



**Federal-Level Resolutions Adopted at the
91st DAV Department of Virginia Convention
Roanoke, Virginia - June 17, 2023**

Resolution #1

**SUPPORT LEGISLATION FOR IMMEDIATE ON-SITE FINALIZATION OF GRANTS
AT THE BOARD OF VETERANS APPEALS**

WHEREAS: The current length of time taken to promulgate Board of Veteran Appeals grants is so great that in some instances a terminally ill veteran passes before the award is finalized; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that the Department of Veterans Affairs relocate or assign personnel and resources to the Board of Veterans Appeals for the sole purpose of the promulgation of benefits granted on site and in a timely manner for those determined to be in such ill health that he/she may pass within a certain amount of time.

Resolution #2

SUPPORT LEGISLATION FOR PAYMENT OF GRANTS AWARDED BY THE BOARD OF VETERANS APPEALS

WHEREAS: There is a significant time lapse in promulgating Board of Veterans Appeals grants for terminal veterans, even when prioritized, that any monetary award is never received prior to the actual death of the claimant; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that on the occasion of death of the appellant who has received a Board of Veterans Appeals decision, that portion of said award sought for the period that the veteran was alive or to the date that award was granted (whichever is longest) shall be awarded to the claimant as recognized by the Department of Veterans Affairs.

Resolution #3

SUPPORT LEGISLATION TO INCREASE MAXIMUM EVALUATION FOR SERVICE CONNECTED HEADACHES

WHEREAS: The Department of Veterans Affairs rating schedule, 38 CFR § 4.16(a) notes that the minimum schedular rating for consideration of Individual Unemployability is 60% for a single condition (or a combination of 70% with one of them being at least 40%); and

WHEREAS: At present, a veteran with the highest schedular rating for headaches, 50%, must be shown to have very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability as stated at 38 CFR § 4.124a, diagnostic code 8100; and

WHEREAS: A veteran currently in receipt of the maximum 50% rating for headaches due to very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability would not also qualify for consideration of a claim for Individual Unemployability based on that single disability; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that the Department of Veterans Affairs amend its regulations to increase the maximum evaluation for an individual with migraine headaches from the current 50% to a 60% rating.

Resolution #4

SUPPORT LEGISLATION TO INCREASE THE PRESUMPTIVE DISORDERS ASSOCIATED WITH EXPOSURE TO CONTAMINANTS IN THE WATER SUPPLY AT CAMP LEJEUNE, NORTH CAROLINA.

WHEREAS: at present the Department of Veterans Affairs (VA) recognizes 8 specific disabilities for presumptive service connection associated with Camp LeJeune water contamination (Kidney cancer, Liver cancer, Non-Hodgkin's lymphoma, Adult leukemia, Multiple myeloma, Parkinson's disease, Aplastic anemia and other myelodysplastic syndromes, and Bladder cancer) as listed in the rating schedule at 38 CFR § 3.309(f);

WHEREAS: at present the VA recognizes 15 conditions for medical treatment arising from the same exposure, as listed at 38 CFR § 17.400 (Hospital care and medical services for Camp Lejeune veterans); and

WHEREAS: current regulations published at 38 CFR § 17.400(c) mandate that for the additional conditions unless it is clinically determined, under VA clinical practice guidelines, that such an illness or condition resulted from a cause other than such service, VA will assume that a covered illness or condition is attributable to the veteran's active duty service at Camp Lejeune; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports the enactment of legislation to expand the presumptive service-connected disabilities contained at 38 CFR § 3.309(f) to include the additional disabilities recognized by VA at 38 CFR § 17.400, to include Esophageal cancer, Lung cancer, Breast cancer, Renal toxicity, Hepatic steatosis, Female infertility, Scleroderma, and Neurobehavioral effects.

Resolution #5

SUPPORT LEGISLATION TO OPPOSE THE PAYMENT OF ATTORNEY FEES BASED ON PERIODS WHEN THE ATTORNEY WAS NOT INVOLVED IN THE CLAIM.

Whereas: revisions in the law and regulations governing the Department of Veterans Affairs (VA) have allowed for private agents and attorneys to charge for their representation of claimants before the VA; and

Whereas: those regulations contain some indications that there may be provision for limitation of the final payment awarded to the private agents and attorneys based on reasonable limitations, as noted in the written description of Fees Permitted:

Fees permitted for services of an agent or attorney admitted to practice before VA must be reasonable. They may be based on a fixed fee, hourly rate, a percentage of benefits recovered, or a combination of such bases. Factors considered in determining whether fees are reasonable include:

- (1) The extent and type of services the representative performed;
- (2) The complexity of the case;
- (3) The level of skill and competence required of the representative in giving the services;
- (4) The amount of time the representative spent on the case;
- (5) The results the representative achieved, including the amount of any benefits recovered;
- (6) The level of review to which the claim was taken and the level of the review at which the representative was retained;
- (7) Rates charged by other representatives for similar services; and
- (8) Whether, and to what extent, the payment of fees is contingent upon the results achieved. 38 CFR § 14.636(e); and

Whereas: VA rarely, if ever, restricts the amount of fee paid to the private agents and attorneys beyond restricting the amount to 20% of any retroactive amount payable; and

Whereas: many private agents and attorneys act in the role of representative in a particular case for only a matter of months, providing limited interaction on behalf of the claimant, and not demonstrating any particular knowledge of the case; and

Whereas: regardless of whether the private agent and/or attorney did any actual work that resulted in the eventual grant of benefits the claimant is required to pay the 20% fee; and

Whereas: this frequently results in a windfall payment to the private agent and/or attorney at the immediate and direct expense of the claimant; and

Whereas: some private agents and/or attorneys, once they have engaged the signature of the client on the representation agreement have prematurely disengaged as the representative without waiving their right of recovery for any future award; and

Whereas: that future award is often years later resulting in an ever-expanding amount of retroactive pay; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports the enactment of legislation to restrict the amount of payment to a private agent and/or attorney to a reasonable analysis of the actual work put into the case, and in no case should the payment extend beyond the date when either the claimant or the private agent and/or attorney ends the representation, and withdrawal by the private agent and/or attorney should result in a loss of all rights to recovery where they, for whatever reason, have opted to break the client/representative relationship.

