-on legacy organization that will carry forward the VVA's founding principles, membership, missions, and legislative operations;

Continued

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Proposed Position

- Now, Therefore, Be It Resolved, That the State Council of North Carolina unanimously consents to the immediate directive for the Government Affairs Executive Director of the Vietnam Veterans of America to:
 1. Gather comprehensive information regarding the necessary legislative amendments to the national congressional charter.
 2. Coordinate with appropriate stakeholders, including lawmakers, veteran organizations, and community leaders, to develop a strategic plan for the legislative initiative.
 3. Prepare and present a detailed proposal for the establishment of a legacy organization that ensures the continuation of VVA's vital work and principles.
- Be It Further Resolved, That this resolution shall take effect immediately and that the State Council of North Carolina stands in support of this initiative to honor our commitment to veterans and uphold the enduring legacy of the Vietnam Veterans of America.

GOVERNMENT AFFAIRS COMMITTEE

Committee does NOT recommend adoption

GA – XX

**VIETNAM VETERANS OF AMERICA MUST FACILITATE THE
ESTABLISHMENT OF A FOLLOW-ON LEGACY ORGANIZATION**

Submitted by Elizabeth Cannon

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? Yes, North Carolina
Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? No

Issue: The genesis of Vietnam Veteran Veterans of America included
service, support and advocacy of all veterans and their family members.

Continued

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4 The principle of Vietnam Veterans of America is "Never again shall one
5 generation of veterans abandon another," stands as firmly today as it was in
6 the beginning. As the membership of Vietnam Veterans of America "age
7 out", it is the will and the wish of the membership that our struggles, and
8 legislative accomplishments serve as a road map for all other generations of
9 veterans continue our legacy and commitment to all veterans and their
10 family members.

11 **Background:** Battle worn veterans returned home from Vietnam and were
12 received as war criminals by the citizenry of the United States of America.
13 Vietnam Veterans of America fought and continue to fight the battles
14 concerning quality health care and compensation for injuries incurred during
15 military service and providing health care for our spouses, our children and
16 our children's children. The battles for Vietnam veterans, their family
17 members and our current veterans continue. Many battles have been won.
18 Many battles are to come. Vietnam Veterans of America has a moral
19 obligation to ensure that all veterans of present day and future veterans and
20 their family members receive fair and just treatment and care including but
21 not limited to quality health care of the physical, emotional, mental and
22 spiritual illnesses incurred as a result of their service to the US of America.

23 **Proposed Position:** As the membership of Vietnam Veterans of America,
24 Inc., "ages out" and as our founding principle remains "Never again shall
25 one generation of veterans abandon another." and as Vietnam Veterans of
26 America continues to be a "last man standing" organization, it is clear that
27 we must develop a legacy organization to carry on our history, our struggles,
28 our battles, our legislative "wins" into the future. Vietnam Veterans of
29 America has set the ultimate standard for advocacy for veterans and their
30 family members. Our standard of Advocacy is seen as the Premier Standard.
31 It is clear, the Vietnam Veterans of America Congressional charter requires
32 amendments to facilitate the establishment of a follow-on legacy
33 organization that will carry forward VVA's founding principles, membership
34 missions and legislative operations.

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GOVERNMENT AFFAIRS COMMITTEE

Committee does NOT recommend adoption

GA – 21

CHANGING THE NAME OF VIETNAM VETERANS OF AMERICA

Submitted by Tony Scrudato

Has this Resolution been endorsed by a Chapter? Yes, 47

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Government Affairs

Is this a revision of an existing Resolution? No

- 1 **Issue:** Resolution GA-21 no longer applies; it was passed 5 years ago and is
- 2 no longer relevant
- 3 **Background:** GA-21-- Changing the name of Vietnam Veterans of
- 4 America; was introduced 5 years ago and is not needed now.
- 5 **Proposed Position:** This resolution is obsolete and should be retired.

GOVERNMENT AFFAIRS COMMITTEE

Committee does NOT recommend adoption

RC- XX

**EXTENSION OF VIETNAM SERVICE MEDAL ELIGIBILITY
DATE**

Submitted by Jeffrey Harbin

Has this Resolution been endorsed by a Chapter? **No**

Has this Resolution been endorsed by a State Council? **No**

Responsible Committee: Resolutions Committee

Is this a revision of an existing Resolution? No

- 1 **Issue:** Extension of Vietnam Service Medal Eligibility Date.
- 2 **Continued**

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3 **Background:** The current eligibility dates for the Vietnam Service Medal is
4 July 4, 1965, through March 28, 1973. It also includes dates for Operation
5 Frequent Wind (April 29 and 30, 1975. Based on the current eligibility dates,
6 Veterans who served in Vietnam between March 29, 1973, and April 28,
7 1975, are not eligible for the Vietnam Service Medal. Many Veterans served
8 in Vietnam during the “donut hole” dates, including Marine Security Guards
9 who served at Embassy in Saigon and several Consulates throughout the
10 country.

11 **Proposed Position:** Amend the eligibility dates for the Vietnam Service
12 Medal to July 4, 1965, through April 30, 1975.

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MEMBERSHIP AFFAIRS COMMITTEE

Committee does NOT recommend adoption

M – XX

INSURANCE FOR CHAPTER DIRECTORS AND OFFICERS

Submitted by Gerald LaCombe

Has this Resolution been endorsed by a Chapter? Yes, Chapter 423

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Membership Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** VVA Chapter Directors and Officers (D&O) are currently directing
2 the operations of the chapter without protection, placing their personal assets
3 in jeopardy. Directors and officers are sued for a variety of reasons related to
4 their company roles, including breach of fiduciary duty, resulting in
5 financial losses or bankruptcy.

6 **Background:** I had made contact with VVA National Insurance carrier
7 Brown and Brown, requesting clarification if VVA Chapter Directors and
8 Officers are currently covered under a VVA National Insurance policy. I
9 was advised that a policy is in place but only covers VVA National Officers
10 as well as State Council members. VVA chapter officers are not covered.
11 Reference email: Pang Yang, Brown and Brown to G. LaCombe, VVA 423
12 Secretary, 12-21-2023.

13 Any business with a corporate board or advisory committee should consider
14 investing in D&O insurance, including non-profit organizations. A company
15 does not have to post revenues in the tens of millions of dollars for directors
16 and officers to be personally sued over their management of company
17 affairs.

18 **Proposed Position:** We respectfully request that coverage for Chapter
19 Directors and Officers be added to the VVA National Directors and Officers
20 Insurance policy.

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MEMBERSHIP AFFAIRS COMMITTEE

Committee does NOT recommend adoption

M – 3

KOREAN WAR VETERANS' MEMBERSHIP

Submitted by Dick Southern

Has this Resolution been endorsed by a Chapter? No

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Membership Affairs

Is this a revision of an existing Resolution? Yes, M-3

1 **Issue:** Korean War Veterans Membership

2 **Background:** This resolution is currently null and void because it is in
3 conflict with the IRS definition of a 501(c)(19) and should be removed from
4 the Corporation's resolutions. (see below)

5 **Proposed Position:** This resolution should be retired.

1 A Veterans post or organization must meet the following requirements to be
2 exempt under Section 501(c)(19):

- 3 1. It must be organized in the United States or any of its possessions
- 4 2. At least 75 percent of its members must be past or present members
5 of the **United States Armed Forces**
- 6 3. At least 97.5 percent of its members must be:
 - 7 • present or former members of the **United States Armed Forces**,
 - 8 • cadets (including only students in college or university ROTC
9 programs or at Armed Services academies) or
 - 10 • spouses, widows, widowers, ancestors, or lineal descendants
11 of individuals referred to in the first or second bullet

12 From [Veterans' organizations](#) | [Internal Revenue Service](#)

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MINORITY AFFAIRS COMMITTEE

Committee recommends adoption

MA – XX

**POSTHUMOUS AWARD TO SARGENT FIRST CLASS JORGE
OTERO-BARRETO**

OF THE PRESIDENTIAL MEDAL OF FREEDOM

Submitted by Gumersindo Gomez

Has this Resolution been endorsed by a Chapter? Yes, 59

Has this Resolution been endorsed by a State Council? Yes, Puerto Rico

Responsible Committee: Minority Affairs

Is this a revision of an existing Resolution? No

1 **Issue:** Nomination of Sargent-First-Class Jorge Otero-Barreto for the
2 Presidential Medal of Freedom.

3 **Background:** SFC Jorge Otero-Barreto joined the US Army in 1959; after
4 his basic training, he attended the Army's Air Assault School, graduating in
5 1960. He became the first Puerto Rican soldier to graduate from that school.
6 During the years of 1961 through 1970, SFC Otero-Barreto served five tours
7 in South Asia, beginning as an advisor who helped train Vietnamese troops
8 for combat missions. He was assigned to various military units during his
9 military career, including the 101st Airborne Division, the 25th Infantry
10 Division, the 82nd Airborne Division, and the 173rd Airborne Combat
11 Brigade. During the time he served with these units, he participated in 200
12 combat missions. He was awarded 41 military decorations; among these
13 decorations are the Combat Infantry Badge, two Silver Stars, four Bronze
14 Stars with Valor, four Army Commendation Medals with Valor, five Purple
15 Hearts, and eight Air Medals, making SFC Jorge Otero -Barreto, also known
16 as the Puerto Rican Rambo, the most decorated soldier of the Vietnam War.

17 **Continued**

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18 **Proposed Position:** Therefore, Be Resolved That: Vietnam Veterans of
19 America, Inc., pursues that the President of the United States posthumously
20 awards Sargent First Class Jorge Otero-Barreto the Presidential Medal of
21 Freedom for his defense of this great nation, honorable service, and personal
22 sacrifices made during his military service in the Vietnam War

MINORITY AFFAIRS COMMITTEE

Committee recommends retirement

MA – 1

LANGUAGE-TRANSLATED DVA BENEFITS MATERIALS

Reason: The only Vietnam Veterans that have benefit of this have been our Puerto Rican Veterans living on the Island, the VA in PR is already doing this.

History:

First adopted in 1987 as MA-1-87

Updated in 1991 as MA-3-91

Revised in 1993 as MA-2-93 Renumbered in 1995 as MA-1-95

Renumbered in 2011 as MA-1

1 **Issue:** A considerable number of Vietnam-era veterans are of Hispanic
2 descent, and Spanish is their first/primary language.

3
4 **Background:** This resolution calls on the Department of Veterans Affairs
5 (DVA) to assess the need to produce its service literature in Spanish and other
6 languages as needed and to make this literature available to its clients when
7 appropriate and requested.

8
9 **Resolved, That:** Vietnam Veterans of America, continues its support for
10 distribution by the DVA of materials outlining benefits, programs, and
11 adjudication guides in Spanish as well as in other appropriate languages.

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MINORITY AFFAIRS COMMITTEE

Committee recommends retirement

MA-2

MINORITY AFFAIRS COVERAGE IN THE VVA VETERAN

Reason: We have coverage in the *VVA Veteran*.

History:

First adopted in 1989 as MA-3-89

Renumbered in 1991 as MA-4-91

Updated in 1993 as MA-3-93 Updated in 1995 as MA-2-95

Renumbered in 2011 as MA-2

1 **Issue:** Minority affairs issues are an important part of the lifeblood of VVA's
2 membership.

3 **Background:** Regular minority affairs features in The VVA Veteran should
4 be continued. There are many resources available to produce such features
5 and these resources need to be used.

6 **Resolved, That:** Vietnam Veterans of America, continues production of a
7 regular minority affairs feature in addition to the quarterly report focusing on
8 various minority groups in The VVA Veteran, with the understanding that
9 such articles are to be both educational and informative.

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MINORITY AFFAIRS COMMITTEE

Committee recommends retirement

MA-3

ASIAN AMERICAN AND PACIFIC ISLANDER VETERANS

Reason: The VA Minority advisory Committee has Asian American members appointed to the board representing these group of veterans.

History:

First adopted in 1987 as MA-3-87

Updated in 1991 as MA-5-91

Renumbered in 1993 as MA-4-93

Updated in 1995 as MA-3-95

Renumbered in 2011 as MA-3

1 **Issue:** Vietnam Veterans of America is dedicated to fair and equitable
2 treatment for all veterans. A sizable number of Vietnam-era veterans are of
3 Asian American/Pacific Islander heritage.

4
5 **Background:** In 1987, the delegates to the 3rd National Convention of VVA
6 called on the Department of Veterans Affairs (DVA) to create an Asian
7 American veteran working group within its Advisory Committee on
8 Readjustment of Vietnam Veterans to assure attention in the DVA to the
9 special needs of Asian American and Pacific Islander veterans. No study has
10 ever been conducted by the DVA to show the social and psychological effects
11 of military service on Asian America and Pacific Islander Vietnam veterans
12 and how the American public perceives them considering accepted
13 stereotypes.

14
15 **Resolved, That:** Vietnam Veterans of America, continues its support for the
16 creation of an Asian American and Pacific Islander working group within the
17 Department of Veterans Affairs. Vietnam Veterans of America further
18 requests a study to be conducted by the Department of Veterans Affairs on the
19 social and psychological effects of military service on Asian American and
20 Pacific Islander veterans during and after the Vietnam War.

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MINORITY AFFAIRS COMMITTEE

Committee recommends retirement

MA-15

KOREAN AMERICAN VIETNAM WAR VETERANS (KAVWV)

Reason: This issue has been resolved by the signing of HR 366 into law in November 2023 by President Biden. Nothing more that we can do at committee level.

History:

First adopted in 2019:

1 **Issue:** There are currently approximately 2800 Korean American Vietnam
2 War Veterans who are American citizens. They do not have access to VA
3 healthcare, unlike the U.S. European allies of WWI and WWII. The civilian
4 medical community is not versed in Agent Orange (A/O) exposure to the
5 extent the VA healthcare system is. Many KAVWV members are falling ill to
6 the diseases from A/O exposure but go untreated or are under-treated. Because
7 they do not have access to the VSA, nor has the VA reached out to their
8 community to offer medical care or information, most KAVWV members and
9 their families are not even aware of the effects of A/O.

10 None of the information regarding the illness from Agent Orange exposure
11 KAVWV and or their families are experiencing being included in any of the
12 A/O studies. Therefore, the VA's A/O statistics are underinflated and not true
13 reflection upon Agent Orange exposures impact. So many combat veterans
14 suffer from PTSD, being afflicted with PTSD is almost incumbent on being a
15 combat veteran. The Korean American Vietnam War Veterans have no
16 resources for themselves, their families, and the wider community, to be
17 informed about PTSD or to treat their symptoms.

18 **Background:** The Republic of Korea was the U.S.' largest ally during the
19 Vietnam War. From 1964 to 1973, 325, 517 ROK troops were deployed to
20 and served in Vietnam, supporting, and protecting U.S. Forces mainly
21 operated in II Corps, the Central Highlands, which had been heavily infiltrated

22 **Continued**

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with NVA, and Viet Cong at the beginning of the war. The ROK Forces were able to remove the NVA and Viet Cong from the villages and to keep them from re-infiltrating those villages at night. ROK forces gained control of the major supply line for the Allied Forces, east to west from Cam Rahm Bay to Quin Nhon through Pleiku to the Cambodian border. This route had been uncontrollable, even by the Elite French Forces who were completely slaughtered in their attempt. The South Vietnamese Army, nor even the U.S. could not subsequently control the route Forces. ROK Forces kept that important thoroughfare open day and night and made it safe for the U.S. Forces and others as they traversed those unforgiving Central Highlands. ROK Forces helped the U.S. Forces withdraw, but the ROK Forces continued to received fire that they could not return cause of the cease-fire agreement, hence experienced heavier casualties, and facilities during the drawdown of U.S. troops. ROK Forces lost 5099 souls and sustained 10,962 casualties in Vietnam. They are often acknowledged for serving, protecting the U.S. Forces fiercely, and valiantly. Combat Vietnam Veterans, from the Central Highlands especially, have said repeatedly that the ROK Forces performed a great service to the U.S. As time goes on and the effects of Agent Orange exposures present themselves or become more pronounced, our KAVWV former members of the ROK Forces who are American Citizens, cannot return to South Korea to receive medical diagnosis or treatment. Some have been here for 40 or more years, most with children and now grandchildren. The United States is home to them and has been for nearly all their adult lives and for all the lives of their children and grandchildren. They are part of the fabric of American. In addition, even If they could travel to South Korea, because they are U.S. citizens and the Republic of Korea doesn't recognize dual citizenship, they cannot participate in the nationalized health insurance, so their healthcare is more expensive. Further many are too ill and/or rather elderly to travel to Korea, incurring more expense in addition to airplane fare. Nor would they have anyone to care for him or her. It only makes sense that they be treated for Agent Orange exposure close to their homes here in the U.S. It can be said that most combat veterans are stressed from PTSD. It is an unimaginable affliction from war. PTSD affects the veterans but even more, so it affects their family, their community and depending on its severity many others in contact with the veteran. It is no different in the Korean American community. Until there was general education for causes of PTSD and acceptance of its

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60 fallout, many veterans suffering from it had to live with misunderstanding of
61 their conducts as they struggled to make sense of their war injuries. This was
62 all the most prevalent for Vietnam Veterans, who were shamed just for being
63 a veteran even though they served in Vietnam through no fault of their own.
64 Having been drafted and unwillingly sent to Vietnam. It was a double-edged
65 sword. The Korean American Vietnam War Veterans have the same affliction
66 are in the same bind but have not the advantaged of education and information
67 about PTSD being available to them, their families, and their communities.
68 They and their families are struggling yet with no resources to overcome this
69 continued ravage or war. They are forgotten on their own as they and their
70 families suffer in silence.