Resolution #6

SUPPORT LEGISLATION TO EXPAND THE RECOGNIZED WAR TIME SERVICE PERIODS TO INCLUDE THOSE VETERANS WHO SERVED IN COMBAT ENVIRONMENTS FROM HOSTILE MILITARY OR TERRORIST ACTIVITY FROM NOVEMBER 4, 1979 THROUGH AUGUST 1, 1990.

Whereas, The Department of Veterans Affairs (VA) recognizes specific periods of time as being war time periods; and

Whereas, the Vietnam era ended on May 7, 1975 and the Persian Gulf War era began on August 2, 1990 (38 CFR §3.2(f) and (i)); and

Whereas, hundreds of thousands of US Servicemembers were subjected to combat environments from hostile military or terrorist activity beginning on November 4, 1979 with the seizure of the US Embassy in Tehran and the subsequent ill fated rescue mission, Operation Eagle Claw; May 1981 terrorist threats from and resulting combat action with Libya; the April 18, 1983 bombing of the US Embassy in Beirut; the October 23, 1983 bombing of the Marine Barracks in Beirut; the October 25, 1983 invasion of Grenada; the December 12, 1983 bombing of the US Embassy in Kuwait; the September 20, 1984 bombing of the US Embassy annex northeast of Beirut; the April 5, 1986 bombing of La Belle, a discotheque in West Berlin known to be popular with off-duty U.S. servicemen and the resulting Operation El Dorado Canyon on April 15, 1986, that involved 200 US aircraft bombing Libya; the 1989 buildup of US troops in Panama with increasing tensions and hostilities leading to the December 20, 1989 invasion of Panama by US Troops in Operation Just Cause; and the unknown number of anti-terrorist activities that remain classified to this day; and

Whereas: any of the military participants of any of these combat environments from hostile military or terrorist activity who were wounded, physically or mentally, are entitled to service-connected compensation from the VA, they are otherwise not entitled to any VA benefits that would arise from the time being identified as a war time period; and NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports the enactment of legislation to establish a new war time period covering the time frame of November 4, 1979 until August 1, 1990, plausibly identified as Middle East and South America Hostile enemy and terrorist activity.

Resolution #7

SUPPORT LEGISLATION TO DIRECT THE SECRETARY OF THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO COORDINATE WITHIN VA AND WITH THE DEPARTMENT OF DEFENSE (DOD) TO VERIFY DEPENDENCY STATUS

WHEREAS, current law and regulations allow for additional compensation for veterans who have a service-connected disability rating of 30% or more for the dependents; and

WHEREAS, it is the veteran's responsibility to inform the Veterans Benefits Administration (VBA) of changes in dependency; and

WHEREAS, veterans are often confused by the different sections of VA, and report changes to the Veterans Health Administration (VHA) and/or through the DOD's Defense Enrollment Eligibility Reporting System (DEERS); and

WHEREAS, VBA will establish an overpayment due to dependency changes that were not directly reported to VBA regardless of whether VHA and/or DEERS reflected the changes; and

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to formally direct the VA Secretary to accept any reports of dependency changes made to the VHA and/or documented in DEERS to mitigate any alleged overpayment due to changes in dependency status; and

THEREFORE, BE IT FURTHER RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to formally direct the VA Secretary to establish a method to accept and incorporate DEERS changes automatically into the VBA process, and to allow VHA changes to dependency to be reported to VBA.

Resolution #8

SUPPORT LEGISLATION TO EXPAND VA MENTAL HEALTH TRANSITION SERVICES TO ALL SERVICE MEMBERS UPON DISCHARGE THROUGH ANY AVAILABLE NETWORK IN OR OUTSIDE THE MILITARY.

Whereas: at present the Department of Veterans Affairs (VA) provides limited Mental Health transition services to individuals who have incurred a traumatic physical injury; and

Whereas: individuals service members being discharged with severe mental health issues due to traumatic experiences incurred on active duty not being identified for enrollment in Mental Health transition services; and

Whereas: VA has committed to expanding its suicide prevention programs, NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports enacting legislation that would expand the provision of Mental Health transition services to individuals who have, or are reasonably suspected to have been, exposed to traumatic events including, but not limited to Military Sexual Trauma, combat or other exposure to a hostile military or terrorist activity, natural or manmade disaster, or an individual disaster which would reasonably be believed by the lay person to have caused significant emotional distress.

Resolution #9

DEMAND FOR SCIENTIFIC EVALUATION FOR INCLUDING DISABILITIES OF THE THYROID AS A PRESUMPTIVE GULF WAR DISORDER

WHEREAS: The Department of Veterans Affairs (VA) has an established list of disabilities that are presumptively associated with service in Southwest Asia (SWA); and

WHEREAS: SWA refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations for certain veterans (38 CFR §3.317(e)(2)); and

WHEREAS: VA recognizes Signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses associated with SWA service to include (1) Fatigue, (2) Signs or symptoms involving skin, (3) Headache, (4) Muscle pain, (5) Joint pain, (6) Neurological signs or symptoms, (7) Neuropsychological signs or symptoms, (8) Signs or symptoms involving the respiratory system (upper or lower), (9) Sleep disturbances, (10) Gastrointestinal signs or symptoms, (11) Cardiovascular signs or symptoms, (12) Abnormal weight loss, and (13) Menstrual disorders (38 CFR §3.317(b)); and

WHEREAS: Ten of the common symptoms of a thyroid disorder include fatigue; weight changes (gain too much weight with hypothyroid and too little weight with hyperthyroid); muscle & joint pain; neck swelling (goiter); hair & skin changes; bowel changes; menstrual abnormalities; depression; carpal tunnel (Weakness or tingling in the arms, wrists, hands, and legs); and finally, family history; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that the VA immediately establish studies to determine whether thyroid disorder(s) are more common in veterans with SWA service than the general population given that many of the common symptoms of a thyroid disorder are also the currently recognized Signs or symptoms of undiagnosed illness and medically unexplained chronic multisymptom illnesses associated with SWA service.