71 **Resolved, That:** Vietnam Veterans of America support Korean American
72 Vietnam War Veterans in their legislative efforts to gain access to the VA
73 healthcare system especially for the diagnosis treatment and information of
74 Agent Orange exposure and other related illness, including PTSD treatment
75 and education.

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VETERANS' BENEFITS COMMITTEE

Committee recommends adoption

VB – X

**GRAVE MARKERS FOR RESERVISTS AND MEMBERS OF THE
NATIONAL GUARD**

Submitted by Thomas Ludka

Has this Resolution been endorsed by a Chapter? Yes, Chapter 0425

Has this Resolution been endorsed by a State Council? No

Responsible Committee: Veterans Benefits

Is this a revision of an existing Resolution? No

1 **Issue:** VA will only provide a grave marker or medallion for Reservists
2 or National Guard under limited circumstances.

3 **Background:** Under current VA burial benefits, Reservists and National
4 Guard members may be eligible for a government grave marker, medallion,
5 and presidential memorial certificate only if their death was due to an injury
6 or disease that developed during, or was aggravated during, active duty,
7 active-duty training, or inactive duty training. If never called to active duty
8 other than active duty for training, they are not eligible unless they have 20
9 or more years of service.

10 Currently those who serve at least six years in the Reserves or National
11 Guard under honorable conditions, even if their only active duty is for active
12 duty for training, are eligible for funeral honors. This would include a burial
13 flag and two uniformed personnel from the branch they served, to fold and
14 present the flag to the next of kin.

15 Additionally, their initial honorable service makes them eligible for a VA
16 home loan. Strangely, although they are eligible for the home loan and burial
17 honors (flag, rifle volley, and Taps) they are not eligible for a government
18 grave marker, medallion, or presidential memorial certificate unless

19 **Continued**

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activated. This makes no sense; honors can be provided but the grave cannot be marked with a government marker, medallion, or receive a presidential memorial certificate.

The Reservist or Guardsmen's service should be no less valued than the active-duty individual.

Guardsmen have a state and federal role besides a civilian job. The Reservist also has a civilian job, and both are required to maintain active-duty standards for fitness and training. Since the inception of the total force concept in the mid 1970's the Guard and Reserve have become an integral part of our total force and should be treated as such. Yes, Guard and Reserve personnel who retire are eligible for a burial marker, but why should it take 20 years of service to become eligible when two years of active-duty service can create eligibility?

Proposed Position: Request that you sponsor/support extending eligibility for those who served under honorable conditions in the National Guard or Reserves to receive a government grave marker, medallion, and a presidential memorial certificate.

Request that eligibility be established for a government marker, medallion and presidential memorial certificate for those Reservists and Guardsmen who have completed an initial service obligation under honorable conditions of at least six years. This mirrors their eligibility for the VA home loan program and the eligibility for a burial flag and honors detail.

I make this request based on my four years of active service, two years on the inactive reserves, twenty-three plus years in the National Guard, and fourteen years as a VSO and CVSO Accredited Service Officer. Additionally, I have participated with a local VSO funeral honors team for over 30 years, serving at well over 1300 funerals.

A Veteran – whether active duty, retired, national guard or reserve – is someone who at one point in his or her life, wrote a blank check made payable to The United States of America, for an amount of up to and including my life. That is Honor, and there are way too many people in this country who no longer understand it. - Author Unknown

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VETERANS' BENEFITS COMMITTEE

Committee recommends adoption

VB – XX

**VETERANS BENEFITS SERVICES OFFERED AS A PARTNER OR
SUCCESSOR TO THE VVA VETERAN BENEFITS PROGRAM BY
INDEPENDENT NONPROFIT VETERANS SERVICE
ORGANIZATIONS**

Submitted by the Veterans' Benefit Committee

1 **Issue:** Veterans Benefits Services Offered as a Partner or Successor to the
2 VVA Veteran Benefits Program by Independent Nonprofit Veterans Service
3 Organizations

4 **Background:** The VVA National Corporation is a congressionally chartered
5 Veterans Service Organization that's also recognized by the Department of
6 Veterans Affairs Office of General Counsel for the purpose of preparation,
7 presentation, and prosecution of claims under law administered by the
8 Department of Veterans Affairs (VA), as provided in Section 5902 of Title
9 38, United States Code (U.S.C.) and Sub Section 14.628 (a) and (c) of 38
10 C.F.R. Revision 0, April 12, 2019 24 2.

11 The VVA Veterans Benefit Program is composed of 210 VVA accredited
12 Service Officers in the field, and the VVA Benefits Department which
13 consists of two (2) attorneys and eight (8) staff located in Silver Spring, MD,
14 and Washington, DC. The Veterans Benefits Committee provides oversight,
15 as directed by NBOD for the Corporation's Veterans Benefits Program, and
16 recommends policies to govern that program to the NBOD.

17 The VVA National Corporation is required to provide service officer
18 staff/attorneys to address any claims issues on open VA claims serviced by a
19 VVA VSO until the case is fully resolved and completed for the claimant.
20 The VVA National Corporation retains liability for all work that was done
21 by a VVA Service Officer or VVA attorney on an open VA claim.

22 **Continued**

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23 There are 35 states, territories, and the District of Columbia with no local
24 VVA Service Officer program. For veterans/claimants with a VVA Power of
25 Attorney in effect, the VVA National Corporation Veterans Benefits
26 Department Office provides the VA claims service.

27 VVA represents claimants on claims for benefits before the U.S. Department
28 of Veterans Affairs (DVA) and on appeals before the Board of Veterans'
29 Appeals (BVA) and the U.S. Court of Appeals for Veterans Claims (CAVC)
30 – all at no cost to the claimant (VVA members, Vietnam War era
31 servicemembers, service members from all eras, their spouses, children, and
32 other qualifying claimants).

33 VVA remains committed to its founding principle that “Never again will one
34 generation of Veterans abandon another” by ensuring the future protection
35 of the claimants it represents before DVA. VVA also seeks to preserve its
36 legacy of advocacy for Veterans and their families. VVA recognizes many
37 VVA local Veteran Service Officer (“VSO”) programs have closed down
38 with more closure to come in the future. Additionally, VVA recognizes the
39 extreme need for Veteran representation in VA claims due to poor quality of
40 claim adjudication at the VA. VVA has partnered with and is committed to
41 partnerships with organizations that will provide high quality and effective
42 representation for all claimants beyond the life of VVA as an organization.

43 Preservation of the quality and effectiveness of the Veterans Benefits
44 program is paramount. The program is a premiere legacy VVA program.
45 The VVA VB program will be required to exist to assist VVA claimants

46 **Proposed position:** Preservation of the quality and effectiveness of the
47 Veterans Benefits program is paramount. The program is considered VVA
48 premiere legacy program. VVA commits to partnering with organizations
49 that will provide quality and effective representation for all claimants during
50 and beyond the life of VVA as an organization -- at no cost to the claimant.

51 **Continued**

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52 Any future VSOs be fully accredited, under the training and accreditation
53 standards of VVA and its partner VSOs and those imposed by the VA's
54 Office of General Counsel. Whereby, the VSO will be multi-accredited by
55 every organization. However, the multi-accreditation of VSOs belonging to
56 a local program is at the discretion of the appropriate State Council
57 President.

58 There will be no degradation in the quantity of VSOS provided by VVA as
59 employees, volunteers, or contractors, that would decrease VVA's ability to
60 offer premier assistance to assist their claimants/clients until their claim is
61 completed or the POA transferred to another organization. Furthermore, a
62 high quality of representation will continue as currently provided from the
63 initial claim at the VA Regional Office, to the BVA and CAVC.

VETERANS' BENEFITS COMMITTEE

VB-6

Committee recommends adoption of amendment

**JUST COMPENSATION FOR INJURIES SUSTAINED BY ACTIVE-
DUTY MILITARY PERSONNEL**

Insert the **bold underlined** words.

History:

First adopted in 1985 as L-6-85

Updated in 1991 as L-9-91

Renumbered in 1993 as VA-9-93

Renumbered in 1995 as VA-6-95

Renumbered in 1999 as VB-6-99

Renumbered in 2011 as VB-6

1 **Issue:** Military personnel are often not justly compensated for injuries
2 occurring because of negligence of the government, government employees,
3 or government contractors.

4 **Continued**

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5 **Background:** In 1990, the U.S. Supreme Court held that active-duty
6 military personnel could not recover damages under the Federal Tort Claims
7 Act for most injuries sustained by active-duty military personnel, including
8 medical malpractice (known as the Feres doctrine). The military disability
9 retirement system, which is tied to the rank of the injured soldier, and the
10 Department of Veterans Affairs (DVA) service-connected disability system,
11 provides substantially less compensation than the average civilian personal
12 injury recovery for a similar injury.

13 In many cases, Vietnam Veterans are unable to obtain adequate
14 compensation for injuries incurred on active duty due to the negligence of
15 government personnel.

16 **In December of 2019, the National Defense Authorization Act was**
17 **signed into law and changed a very important aspect of military service**
18 **for service members throughout the country. Where they were**
19 **previously barred from filing medical malpractice claims against**
20 **military medical providers under the Feres Doctrine, the National**
21 **Defense Authorization Act now allows for the filing of such claims. It**
22 **does not overturn the Feres Doctrine. However, the law allows for the**
23 **filing of medical malpractice claims against military medical providers.**
24 **Military members cannot file a medical malpractice claim for medical**
25 **malpractice-related damage sustained in a combat zone, nor can a**
26 **military member sue for medical malpractice in federal court. They**
27 **must file an administrative claim with the Claims Department for their**
28 **Service Branch.**

29 **The National Defense Authorization Act provides a two-year statute of**
30 **limitations for filing medical malpractice claims against military**
31 **medical providers.**

32 **Resolved, That:** Vietnam Veterans of America, urges VVA to seek
33 legislation, or take other appropriate action, to secure a more equitable
34 compensation system for personnel injured on active duty due to the
35 negligence of **any** government personnel.

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VETERANS' BENEFITS COMMITTEE

Note updates to Issue and/or Background

VB-3

LESS-THAN-HONORABLE ADMINISTRATIVE DISCHARGES

History:

Adopted in 1991 as L-4-91 (an Update of L-11-83, L-12-83, L-13-83, L-14-83)

Renumbered in 1993 as VA-4-93

Renumbered in 1997 as VA-3-97

Amended in 1999 as VB-3-99

Renumbered in 2011 as VB-3 Amended in 2015 and 2019

1 **Issue:** In September 2014, former Secretary of Defense Chuck Hagel signed
2 a directive ordering the Army, Navy, and Air Force to implement
3 supplemental guidance involving discharge upgrade application relating to
4 PTSD. The directive may affect up to 80,000 Vietnam Veterans impacted by
5 PTSD and having undesirable or other than honorable discharges. Outreach
6 to veterans from all wars still needs to be accomplished on this issue. Most
7 veterans are unaware that they can still apply to the Board of Corrections of
8 Military Records for upgrades.

9 **Background:** Prior to the 1890s, the military services only issued less-than-
10 honorable discharges (LTHD) as a sentence of a court-martial. When
11 administrative LTHDs began to be issued in the 1890s, some military law
12 scholars questioned their legality. The services used various systems until
13 1948, when the Defense Department standardized the types of administrative
14 discharges as Honorable (HD), General (GD), and Undesirable (UD) (now
15 called the Discharge under Other Than Honorable Conditions). Most veteran
16 organizations opposed the use of the GD and UD until the 1960s. Many
17 courts, writers, lawyers, and veterans 'organizations have criticized the
18 administrative discharge system for not adequately providing procedural
19 protections. Although these protections improved somewhat over the years,

20 **Continued**

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the system is still marked by the lack of realistic safeguards. More importantly, Congress has never explicitly authorized the system, the GD, or the UD. The use of the administrative system has increased steadily, while the use of the court-martial system with its many safeguards has declined.

Department of Defense (DOD) studies and General Accounting Office (GAO) reports have found gross inconsistencies in the types of discharges people received for the same conduct and vast racial disparities in the awarding of LTHDs. Variances run from service to service, year to year, and even command to command in the same service. Because discharge review is not automatic, the Discharge Review Boards (DRB) has not done much to remedy these inconsistencies.

Tens of thousands of HDs were issued yearly to people who were discharged as unsuitable, trainee failures, and for other reasons not normally associated with performance, proficiency, and useful service. Thus, the HD is not a "reward" for honorable service, but something given to 90 percent of all discharges. (Since 1982, uncharacterized discharges have been issued to those who fail to demonstrate potential in the first six months of service.) Further, there is no evidence that LTHD is a deterrent to misconduct. On the other hand, there is substantial evidence that the administrative system is an incentive to manipulate an early discharge.

The clear result of the system is the lifetime stigma for young people often too immature to realize the consequences of their actions and the waste of the taxpayers' money by permitting the advance release of expensive trainees.

The early 1990s brought cries for reform. Secretary of Defense Laird mandated a retroactive liberal policy for drug-related discharges. Failed outreach led to a lawsuit requiring the review of many cases. The Ford Clemency Program offered no meaningful relief, and the Carter Special Discharge Review Program attracted only 10 percent of the eligible applicants. Of the approximately one-half million Vietnam-era veterans with

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52 LTHDs (800,000 from 1961-1995), less than 10 percent have been
53 upgraded, and most of them only to GD.

54 Private efforts at outreach and DOD attempts (often as the result of court
55 order) have not produced desirable results because of lack of funds or
56 appropriate information regarding privacy and assistance. The 15-year
57 statute of limitations for the DRBs has foreclosed Vietnam-era veterans'
58 opportunities, and the DRBs remain largely inaccessible to the average
59 veteran. Moreover, the rate of upgrades has dropped markedly in the last ten
60 years, and there is an increasing tone of hostility expressed by some DRB
61 panel members toward veterans who are able to appear at hearings.

62 **The VA has implemented methods for helping PTSD veterans who were**
63 **administratively discharged under other than honorable conditions**
64 **apply for discharge upgrades on their website. See**
65 **[https://www.va.gov/discharge-upgrade-](https://www.va.gov/discharge-upgrade-instructions/introduction/#content)**
66 **[instructions/introduction/#content](https://www.va.gov/discharge-upgrade-instructions/introduction/#content) . This discharge assistance applies to**
67 **TBI and sexual orientation discharges also because these veterans have**
68 **a "strong case" before the Discharge Review Board.**

69 Most veterans are unaware that they can still apply to the Boards for
70 Correction of Military Records for upgrades. The 1983 resolutions are still
71 viable.

72 **Resolved, That:** Vietnam Veterans of America continues to seek the repeal
73 of Public Law 95-126 regarding the Carter administration's special
74 discharge upgrade program and is working toward having the Other-Than-
75 Fully-Honorable Discharge replaced with a Certificate of Service.

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VETERANS' BENEFITS COMMITTEE

Note updates to Issue and/or Background

VB-5

CIVIL LIBERTIES OF ACTIVE-DUTY MILITARY PERSONNEL

History:

First adopted in 1985 as L-5-85
Renumbered in 1991 as L-8-91
Renumbered in 1993 as VA-8-93
Renumbered in 1995 as VA-5-95
Renumbered in 1999 as VB-5-99
Renumbered in 2011 as VB-5
Amended in 2013 as VB-5

Issue: The all-volunteer military has seemed to spawn an increase in abuse of active-duty members 's civil liberties and a return to abuses, which led to the enactment of the Uniform Code of Military Justice (UCMJ). ~~The public seems only vaguely interested.~~

Background: Civil liberties are fundamental rights and freedoms protected by the Constitution. Many civil liberties are listed in the first ten amendments to the Constitution, the **Bill of Rights**. There are ~~have been~~ increasing instances within the Armed Forces of violations of a soldier's civil liberties ~~such as infringement of religious freedoms, right to a fair trial free of command influence, and treatment for Post-traumatic Stress Disorder without penalty.~~ Evidence from the twenty-plus year ongoing Gulf War, including Desert Storm, Operations Enduring Freedom, Operations Iraqi Freedom, Operations New Dawn, and other operations supports the viability of VB-5, which is reaffirmed and updated here.