Resolution #10

SUPPORT LEGISLATION TO EXPAND CHAMPVA BENEFITS FOR CHILDREN OVER 23 AND STILL IN SCHOOL.

Whereas: the Department of Veterans Affairs (VA) currently recognizes the adult child of a veteran as being a dependent while they are attending college; and:

Whereas: under certain circumstances the adult child can maintain such status beyond the age of 23; and:

Whereas: at present CHAMPVA benefits expire when the adult child reaches the age of 23 regardless of whether they are still receiving educational benefits from VA;
NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports enacting legislation recognizing an adult child of a disabled veteran as maintaining dependency status for CHAMPVA purposes until such time as that adult child is no longer in receipt of benefits from any other aspect of VA, to include Dependents Educational Assistance.

Resolution #11

REMOVE REQUIREMENT THAT DEPARTMENT OF VETERANS AFFAIRS COMPENSATION TO SERVICE-CONNECTED VETERANS BE COUNTED AS INCOME FOR PURPOSES OF FEDERAL FINANCIAL AID DETERMINATIONS

WHEREAS, Department of Veterans Affairs (VA) monthly disability compensation is a tax-free benefit awarded to ill and injured veterans and is not considered income under the Internal Revenue Code; and

WHEREAS, the Free Application for Federal Student Aid requires dependents of service-connected disabled veterans in receipt of VA disability compensation to disclose their parents' compensation as income under penalty of perjury; and

WHEREAS, this requirement is contrary to the intent of the VA disability compensation award and contrary to tax law; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to counter this arbitrary and capricious victimization of ill and injured veterans and their dependents, which can render the dependent child of a service- disabled veteran ineligible for federal student aid; AND

BE IT FURTHER RESOLVED that this requirement is unjust to service-disabled veterans and their dependents.

Resolution #12

SUPPORT LEGISLATION TO REIMBURSE, REPLACE AND EXTEND EDUCATION AND VOCATIONAL BENEFITS FOR DISABLED VETERANS AND THEIR SURVIVORS FOR EDUCATION/TRAINING IMPACTED BY ANY NATIONAL EMERGENCY

WHEREAS, education benefits (all educational and vocational programs) administered by the Department of Veterans Affairs (VA) have an established number of months of potential eligibility; and

WHEREAS, the underlying premise for the educational and vocational programs is to enable the veteran and/or their dependent to obtain college/university/trade school-based education; and

WHEREAS, during certain situations all schools/colleges/universities may experience impacts to the ability to serve the student population, to include both class and counseling;

WHEREAS, this disruption impacts the quality of education obtained during that period and the schools/students continue to face difficulties in adjusting to this new format; and; NOW

THEREFORE, BE IT RESOLVED that that DAV General Washington Chapter 7, Fredericksburg Virginia proposes, seeks and strongly supports Congress directing the VA to not count the semesters/quarters of school that are interrupted due to any National Emergency related restrictions, against the overall number of months of eligibility for any veteran/dependent who was in receipt of benefits from any VA education or vocational program at the time, and continuing until such a time as Congress determines that stability to the educational process has returned; AND

BE IT FURTHER RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to ensure that any delimiting date, whether through time frame of eligibility (i.e., delimiting date) or, in the case of dependent children, the attainment of age, be extended for one full semester/quarter for each semester/quarter impacted by a National Emergency related disruption to fully mitigate the impact of the such closures.

Resolution #13

SUPPORT LEGISLATION TO ALLOW INTERSTATE TELEHEALTH/TELECOUNSELING FOR DISABLED VETERANS AND THEIR SURVIVORS

WHEREAS, Department of Veterans Affairs (VA) and many other federal, state, and local government and private organizations provide virtual access to persons seeking mental health counseling; and

WHEREAS, due to recent National Health emergencies many in-office visits were cancelled; and

WHEREAS, in many cases the individual may live and work in different geographical regions; and

WHEREAS, especially in the case of veteran's and active duty military personnel they may find themselves relocated away from the geographical region where their preferred provider is licensed; and

WHEREAS, states (and other entities such as the various territories and the District of Columbia) generally require that the veteran and the counselor/therapist both be located in the same area where the license to practice has been established; and

WHEREAS, this requirement denies the disabled veteran of the right to choose the counselor/therapist they feel best suited to address their needs; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to recognize that the regulation of interstate commerce is a governmental authority specifically reserved for Congress in the US Constitution; AND

BE IT FURTHER RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to allow virtual counseling or other mental health services anywhere in the United States or its many districts and territories when the counselor/therapist is licensed in any of the states, territories, or districts without the client having to be geographically located in the same region, to include counselors, social workers, and psychologists.

Resolution #15

SUPPORT LEGISLATION RECOGNIZING RACIAL TRAUMA AS A STRESSOR FOR POST-TRAUMATIC STRESS DISORDER

WHEREAS, current regulations direct that credible supporting evidence that the claimed in-service stressor occurred, 38 CFR §3.304(f); and

WHEREAS, that regulation currently recognizes 5 situations where VA has specifically set out criteria for special consideration of the stressor (1) diagnosed during service, 2) combat, 3) fear of hostile military or terrorist activity, 4) prisoner of war, and 5) in-service personal assault); and

WHEREAS, a service member experiencing a racial trauma is exposed to an unexpected scenario in which they are largely helpless and have no control over; and

WHEREAS, their response may include feelings of anger, confusion, disbelief, dysphoria, fear, feelings of desocialization or derealization, hopelessness, humiliation, rage, shame, shock; and

WHEREAS, these recognized traumatic reactions may result in the disabled veteran experiencing and manifesting symptom clusters consistent with a diagnosis of PTSD; including:

Re-experiencing through distressing memories, flashbacks, intrusive thoughts, nightmares, physical and emotional distress at reminders, and

Avoidance through agoraphobia, attempting not to think about it, avoidance of people of the same or similar race that is responsible for the racial trauma, isolation, substance use/abuse; and

Negative Alterations in Cognitions manifested by the presence of anger, anxiety, belief that the world is unsafe, depression, guilt, helplessness and/or hopelessness, horror, inability to trust, self-blame, and/or self-doubt; and

Alterations in arousal and reactivity that may include anger/rage with little provocation, concentration and memory problems, diminished interest or participation in prior significant activities, guilt, hypervigilance, fear, increased startle response, irritability, reckless or self-destructive behavior, reduction in positive emotions, sadness, shame, sleep impairment, social withdrawal, verbal and/or physical aggression; and

WHEREAS, the law and regulations currently in effect require the veteran to provide “credible supporting evidence that the claimed in-service stressor occurred”; and

WHEREAS, this limitation on the law limits the disabled veteran’s ability to prove their case where the assailants may have been in their chain of command and therefore would be the ones responsible for ensuring the documentation, or lack thereof, of the incident; and

WHEREAS, even in the presence of a racial trauma perpetuated outside of the chain of command, the disabled veteran may not have been able to ensure formal

documentation either through invalidation by those members of their command or due to fear and shame of reprisal or invalidation; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to specifically include Racial Trauma as one of the identified categories of stressors in 38 CFR §3.304(f); AND

BE IT FURTHER RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports the inclusion of the following wording, or something similar thereto, in a revision of 38 CFR §3.304(f):

If a posttraumatic stress disorder claim is based on in-service racial trauma, evidence from sources other than the veteran's service records may corroborate the veteran's account of the stressor incident. Examples of such evidence include, but are not limited to: records from law enforcement authorities, crisis centers, mental health counseling centers, hospitals, or physicians; and statements from family members, roommates, fellow service members, or clergy. Evidence of behavior changes following the claimed Trauma is one type of relevant evidence that may be found in these sources. Examples of behavior changes that may constitute credible evidence of the stressor include, but are not limited to: a request for a transfer to another military duty assignment; deterioration in work performance including an increase in disciplinary actions; substance abuse; episodes of depression, panic attacks, or anxiety without an identifiable cause; or unexplained economic or social behavior changes. VA will not deny a posttraumatic stress disorder claim that is based on in-service racial trauma without first advising the claimant that evidence from sources other than the veteran's service records or evidence of behavior changes may constitute credible supporting evidence of the stressor and allowing him or her the opportunity to furnish this type of evidence or advise VA of potential sources of such evidence, and affording the veteran an examination by a licensed mental health care provider who is culturally competent to a sufficient level to address the concerns of the veteran. VA may submit any evidence that it receives to an appropriate medical or mental health professional for an opinion as to whether it indicates that a racial trauma occurred, and if so, whether that in-service trauma caused or otherwise contributed to the current mental health disorder. If a psychiatrist or psychologist or other licensed mental health care provider confirms that the claimed stressor is adequate to support a diagnosis of posttraumatic stress disorder and that the veteran's symptoms are related to the claimed stressor, in the absence of clear and convincing evidence to the contrary, and provided the claimed stressor is consistent with the places, types, and circumstances of the veteran's service, in the absence of any other documentation the veteran's lay testimony alone may establish the occurrence of the claimed in-service stressor.

Resolution #16

SUPPORT LEGISLATION TO DIRECT THE SECRETARY OF THE DEPARTMENT OF VETERANS AFFAIRS (VA) TO SUPPORT RESEARCH ON, AND EXPANDED ACCESS TO, INVESTIGATIONAL DRUGS FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)

WHEREAS, current law and regulations direct the VA to provide presumptive service-connected compensation for ALS (38 CFR §3.318); and

WHEREAS, persons with ALS have a poor prognosis, with loss of muscle strength and coordination that eventually gets worse, resulting in an inability to do routine tasks such as going up steps, getting out of a chair, or swallowing; and

WHEREAS, death often occurs within 3 to 5 years of ALS diagnosis; and

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to formally direct the VA Secretary to carry out a program of awarding grants to, and contracts entered into with, public and private entities to cover the costs of research on and development of interventions intended to prevent, diagnose, mitigate, treat, or cure ALS, including costs incurred with respect to the development and critical evaluation of tools, methods, and processes to increase efficiency and productivity of clinical development of therapies, including advancing rational therapeutic development and working to establish clinical trial networks.

Resolution #17

SUPPORT LEGISLATION TO CLARIFY AND EXPAND ENTITLEMENT TO DEPENDENTS EDUCATIONAL ASSISTANCE (DEA) UNDER CHAPTER 35 FOR CHILDREN OF A TWO VETERAN HOUSEHOLD

WHEREAS, current law and regulations allow for the child of a veteran permanently and totally disabled (P&T) due to service connected conditions to receive DEA under Chapter 35; and

WHEREAS, upon establishing DEA benefits the veteran is no longer allowed to claim that adult child attending school as a dependent on their compensation claim; and

WHEREAS, this limitation is carried forward to both veteran parents despite the child received Chapter 35 benefits only under the P&T parents entitlement;

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to clarify and expand the law and regulations to allow for continued dependency claim for the veteran parent who is not the P&T party upon which DEA benefits are being claimed.