The U.S. military have been considered a somewhat distinct society because they are governed by its own criminal code, primarily

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18 the Uniform Code of Military Justice (UCMJ). The UCMJ provides its
19 own system for prosecuting violations of the code, including courts-
20 martial. However, civil matters are normally handled by state and
21 federal courts outside of the Department of Defense (DOD). When
22 responding to First Amendment and other constitutional challenges
23 from military personnel, those Court consistently treat the military as a
24 special and separate context or environment in which some of the
25 constitutional protections, like the First Amendment, protections do not
26 apply, or do not apply to the same extent.

27 The 9/11 Commission saw the need to make sure that privacy and civil
28 liberties of service members are adequately protected and included
29 recommendations for doing so in its report. In 2007, Congress put these
30 recommendations into law, which required the DoD and seven other
31 federal agencies to properly safeguard privacy and civil liberties of
32 service members and federal civilian employees.

33 In order to comply with the law, the Deputy Secretary of Defense
34 assigned the Office to the Assistant to the Secretary of Defense Privacy,
35 Civil Liberties, and Transparency Division (OATSD(PCLT)) those
36 responsibilities. The Department of Defense opened the Office of the
37 Assistant to the Secretary of Defense for Privacy, Civil Liberties, and
38 Transparency. The mission of the Privacy and Civil Liberties
39 Directorate is to deliver the Department of Defense's (DoD) guidance
40 and direction to strengthen privacy and civil liberties protections
41 throughout the DoD. The Defense Civil Liberties Program oversees the
42 Department's long-standing policy to protect the constitutional rights of
43 DoD personnel and the public.

44 **Resolved, That:** Vietnam Veterans of America affirms that VVA shall
45 intervene in appropriate cases, or provide representation, to ensure that the
46 civil liberties of Vietnam Veterans and all U.S. military war veterans serving
47 in the U.S. armed forces are fully protected.

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VETERANS' BENEFITS COMMITTEE

VB-27

Note updates to Issue and/or Background

REDUCTION OF DIC SURVIVOR WAITING PERIOD

History: First adopted in 2011

Amended in 2019

1 **Issue:** Urge Legislation to Amend the Rules for Dependency and Indemnity
2 Compensation (DIC) so that Eligible Survivors Can Receive Monthly
3 Benefits after a 1 year waiting period rather than the current 10 year waiting
4 period.

5
6 **Background:** 138 U.S.C. §1318 states DIC will be awarded if the
7 Veteran is rated as totally DIC will be awarded if the Veteran is rated as
8 totally disabled for a certain period prior to death. Applicable period
9 must be based on rating assigned, not rating that should have been
10 assigned: Totally Disabled Prior to Death

11
12 DIC will be awarded if the Veteran is rated as totally disabled for a
13 certain period prior to death.

- 14 1. Applicable period generally, 10 years, or 5 years if continuous
15 since discharge, or 1 year for former POW.
16 2. Must be based on rating assigned, not rating that should have been
17 assigned, unless there is a clear and unmistakable error (CUE) or
18 can rely on pending claim.

19
20 **Resolved, That:** The Vietnam Veterans of America, urge Congress to pass
21 appropriate legislation to have the waiting period for Dependency and
22 Indemnity Compensation reduced to 1 year.

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VETERANS' BENEFITS COMMITTEE

VB-28

Note updates to Issue and/or Background

**REMOVAL OF 5% ANNUAL DEDUCTIBLE FOR VA
PENSION ELIGIBILITY**

History: First adopted in 2011
Amended in 2013 as VB-28

Issue: Resolution to remove the VA pension's Annual 5% Deductible on unreimbursed medical expenses reported on ~~Eligibility Verification Report (E.V.R.) form 21-0516~~ **VA Form 21P-527EZ** for Veterans on VA pension.

Background: **Maximum Annual Pension Rate (MAPR)**

This is the maximum payable amount of the benefit. The MAPR is based on how many dependents the claimant has or married to another Veteran who qualifies for a pension, and/or if your disabilities qualify them for housebound or aid and attendance benefits. The MAPR is adjusted each year for cost-of-living increases.

Medical Deductible. The unreimbursed expenses must exceed 5 percent of the applicable (MAPR). The deductible increases based on the number of dependents but is not adjusted for aid and attendance (A&A) or housebound benefits.

The new form allows the claimant to include unreimbursed medical expenses the claimant expects to pay indefinitely (including the Medicare deduction) and any claimed dependents or any relatives who are members of your household. They also include medical expenses up to one year prior to the initial date of entitlement. Finally, they include unreimbursed last illness and burial expenses, and educational or vocational rehabilitation expenses paid.

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25 **Resolved, That:** VVA supports legislation that removes the Annual 5%
26 Deductible (MAPR) from consideration of out-of-pocket Medical Expenses.
27 All out-of-pocket Medical expenses are to be counted in determining
28 eligibility for VA pension.

VETERANS' BENEFITS COMMITTEE

VB-30

Note updates to Issue and/or Background

**U.S. DEPARTMENT OF VETERANS AFFAIRS
SPINA BIFIDA AND BIRTH DEFECTS PROGRAM**

History: First adopted in 2019

1 **Issue:** Department of Veterans Affairs Spina Bifida and Birth Defects
2 Program

3 **Background:** Children who have spina bifida or certain other birth defects
4 and are biological children of veterans with qualifying service are one of the
5 most vulnerable populations that the Department of Veterans Affairs (VA)
6 must prioritize. Vietnam Veterans of America (VVA) and its members
7 organize, facilitate, and run dozens of town halls across the nation each year
8 to educate veterans on the possible health implications for the children of
9 veterans who were exposed to Agent Orange. Unfortunately, not many
10 people, including veterans, know about the benefits available for children
11 with certain birth defects due to the exposure of their biological parent(s) to
12 Agent Orange.

13 Moreover, even if the available benefits are known, VVA continues to hear
14 countless stories of roadblocks, unjust denials, and unclear access to
15 available healthcare and other benefits in all corners of our country.
16 Additionally, the numerous stories VVA learns about grandchildren born
17 with birth defects are too frequent to be ignored. To do nothing would be to
18 abandon the innocent and defenseless children born with spina bifida and
19 other birth defects due to no fault of their own.

20 **Continued**

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VVA first met with VA to address our concerns with Chapter 18 benefits claims in February 2014. VVA raised concerns specifically pertaining to issues with processing Chapter 18 benefits claims for children and grandchildren, and the cumbersome process of accessing services available. VVA is committed to increasing awareness and improving the process of receiving available benefits for children born with spina bifida or other birth defects due to a parent's exposure to Agent Orange during service. VVA also understands the importance of ensuring that grandchildren and great grandchildren applications are properly preserved and tracked if legislation is enacted that recognizes the multigenerational effects of Agent Orange exposure.

U.S. Senator Jon Tester (D-Mont.), Chairman of the Senate Veterans' Affairs Committee, and U.S. Senator Marco Rubio (R-Fla.) are teaming up to introduce bipartisan legislation to expand research on birth defects among descendants of toxic-exposed veterans. Named after the daughter of a toxic-exposed veteran battling spina bifida, a condition related to her father's exposure to Agent Orange in Vietnam, the Senators' Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act would establish a multiagency task force to conduct research on the diagnosis and treatment of health conditions of descendants of veterans exposed to toxic substances during their military service. This research would be authorized through the Toxic Exposure Research Working Group, which was established under the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act.

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Resolved, That: Vietnam Veterans of America, supports the following initiatives:

1. Communication, Information, & Outreach Efforts

Work with VA to improve the quality and accuracy of the information that is provided about Chapter 18 benefits to include but not limited to the following:

- a. Improve the information provided in and asked for in VA Form 21-0304;
- b. Improve the call scripts used at VA hotlines, information delivered on VA websites;
- c. Improve the timeliness and quality of information provided by the Denver RO on its spina bifida hotline;
- d. Develop and implement targeted outreach with the goal of improving the application process and connecting eligible, approved beneficiaries with all benefits afforded to them under the law.