Resolution #18

SUPPORT LEGISLATION TO ALLOW EXPANDED ENTITLEMENT TO DEPENDENTS EDUCATIONAL ASSISTANCE (DEA) UNDER CHAPTER 35 FOR CHILDREN OF A TWO VETERAN HOUSEHOLD WHERE BOTH PARENTS ARE SHOWN WITH PERMANENTLY AND TOTALLY DISABLED (P&T) STATUS DUE TO SERVICE CONNECTED CONDITIONS.

WHEREAS, current law and regulations allow for the child of a P&T veteran to receive DEA under Chapter 35; and

WHEREAS, each P&T veteran parent achieved such a rating based on their own personal military service and service incurred disabilities; and

WHEREAS, VA does not allow the child to receive Chapter 35 benefits based on the separate entitlement of each P&T parent;

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to require VA to afford the child separate Chapter 35 benefits under each P&T parent.

Resolution #20

SUPPORT LEGISLATION TO ALLOW A VETERAN PERMANENTLY AND TOTALLY DISABLED (P&T) DUE TO SERVICE CONNECTED CONDITIONS TO CONTINUE TO RECEIVE DEPENDENTS COMPENSATION FOR THEIR ADULT CHILD ATTENDING SCHOOL WHILE THAT CHILD IS IN RECEIPT OF DEPENDENTS EDUCATIONAL ASSISTANCE (DEA) UNDER CHAPTER 35.

WHEREAS, veterans are able to claim their adult child attending school as a dependent while that child continues to attend school; and

WHEREAS, current law and regulations mandate that once a child establishes entitlement to DEA benefits the parent veteran is forbidden to also claim that child as a dependent on their compensation claim; and

WHEREAS, the parent veteran is not directly involved in the child's claim other than having established P&T status where the child, usually with the assistance of a veteran counselor at the school files their own claim; and

WHEREAS, VA does not share the claim information of the adult child attending school with the parent veteran since an individual over the age of 18 is considered to be capable of handling their own matters and it would be a privacy violation to inform the parent veteran of the child's claim status; and

WHEREAS, the parent veteran is frequently charged with overpayment for having received the dependency compensation when the child is also receiving DEA;

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation to allow for a P&T veteran to continue to claim their adult child attending school as a dependent while that child is separately in receipt of DEA under Chapter 35.

Resolution #23

PROVIDE AUTHORIZATION FOR DAV TO ACT IN SUPPORT OF, OR IN OPPOSITION OF, LEGISLATIVE ISSUES ADDRESSED TO RESEARCH CONDUCTED BY THE DEPARTMENT OF VETERANS AFFAIRS (VA)

WHEREAS: VA conducts extensive amounts of medical research covering an extensive variety of subjects; AND

WHEREAS: VA's research is generalizable to other populations who benefit; AND

WHEREAS: Congress periodically has proposed legislation that impacts VA's research; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that DAV's National Legislative Staff be given the dexterity and leeway to engage in support of, or in opposition to, any legislative matters that may pertain to expanding, restricting, or otherwise involving VA's ability to continue being a leader in the field of research.

Resolution #24

SUPPORT LEGISLATION IN SUPPORT OF, OR ENHANCING, PACT ACT CONSIDERATION FOR DISABILITIES OF CHILDREN

WHEREAS: VA regulations currently recognize and compensate birth defects in children of certain herbicide exposed veterans as shown at 38 CFR §§ 3.814 (spina bifida) and 3.815 (birth defects); AND

WHEREAS: these regulations are limited to veterans who served in Vietnam and certain parts of Korea; AND

WHEREAS: on August 10, 2022, the President signed into law the PACT Act extensively expanding the areas conceded to have resulted in herbicide exposure;
NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that DAV's National Legislative Staff be given the dexterity and leeway to engage in support of expanding the provisions of 38 CFR §§ 3.814 and 3.815 to include all herbicide exposure areas and times now conceded in the PACT Act.

Resolution #26

SUPPORT LEGISLATION TO ALLOW APPEALS RELATED TO THE DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH ADMINISTRATION (VHA) COMMUNITY CARE PROGRAM

WHEREAS: VHA regulations currently recognize and allow for access to Community Care in certain circumstances; AND

WHEREAS: The Board of Veterans Appeals is given the ability to review all VA decisions other than those that involve a medical opinion; AND

WHEREAS: Congress has specifically declared that the review of Community Care decisions shall be subject to the VHA's clinical appeals process, but such decisions may not be appealed to the Board of Veterans' Appeals; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that DAV's National Legislative Staff be authorized to actively pursue the expansion of the right to appeal to include the non-clinical Community Care decisions (i.e., those based on any reason other than a legitimate medical opinion by a medical provider).

Resolution #27

SUPPORT LEGISLATION REQUIRING ANY APPEAL WITHDRAWAL TO BE IN WRITING

WHEREAS: VA regulations previously allowed for a withdrawal of an appeal if certain criteria were met, and such withdrawal was in writing; AND

WHEREAS: changes to the regulations when the Veterans Appeals Improvement and Modernization Act (AMA) were set in place dropped the requirement for the withdrawal to be in writing; AND

WHEREAS: oftentimes when a client is communicating with a VA employee via telephone to express a desire to withdraw a request for a hearing the documentation of the call is left ambiguous as to whether it was just the hearing, or the entire appeal being withdrawn; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that DAV's National Legislative Staff be authorized to actively pursue the requirement that any appeal withdrawal be made in writing by the appellant or their authorized representative.

Resolution #29

SUPPORT SUICIDE PREVENTION AND CARE FOR ALL PRIOR OR CURRENT SERVICE MEMBERS

WHEREAS: VA recently established a program that allows for emergency care for veterans in crisis; AND

WHEREAS: the criteria appear to limit this suicidal crisis care to those with an honorable or general under honorable characterization; AND

WHEREAS: civilian provider's do not have the background or knowledge to quickly assess in time of crisis the type of discharge the individual has when determining whether treatment may be provided under VA's revised policies; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that DAV's National Legislative Staff be authorized to actively pursue the requirement that VA formally recognize and accept treatment in a crises situation, for payment or reimbursement purposes, for any prior service member regardless of character of discharge.