2. Eligible Beneficiary Assistance

- a. Advocate for the implementation of a social worker or claims advocate that is assigned to each case to help a claimant navigate through the eligibility and benefits process of VBA and VHA.
- b. Advocate for VA to conduct a comprehensive audit of Chapter 18 beneficiaries on both the VBA and VHA side and make findings of audit public. This audit would address deficiencies in the application process as well as address why and how eligible beneficiaries are not accessing healthcare benefits.
- c. Advocate for improved data collection efforts. Currently, VA does “not routinely maintain” the following data: (1) number of new individuals eligible to use the program each month; (2) number of eligible individuals that have never submitted bills; (3) number of eligible individuals that submit bills that are rejected and reason for rejection; and

Continued

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- 79 d. (4) how many payments are made each month for preauthorization
80 services. VA should collect this data, as well as other meaningful
81 metrics.
- 82 3. **Multigenerational Claims Tracking.** VA should track
83 multigenerational applications processed by the Denver Regional Office.
84 To this end, VVA advocates that VA should:
- 85 a. Develop written guidelines for how multigenerational applications
86 are processed and preserved.
- 87 b. Ensure that applications are appropriately labeled and easily
88 identifiable for future data analysis efforts. Specifically, ensure that
89 applications uploaded to the “unidentifiable mail queue” are easily
90 retrievable in batches for data analysis.
- 91 Identify ongoing research initiatives of VA that could affect and expand
92 eligibility of benefits to beneficiaries to ensure that VA is preserving useful
93 information.

VETERANS’ BENEFITS COMMITTEE

Note updates to Issue and/or Background

VB–33

**IMPROVED QUALITY AND LEGAL ACCURACY IN VA
DECISIONS**

History: First adopted in 2021

- 1 **Issue:** Vietnam Veterans of America’s Service Representatives report that
2 the Department of Veterans Affairs (DVA) often has failed to implement
3 decisions by the U.S. Court of Appeals for Veterans Claims (CAVC),
4 renders inadequate quality decisions, and continues to create unnecessary
5 delays to claims adjudication.
- 6 **Continued**

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7 **Background:** In 1988, Congress passed the Veterans Judicial Review Act
8 (VJRA), creating the U.S. Court of Appeals for Veterans Claims (CAVC).
9 This law stated that the Court's opinions would have binding authority on the
10 DVA in all similar cases 38 U.S.C. §§ 7251, 7261.

11 In the nine years since the U.S. Court of Appeals for Veterans Claims
12 (CAVC) has been in existence, it has issued numerous decisions expanding
13 the rights of veterans who are seeking benefits from the DVA. However,
14 VVA Service Representatives and other veterans 'advocates report that
15 DVA often is reluctant to follow the court's instructions in a particular
16 veteran's case, which has been remanded, by the court? The DVA also has
17 been reluctant to follow the rules of law contained in the court's decisions by
18 applying these rules to all cases, which DVA adjudicates.

19 The quality of VA decisions continues to be less than adequate. ~~Even though~~
20 ~~VA reports a +95% accuracy rating of original adjudication of claims,~~
21 ~~approximately 75% that are appealed are either granted or remanded at the~~
22 ~~Board of Veterans Appeals.~~ The Veterans Benefits Administration has the
23 responsibility of providing a variety of services to veterans, including
24 eligibility verification, adjudication and processing of disability claims,
25 vocational rehabilitation programs, home loans, and burial benefits. Any
26 delay or disruption of the administration of these services causes undue
27 hardship for veterans and their beneficiaries. It is imperative that VBA
28 assure due process and expedite the process for awarding benefits and
29 services. VVA believes the primary responsibility for development of claims
30 before the Board of Veterans Appeals (BVA) lies with VBA, and not
31 exclusively with the veteran petitioning for benefits.

32 **Resolved, That:** Vietnam Veterans of America, will continue to urge DVA,
33 Congress to ensure that VBA is timely implementing, and following all
34 CAVC decisions that create binding law on DVA and urgently requests
35 Congress to support its national moral and legal obligation to the men and
36 women who served in the defense of our country in the following ways:

37 **Continued**

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1. To initiate an honest assessment of what is needed, in terms of personnel and equipment, to provide timely and quality benefit decisions to veterans, and to ensure that veterans service organizations, including VVA, is included in the assessment process.
2. To legislate mandatory spending to ensure adequate support, both in personnel and equipment, to meet those demands for timely and quality delivery of benefits.
3. That Congress set, and VBA meet timely standards for benefits delivery.
4. And that Congress expands entitlement accounts to fund VBA functions to provide timely and quality delivery of authorized benefits.
5. Support a significant increase in the staffing (full-time employee equivalent) of the vocational rehabilitation and counseling divisions with such increased staffing assigned to community offices to provide easy access for disabled veterans, better supervision of vocational rehabilitation clients, and greater labor-market penetration to assure such clients are placed in permanent, stable employment at the completion of training.
6. Call upon DVA to regularly publish and widely disseminate materials to the veteran community and to the public materials on the DVA vocational rehabilitation program.
7. To assure due process, expeditious processing of claims and quality of services delivered, VVA supports the retention of adjudication and rating board employees and seeks exemptions of these personnel from hiring freezes and/or budgetary cuts.

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WOMEN VETERANS COMMITTEE

Committee recommends adoption of amendments

WV-2

MEDICAL TREATMENT OF WOMEN VETERANS BY DVA

Strike the words indicated by the ~~strike-through~~ and insert the **bold underlined** words.

History:

First adopted in 1983 as R-4-83 (Medical Treatment of Women Veterans by DVA)

Amended and renumbered in 1993 as V-WV-18-93

Renumbered in 1995 as WV-5-95

Amended & renumbered in 1999 as WV4-99

Amended and renumbered in 2001 as WV-3-01

Amended and renumbered in 2003 as WV-2-03

Amended in 2005 and 2007

Amended and renumbered in 2011 as WV-2

Amended in 2013 as WV-2

Amended in 2015, 2017 and 2019

Amended in 2021

1 **Issue:** Since 1982, Vietnam Veterans of America has been a leader in
2 advocacy and championing appropriate and quality health care for all
3 women veterans. The Department of Veterans Affairs (DVA) has made
4 many innovations, improvements and advancements over the past thirty
5 years. However, some concerns remain respective of its policies, care,
6 treatment, delivery mode, and monitoring of services to women veterans.

7
8 **Background:** DVA eligible women veterans are entitled to complete
9 health care including care for gender specific illnesses, injuries and
10 diseases. The DVA has become increasingly more sensitive and
11 responsive to the needs of women veterans and many improvements
12 have been made. Unfortunately, these changes and improvements have
13 **Continued**

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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. One third of VA Medical Centers (VAMC) do not have a gynecologist on staff. **In 2024, 86% of VA Hospitals and clinics reported a severe shortage of doctors.** The number of women Veterans using VHA has risen 80% in the last decade. Women make up nearly 11.6 **12.1%** of OEF/OIF/OND veterans, 57 **and 62%** of these women veterans have received VA health care. The average age of women veterans using the VA is 48.51 **52%**. About one in three women seen at the VHA respond "yes" when screened for Military Sexual Trauma. (MST)

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, clinics, and Vet Centers. We ask the Secretary to 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. We ask that each VISN have a woman veteran collaborating with each meeting. Further, we seek that the Secretary ensures:

- Streamline eligibility and receipt of information to access health care services for first time users.
- Address "sense of mistrust" in developing strategies for recruiting women veterans.
- ~~• Organize the billing scales clearly for first time users.~~
- The competency and courtesy of staff who work with women in providing gender specific health care.
- Those women veterans are provided women's health care in a timely and geographically accessible way.
- That reproductive health care expands to ensure complete infertility workups and fertility solutions regardless of marital status
- That appropriate staff training regarding issues pertinent to women veterans is provided.

Continued

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- 51 • Those privacy policy standards are met for all patients at all VHA
52 locations, and the security of all veterans is ensured.
- 53 • That the anticipated growth of the number of women veterans should
54 be considered in all strategic plans, facility construction/utilization and
55 human capital needs. The number is expected to rise to 18% by 2040.
- 56 • Ensure that sexual trauma care is easily and readily available to all
57 veterans, National Guard, and Reservists, and the VA provides care
58 and treatment by medical staff appropriately trained in military
59 sexual trauma. Clinical staff with appropriate qualification.
- 60 • That an evaluation of all gender specific sexual trauma intensive
61 treatment residential programs be made to determine if this level is
62 adequate as related to level of need for each gender.
- 63 • That the ~~Secretary of the VA conduct~~ **provide** women-specific Drug
64 and Alcohol Dependency treatment and rehabilitative programs for
65 women veterans' ~~analysis nationwide. Pilot program findings and~~
66 ~~conclusions shall be submitted to committees on Veteran Affairs.~~
- 67 • Those women veterans who seek care at Community Based Outpatient
68 Clinics (CBOC) which do not provide for gender-specific medical and
69 or mental healthcare shall be authorized to have treatment within the
70 community care provider network.
- 71 • That evidenced based holistic programs for women's health, mental
72 health and rehabilitation are available in all VA Hospitals and CBOCs
73 to ensure the full continuum of care.
- 74 • That Community Care criteria and referrals be appropriately funded in
75 a timely fashion for veteran's access to care when needed.
- 76 • Limitations on copayments for contraception furnished by the VA.

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WOMEN VETERANS COMMITTEE

WV-5

WOMEN VETERANS RESEARCH

Committee recommends adoption of amendments

Strike the words indicated by the ~~strike-through~~ and insert the **bold underlined** words.

History:

First adopted in 2009 as WV-5-09

Amended and renumbered in 2011 as WV-5

Amended in 2013 as WV-5

Amended in 2015

Amended in 2017

Amended in 2021

1 **Issue:** Specific issues pertinent to women veterans must be adequately
2 researched.

3
4 **Background:** Because women veterans have historically been a small
5 percentage of the veteran population, many issues specific to women
6 veterans have not been researched. General studies of veterans often had
7 insufficient numbers of women veterans to detect differences between
8 male and female veterans and/or results were not reported by gender.
9 Today, however, women are projected to be ~~more than 11% of the veteran~~
10 ~~population by 2020 and 18~~ **17%** by 2040 **2043**.

11
12 **Resolved, That:** Vietnam Veterans of America asks the Secretary of
13 Veterans Affairs to conduct several studies specific to women veterans
14 and that Congress pass legislation to mandate such studies if the Secretary
15 does not act:

- 16 • A comprehensive assessment of the capacity and ability of women
17 veterans' health programs in VA, including Compensation and
18 Pension examinations, equality in Compensation and Pension ratings,
19 and to meet the needs of women veterans. (GAO: March 2010: VHA)

20 **Continued**

Proposed Resolutions
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- 21 • A continued comprehensive study on the relationship of toxic
22 exposures during military training and service on infertility rates of
23 veterans.
- 24 • A continued comprehensive evaluation of suicide among women
25 veterans, including rates of both attempted and completed suicides,
26 and risk factors, including comorbid diagnoses, substance abuse,
27 history of sexual trauma or sexual harassment, harassment, bullying,
28 intimate partner violence, unemployment, deployments, or
29 homelessness.
- 30 • **Continue to expand the VA Office of Research and Development**
31 **(ORD) and the coordination of VA Women's Health Research**
32 **Integration Workgroup. (RIG)**
- 33 • **Maintain the Women's Health and Healthcare Notice of Special**
34 **Interest. (NOSI)**
- 35 • VA should continue to expand the use of a central directory and mobile
36 apps for services and programs. The VA, DOD, and even local
37 community programs should work together to create and evaluate
38 programs to assist in the support for these women veterans.
- 39 • VA should utilize local media to promote the availability of women
40 veterans' programs.

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WOMEN VETERANS COMMITTEE

Committee recommends adoption of amendments

WV-8

MILITARY SEXUAL TRAUMA (MST)

Strike the words indicated by the ~~strike-through~~ and insert the **bold underlined** words.

History:

First adopted in 2013

Amended 2017

Amended 2019

Amended 2021

Amended 2023

1 ~~Issue: The instances of sexual assault in the military has been a long-~~
2 ~~standing problem that in the past few years has increased. The reporting~~
3 ~~process has been improved to include implementing two reporting options:~~
4 ~~Restricted and Unrestricted. The major difference between these reporting~~
5 ~~options is that an unrestricted report will trigger an official investigation,~~
6 ~~whereas a restricted report will not. However, research indicates that toxic~~
7 ~~command climates continue to be a breeding ground for harassment and~~
8 ~~assault and inhibits victims from reporting either way.~~

9 **In December 2023, a presidential executive order was signed that**
10 **removed the responsibility of prosecuting sexual assault from the**
11 **military chain of command. The creation of a separate and**
12 **independent office now addresses such crimes. This provides**
13 **additional protection and safety for the victims. It is the Office of**
14 **Special Trial Counsel (OSTC).**

15 **Background:** Sexual Assault and Prevention Response Office (SAPRO)
16 has developed a Retaliation Prevention and Response Strategy, according
17 to DoD, the majority of Military Sexual Trauma (71%) are under 24 years
18 old and of lower ranks, whereas the majority of assailants (59%) are
19 between 20 and 34 years old and of a higher rank than the survivor. There
20 was an increase of 13% women reporting in 2017, while there was no
21 change for men. The FY 2019 Report on Sexual Assault in the Military
22 **Continued**

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showed 20,500 Sexual assaults in FY2019, up from 14,900 in 2016. The official reports of sexual assault have increased over 3% over the previous year, while fewer cases are being sent forward by Commanders to trial. Women veterans are twice as likely as men veterans to develop posttraumatic stress disorder and approximately one out of four women veterans report military sexual trauma. Survivors may fear that their own actions may be cause for punishment. The threat of retaliation or fear of being reprimanded or disruption of their career is enough to silence many survivors or have them recant their stories. SAPRO reports of 2017-2018 showed that most reporters of Sexual Assault in military academies and armed forces were still subjected to harassment and abusive behaviors. Failure of the SHARP (Sexual Harassment/Assault Response Program) at the Ft. Hood, TX independent review (2020) of 136 pages (70 82 recommendations) found it ineffective and failed as a result of command enforcement below brigade level. Failure of leadership, transparency, and care for all soldiers reflects it likely not limited to a single installation. This showed a startling tolerance for sexual harassment and sexual assault at the unit level. Again, this creates a total lack of trust in reporting assaults among the units. Thirty-two of the 82 recommendations made by the independent review have been implemented. The SAPRO Report of FY2023 showed a decrease in prevalence of sexual assault compared to FY 2021. There was a 19% decrease for women of unwanted sexual contact. There was also a downward trend in unwanted sexual contact for men. The Department must continue to assist our military in maintaining this momentum in the upcoming years.

Resolved, That: VVA will pursue legislation that reassigns complaints of military sexual trauma and harassment by service members and all alleged perpetrators outside of their immediate chain of command.

1. ~~Report~~ VVA requests review results of the DOD Retaliation Prevention and Response Strategy FY 2024 2023-2025 to the Congressional Veterans Committees as well as the President.
2. There should be a continued increase of Victims' Advocates, comprised of a hybrid of civilian and uniformed personnel at all military installations.

Continued

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- 60 3. There is evidence that further attention is needed for those in
61 leadership positions regarding sexual assault and harassment
62 training and evaluation prior to consideration for promotion.
- 63 4. **Maintain the newly established dedicated prevention**
64 **workforce to advise commanders in the development of**
65 **strategies to reduce sexual assault, sexual harassment, and**
66 **other harmful behaviors.**

WOMEN VETERANS COMMITTEE

Note updates to Issue and/or Background

WV-3

SUPPORT FOR WOMEN VETERANS

History:

First adopted in 1983 as R-1-83 and R-2-83

Amended in 1987 as V-1-87 and V-6-87

Amended in 1989 as G-17-89

Amended in 1991 as V-WV-20-91

Amended in 1993 as V-WV-9-93

Amended in 1995 as WV-6-95

Amended in 1997 as WV-6-97

Amended in 1999 as WV-2-99

Renumbered in 2001 as WV-1-01

Amended in 2003 as WV-1-03

Amended in 2005 as WV-1-05

Amended in 2007 as WV-2,3,6 -07

Renumbered in 2011 as WV-3

Amended in 2013 as WV-3

Amended in 2017

1 **Issue:** With an increase in the percentage of women serving on active duty
2 in the Armed Forces, more women are entering the ranks of veterans
3 seeking involvement in veteran service organizations. During the Vietnam
4 War era, more than 265,000 women stood with their brothers when others
5 would not. For this reason, and recognizing the contribution women
6 veterans have made to this organization since its beginning, Vietnam

7 **Continued**

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Veterans of America, includes women as integral and equal members, including them on its legislative agenda and policy concerns.