Resolution #31

SUPPORT LEGISLATION ESTABLISHING A TAX CREDIT FOR SUSTAINABLE TECHNOLOGIES

WHEREAS: Various Congressional Activities have recognized and/or authorized employment promoting activities for veterans, such as the Invest Act; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia proposes that the Congress establish work credit tax opportunities to employers that hire Veterans in sustainable technologies.

Resolution #33

SUPPORT LEGISLATION PLACING THE BURDEN ON VA TO DEMONSTRATE FUGITIVE FELON STATUS.

WHEREAS: at present the Department of Veterans Affairs (VA) has a recognized policy denying Compensation, Pension, or Dependent benefits to an individual listed as a fugitive felon; and

WHEREAS: at present VA accepts indications of fugitive status from local authorities, but VA does not require information from the originating agency that any attempt has ever been made to locate the alleged fugitive and VA does not seek clarification on whether or not the claimant was actually fleeing or otherwise avoiding prosecution, custody, or confinement, the criteria for establishing fugitive status; and

WHEREAS: the presumption by VA against the claimant results in loss of VA benefits and significant hardships by the erroneously identified claimant in attempting to reinstate their benefits; and

WHEREAS: the individual often has years of government bureaucracy to overcome despite the fact that they have lived in the same location for years without anyone actually attempting to contact them prior to the VA's declaration of fugitive status;
NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports the enactment of legislation that requires VA to verify that the originating agency has actually attempted to locate the claimant, and that the claimant has fled justice or was otherwise avoiding prosecution, custody, or confinement, before VA can seize their current benefits and establish overpayment for prior benefits dispensed.

Resolution #34

SUPPORT PROMPT PAYMENT OF CONTRACTS TO SERVICE-DISABLED VETERAN-OWNED BUSINESSES

WHEREAS, the program of contracts for Service-Disabled Veteran-Owned Small Businesses (SDVOSB) on a preferential basis should be of a great assistance to SDVOSBs that hire disabled veterans; and

WHEREAS, we are aware of problems involving the nonpayment of contracts; and

WHEREAS, when these SDVOSBs complain about reduced payments, the threat of rejection from future contracts and/or the threat of being put out of business; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia seeks and strongly supports the immediate payment of all completed SDVOSB contracts that are unpaid for more than one year, the expeditious payment of all unpaid completed SDVOSB contracts and an investigation of the inappropriate tactics used against our comrades by an independent prosecutor.

Resolution #35

SUPPORT LEGISLATION ENHANCING GOVERNMENT-WIDE GOALS FOR PARTICIPATION BY SMALL BUSINESSES OWNED AND CONTROLLED BY SERVICE-DISABLED VETERANS

WHEREAS, section 502, Public Law 106–50, the Veterans Entrepreneurship and Small Business Development Act of 1999, codified “the Government-wide goal for participation by small business concerns owned and controlled by service-disabled veterans shall be established at not less than 3% of the total value of all prime contract and subcontract awards for each fiscal year”; and

WHEREAS, the Department of Veterans Affairs (VA) Office of Small and Disadvantaged Business Utilization has the Center for Veterans Enterprise, which maintains the VA’s database of Veteran- Owned Small Businesses (VOSB) and Service-Disabled Veteran-Owned Small Businesses (SDVOSB), as well as serving as an advocate for VOSBs, SDVOSBs, historically underutilized business (HUB) zone businesses and women-owned small businesses; and

WHEREAS, the database va.gov/osdbu vendor information pages (VIP) list businesses that are 51% or more owned by veterans and is the only one within the federal government; and

WHEREAS, the VIP was originally established to act as a single-source database of certified VOSBs and SDVOSBs to supply all federal agencies and prime contractors information to assist the federal government with achieving the not less than 3% goal of set-aside contracts for SDVOSBs and/ or contracts being awarded to SDVOSB or VOSB concerns, as mandated in Public Law 106–50; and

WHEREAS, while section 8127 (f)(4), Public Law 109–461, requires verification of veterans’ ownership of listed SDVOSBs and VOSBs, as well as verification of the service-disabled status of SDVOSBs, the federal agencies tasked with ensuring set-asides and timely, comprehensive verification have failed to do so; and

WHEREAS, according to the VA Office of Inspector General report, “Audit of Veteran-Owned and Service Disabled-Owned Small Business Programs,” Report Number 10-02436-234, dated July 25, 2011, 32 of 42 statistically selected businesses that were reviewed—76%—were either ineligible to participate in the programs or were ineligible for the awarded contracts; and

WHEREAS, few government agencies have met, much less exceeded, the set-aside program goal for disabled veteran-owned businesses; and

WHEREAS, based on section 1347, Public Law 111–240, the Small Business Jobs Act of 2010, SDVOSBs, HUB zone businesses, women-owned small businesses and small businesses now have the same meaning, thus providing parity to each of these businesses when competing for contracts; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia calls on all government agencies to meet the set-aside goal of not less than 3% of the total value of all prime and subcontract awards to businesses controlled by service-disabled veterans each fiscal year; AND

BE IT FURTHER RESOLVED that Congress should enact legislation requiring the federal government make set-asides mandatory rather than be goals, and should require underperforming federal agencies to make up shortfalls in achieving these goals in the subsequent fiscal year; AND

BE IT FURTHER RESOLVED that Congress should revise the enforcement penalties for misrepresentation of a business concern as a VOSB or SDVOSB from a reasonable period of time as determined by the Secretary to a period of not less than five years; AND

BE IT FURTHER RESOLVED that Congress must ensure adequate resources are available to the Office of Small and Disadvantaged Business Utilization to expedite verification of VIP business listing eligibility and all federal agencies to effectively monitor and hold accountable those agencies that are not meeting the set-aside goal of not less than 3%, and require all federal agencies to list in their annual reports their prior fiscal year's actual percentage of meeting this goal, the results of which would serve as an annual report card of which agencies need the most assistance in the development and implementation of stronger contracting compliance.

Resolution #36

SUPPORT LEGISLATION TO IMPROVE AND PROTECT EDUCATION AND EMPLOYMENT BENEFITS FOR DISABLED VETERANS AND THEIR SURVIVORS

WHEREAS, Department of Veterans Affairs (VA) Vocational Rehabilitation and Survivors and Dependents' Educational Assistance (chapter 35) have been integral to improving the economic outlook for both service-disabled veterans and their survivors; and

WHEREAS, despite improvements in the overall veteran unemployment rate, service-disabled veterans still have a higher rate of unemployment than their civilian counterparts; and

WHEREAS, programs, such as the VetSuccess on Campus, that could be used to reach more rural locations, could be expanded and strengthened; and

WHEREAS, both chapter 35 and the VA's Vocational Rehabilitation benefits should be strengthened and protected from budget cuts and fraud, waste and abuse; and

WHEREAS, survivors and dependents of severely disabled veterans should see their benefits under chapter 35 strengthened and increased so as not to cause a financial burden if they choose to attend school; NOW

THEREFORE, BE IT RESOLVED that DAV General Washington Chapter 7, Fredericksburg Virginia supports legislation that would improve and protect VA education and employment benefits for service-disabled veterans and their survivors.

Resolution #37

Oppose Subjecting Disability Compensation and Dependency and Indemnity Compensation to Means Testing

WHEREAS, the citizens of our nation heretofore have honorably recognized their indebtedness to those who sacrificed in military service by providing disability compensation as restitution for injuries, illnesses or diseases suffered in such service; and

WHEREAS, a disabled veteran is rightfully entitled to compensation for the effects of service-connected disability, without regard to any good fortune or income of the veteran or spouse from sources independent of the government's obligations to the veteran; and

WHEREAS, it is unfair for the government to seek to disclaim its obligation to disabled veterans or their survivors merely because of the receipt of other, unrelated income; and

WHEREAS, notwithstanding the special status of disability compensation and Dependency and Indemnity Compensation, efforts have been made to deploy a means test to reduce or eliminate them in cases in which the veteran, spouse or survivor has obtained other income; and

WHEREAS, degrading compensation by providing it to the extent of the veteran's or survivor's economic needs rather than as a measure of restitution for personal injury or illness, thereby disassociates compensation from that which merits it and associates it with factors that govern purely gratuitous benefits; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, opposes any proposal to means test disability compensation and Dependency and Indemnity Compensation.

Resolution #38

Support Legislation for Studies and Presumptive Diseases Related to PFAS Exposure

WHEREAS, the acronym "PFAS" relates to perfluoroalkyl and polyfluoroalkyl substances that are man-made chemicals with at least one fully fluorinated carbon atom, are present in fire-fighting foams and do not break down in the environment; and

WHEREAS, in the 1970s, the Department of Defense (DOD) began using aqueous film forming foam (AFFF) to fight fuel fires and emergency response is a major source of PFAS contamination of ground water on military bases; and

WHEREAS, updated DOD data shows that more than 700 military sites have been contaminated with PFAS, far more than previously disclosed; and

WHEREAS, according to the Agency for Toxic Substances and Disease Registry (ASTOR), some studies in humans suggest that certain PFAS may be associated with: fertility issues and pregnancy-induced hypertension/preeclampsia, increased cholesterol, changes in the immune system, increased risk of certain cancers (e.g., testicular and kidney cancer), changes in fetal and child development, liver damage, increased risk of thyroid disease, and increased risk of asthma; and

WHEREAS, the National Academies of Science, Engineering and Medicine report of July 2022 found sufficient evidence of an association with PFAS exposure and decreased antibody response; dyslipidemia; and increased risk of kidney cancer and found limited or suggestive evidence of an association with PFAS exposure and increased risk of breast cancer; liver enzyme alterations; increased risk of pregnancy-induced hypertension; increased risk of testicular cancer; thyroid disease and dysfunction and increased risk of ulcerative colitis.

WHEREAS, in August 2022, a large clinical study found that people with high levels of PFAS in their blood are more likely to develop hepatocellular carcinoma, the most common form of liver cancer; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, supports legislation to establish and maintain a registry for eligible individuals who may have been exposed to PFAS to ascertain and monitor the health effects of the exposure of members of the Armed Forces; AND

BE IT FURTHER RESOLVED that DAV supports legislation requiring DOD or VA to contract with the National Academies of Science, Medicine and Engineering to provide a study on the long-term health effects of PFAS exposure; AND

BE IT FURTHER RESOLVED that DAV supports the establishment of presumption of service connection or a concession of exposure for PFAS and establish presumptive diseases related thereto.

Resolution #39

Support Legislation to include McMurdo Station, Antarctica, as a Radiation Risk Activity

WHEREAS, Operation Deep Freeze was a U.S. Navy operated small nuclear power plant (NPP) at the McMurdo Station, Antarctica, from 1962 to 1979; and

WHEREAS, the reactor was shut down in 1972 when a leak was discovered and the reactor was decommissioned from 1974 to 1979; and

WHEREAS, per the Defense Threat Reduction Agency report of June 2013, all support personnel stationed at McMurdo Station were potentially exposed to external gamma and neutron radiation, and internal radiation from the intake of radioactive materials by inhalation or ingestion; and

WHEREAS, seven potential sources of external exposure were identified to include the reactor, radioactive waste, radioactive effluent, radioactive materials in passing plumes, and contaminated soil deposited on the ground, while six potential sources of internal exposure were identified to include radioactive materials deposited in the tissues and organs after breathing air and ingesting water and soil and dust that contained radioactive material; and

WHEREAS, the report concluded that calculated doses are low and the associated probability that disease could have arisen from these doses is also low; and

WHEREAS, the VA currently does not recognize those veterans who served at McMurdo Station were exposed to radiation levels that warrant inclusion in the define radiation risk activities; and

WHEREAS, veterans who served at McMurdo Station have a difficult time establishing direct service connection for cancers related to the radiation exposure; and

WHEREAS, the presumption of service connection for radiation exposure applies to radiation risk activity participants, which does not include those who served at McMurdo Station; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, calls on Congress to enact legislation to expand radiation risk activities and presume exposure to those service members who served at McMurdo Station.