Background: Vietnam Veterans of America has been the leader, recognizing the needs of all women veterans. Vietnam Veterans of America has recognized the contribution of women veterans in this organization and has elected women veterans to leadership positions at all levels. Additionally, although women veterans are authorized the same benefits, services and compensation as their male counterparts, many

Continue

women do not know their rights as veterans, and they do not know how to access programs of the U.S. Department of Veteran Affairs. Until 1973, the Armed Forces women population had a two percent cap due to legislation. When gender caps were lifted, more women enlisted in the military.

Today's women participation is approximately ~~14.5%~~ **17.5%** of active duty, and ~~18%~~ **21.6%** of reserve component. Despite the role of Vietnam Veterans of America, assisting women veterans, outreach, identification, developing women veteran friendly support, and positive recognition remain major hurdles in helping them realize and access veteran benefits.

Resolved, That: Vietnam Veterans of America is committed to the inclusion and involvement of women veterans at all levels and within all arenas of the organization and in the visual representation of its membership. Efforts will also include: the use of non-gender specific language in any/all communications (written or oral); recruitment; and outreach, providing women veterans with an awareness of their veteran benefits and mentor them in their legislative rights for improved medical care and benefits.

Further, to encourage Vietnam Veterans of America, National Office, State Councils and Chapters to establish women veteran recognition and outreach programs, and to work with state officials and legislators to create the position of a state women veteran coordinator and advisory committees, where none exist, to facilitate assistance to women veterans within the states and provide communication within and between agencies.

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WOMEN VETERANS COMMITTEE

Committee recommends retirement

WV-7

WOMEN VETERAN PROGRAM MANAGERS

Reason: Because VA hospitals do have Women vet coordinators at all hospitals now.

History: First adopted in 2013 Amended in 2017

1 **Issue:** VHA must ensure the compliance with the Women Veteran
2 Program Managers policies.

3 **Background:** Women veteran advocates call for Congressional
4 oversight and accountability during this congress. We are weary of
5 hearing that the position of facility Women Veteran Program Managers
6 would be full time positions, while in reality, after all this time, this is not
7 necessarily true. As a system wide directive the VA 2017, Handbook
8 1330.01, Health Care Services for Women Veterans defines the
9 responsibilities of both the VA VISN Director and the VAMC Director
10 and its enforcement demands this attention. Additionally, both WVPM
11 positions are further defined in the *VA 2018 Handbook 1330.02 -- Women*
12 *Veteran Program Managers*.

13
14 **Resolved, That:** Vietnam Veterans of America calls for Congressional
15 oversight and accountability of all VA medical center and VISN Directors'
16 compliance with measures defined in the *VA 2017 Handbook 1330.01*
17 and *VA Handbook of Health Care Services* for women veterans as it
18 relates to the position of Women Veteran Program Managers (WVPM).

- 19 1. WVPM must be a full-time position without collateral assignments
20 as required by *VA Handbook 1330.02*.
21 2. Reports directly to the facility Director.
22 3. Compliance must be made a Performance Measure at all VISNs and
23 VAMCs.
24 4. Women's Health Services Office must maintain oversight function.
25 5. Post WVPM information clearly at the check-in counters in the clinic
26 areas.

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LEGACY TASK FORCE

Resolution NOT adopted by committee

Reason: Plans have already been made and an archivist engaged to guide VVA through this process.

LT- XX

Archive Chapter and State Council Materials

Submitted by Walt Schumacher

Has this Resolution been endorsed by a Chapter? **Yes, Chapter 106**

Has this Resolution been endorsed by a State Council? **Yes, Arizona State Council**

Responsible Committee: Legacy Task Force

Is this a revision of an existing Resolution? No

1 **Issue:** To fully ARCHIVE all the chapters and State Councils within VVA
2 National consisting of the meeting documents, videos, picture, history, etc.,
3 of the chapter and state councils. So much history has been destroyed and
4 there will be NO history of anything when VVA dissolves.

5 **Background:** A master plan was written by me and given to the CBOC in
6 2017 in detail and a copy of the master plan was provided to everyone
7 within VVA National to begin the process. It is extremely simple to
8 accomplish and have it archived with Texas Tech University in Texas. The
9 entire archive for VVA-Arizona State Council has been done with Chapter
10 835 and about 30% of Chapter 106. Most chapters throughout the USA
11 stated there is no one to do it and/or documents, photos have disappeared.

12 **Proposed Position:** Begin the process now before it is too late, because time
13 moves very fast and when ALL of the documents, videos, photos, history is
14 "GONE", the nit is "GONE". Recommend having 1-2 personnel within
15 VVA National oversee each region within VVA National and have it come
16 up at national meetings along with any other national meetings such as
17 Leadership and/or Conventions.

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PTSD AND SUBSTANCE ABUSE COMMITTEE

Committee recommends adoption

PTSD -X

**ADVANCING THE DEVELOPMENT OF MORE EFFECTIVE PTSD
TREATMENTS**

1 **Issue:** At a time when our nation as a whole is experiencing nearly 50,000
2 suicides annually, an increase of over 30% since the year 2000, PTSD has
3 turned from a silent crisis to one of massive proportions. Multiply this level
4 of suffering by 2 million veterans of all eras; and 13 million civilians
5 estimated to have PTSD – the human stakes are huge.

6 Since at least 2015, researchers have highlighted the inadequacies of the
7 VA's approved PTSD treatments and demanded urgent change, largely to no
8 avail. Maddeningly, despite emerging evidence for a range of PTSD
9 treatment approaches, the most recent edition (2023) of the VA/DoD PTSD
10 clinical practice guidelines (CPG) has reduced the number of approved
11 treatments and offers no new treatment strategies

12 **Background:** Despite the best of intentions and billions of dollars spent
13 since 9/11, the VA's top approved treatments, Prolonged Exposure (PE) and
14 Cognitive Processing Therapy (CPT), are failing to meet this moment in
15 which so many are struggling to survive. Despite this troubling reality, VA
16 clinical and research leaders continue to claim that current treatments are
17 adequate despite their own data showing dismal outcomes.

- 18 • Up to 50% of veterans routinely drop out of PE and CPT treatment.
- 19 • Of those who do complete treatment, over 60% still have the PTSD
- 20 diagnosis.
- 21 • Medication is even less effective, with many giving up and stopping their
- 22 meds; and,
- 23 • Veteran suicides, linked to PTSD, continue to occur at epidemic levels

24 **Continued**

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The recent FDA decision to delay approval of MDMA-assisted treatment for PTSD further increases the need for demonstrable improvement in advancing progress for non-drug PTSD treatments.

One such intervention, the Reconsolidation of Traumatic Memories (RTM) Protocol™, has recently drawn positive attention for its promising outcomes outperforming PE and CPT.

Drawing upon 50 years of basic science and clinical research, emerging research demonstrates that gently reactivated traumatic memories can be updated and modified. This process, known as reconsolidation, explicitly targets the intrusive symptoms of PTSD, e.g., nightmares, flashbacks, heightened reactivity, and hypervigilance.

A recent meta-analysis identified RTM as "the most promising reconsolidation therapy and with, by far, the largest effect size," clearly warranting further research. Given its highly effective, brief, drug-free, lasting, and non-traumatizing nature, RTM holds extraordinary promise for augmenting the current landscape of PTSD treatment strategies, as evidenced by its therapeutic use by over 100 certified RTM practitioners providing relief from PTSD in the war-torn region of Poland and Ukraine.

Proposed Position: VVA has a historic opportunity to amplify the growing chorus of researchers, clinicians, veterans, family members, survivors, caregivers, advocates and allies in calling for real progress in advancing the development of more effective PTSD treatments which, like RTM, are brief, lasting, effective, and tolerable. VVA's history of pioneering advocacy and fearless courage in speaking truth to power on behalf of veterans, communities and our nation underscores its vital role in leading this call to action.

1). Urge the VA to offer RTM to veterans with refractory PTSD, for whom PE and CPT have been tried without success, in both the Veteran Center and Medical Center settings.

2). Encourage DoD to leverage its national network of Intrepid centers to offer RTM and compare outcomes with existing PTSD treatments.

Continued

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- 57 3). Request Senate and House leadership to convene public hearings focused
58 upon what VA & DoD are doing to accelerate comparative effectiveness
59 research for RTM and other promising PTSD treatments