Resolution No. 40

Support Legislation to include service near the Fukushima Daiichi Nuclear Power Station, as a Radiation Risk Activity

WHEREAS, due to a major earthquake in Japan, a 15-meter tsunami disabled the power supply and cooling of three Fukushima nuclear reactors, causing a nuclear accident on March 11, 2011, which caused severe damage to the Fukushima Daiichi Nuclear Power Station, which resulted in the release of radiation into the environment.

WHEREAS, the Department of Defense (DOD) estimates that nearly 75,000 DOD affiliated individuals were on or near the mainland of Japan during the period of March 12, 2011 to May 11, 2011; and

WHEREAS, subsequent to the nuclear accident, DOD established the Operation Tomodachi Registry to monitor the health impacts of those service members exposed to radiation; and

WHEREAS, the United Nations Scientific Committee on the Effects of Atomic Radiation's (UNSCEAR's) May 2013 Report to the General Assembly concluded: "The doses to the general public, both those incurred during the first year and estimated for their lifetimes, are generally low or very low."; and

WHEREAS, in 2018 UNSCEAR decided to update the report to reflect the latest findings. In March 2021, they published their report, which broadly confirms the major findings and conclusions of the 2013 report; and

WHEREAS, despite the conclusions of reports from UNSCEAR, the Japanese government in 2018 acknowledged a connection between the death of a former plant worker and radiation exposure;

WHEREAS, the VA currently does not recognize those veterans who served near Fukushima were exposed to radiation levels that warrant inclusion as a radiation risk activity; and

WHEREAS, veterans who served at Fukushima have a difficult time establishing direct service connection for cancers related to the radiation exposure; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, calls on Congress to enact legislation to expand radiation risk activities and presume exposure for those service members who served in the identified locations during the Fukushima Nuclear Power Plant accident of March 11, 2011.

Resolution #41

Support Legislation to Provide Studies Related to, and Health Care and Benefits Resulting from Toxic Exposures at Karshi-Khanabad Air Base, Uzbekistan

WHEREAS, over 15,000 U.S. service members were deployed to the Karshi-Khanabad Air Base (K2) in Uzbekistan from 2001 to 2005; and

WHEREAS, while it was a Soviet air base, K2 had contained chemical weapons, enriched uranium and soil saturated with fuels and other solvents; and

WHEREAS, recently declassified Department of Defense documents reveal that U.S. service members were exposed to multiple toxic hazards while stationed at K2, including jet fuel, kerosene, dangerous levels of particulate matter in the air, as well as possible exposure to depleted uranium; and

WHEREAS, other health assessment tests found the base had elevated levels of volatile organic compounds, and total petroleum hydrocarbons (TPH) were detected at numerous locations throughout K2; and

WHEREAS, air samples at the base found elevated levels of tetrachloroethylene, as well as the residuals of chemical weapons including cyanide in the showers; and

WHEREAS, a 2015 U.S. Army study found that veterans exposed at K2 have a 500% increased likelihood of developing cancer, to include malignant melanoma and neoplasms of the lymphatic and hematopoietic tissues; and

WHEREAS, the 2021 PACT Act acknowledges exposures to burn pits in Uzbekistan, the VA does not acknowledge the specific toxic exposures at K2; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, supports the recognition of the existence of toxic substances and environmental hazards at K2, and concession of exposure by all U.S. service members who served at K2 between January 1, 2001 and December 31, 2005; AND

BE IT FURTHER RESOLVED that DAV supports legislation to grant K2 veterans eligibility to VA health care, to include hospital care, medical services, and nursing home care by expanding the definition of toxic exposures in title 38, United States Code, section 1710; AND

BE IT FURTHER RESOLVED that DAV supports studies to identify illnesses and diseases that have a positive association, including a sufficient, limited, or suggestive association, with exposure to any toxic substances other than from open burn pits, at K2.

Resolution #42

Oppose Reduction, Taxation or Elimination of Veterans Benefits

WHEREAS, veterans' benefits are earned benefits paid to veterans and their families for their service to the nation; and

WHEREAS, veterans' benefits are part of a covenant between our nation and its defenders; and

WHEREAS, certain government leaders have continued to attack veterans benefits in an attempt to tax those benefits, reduce them or eliminate them completely; and

WHEREAS, these attacks recur with regularity and serious intent; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, vigorously opposes reduction, taxation or elimination of veterans' benefits.

Resolution #43

Support Legislation to Strengthen and Protect Service-Disabled Veteran-Owned Small Businesses

WHEREAS, the federal government's support of Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) contributes significantly to restoring veterans' quality of life while aiding in their transitions from active duty; and

WHEREAS, the federal government sets aside over \$105 billion in annual small business spending, which the SDVOSBs compete for; and

WHEREAS, the Veterans First Program was created under Public Law 109-461 for Veteran-Owned Small Businesses (VOSBs) and expanded the Service-Disabled Veteran contracting program for VA procurements in order for veteran business owners and the government to benefit mutually; and

WHEREAS, the Veterans First Program's purpose is to ensure that legitimately owned and controlled VOSBs and Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) are able to compete for VA VOSB and SDVOSB set-asides, and help stimulate the small business community and create growth for the economy; and

WHEREAS, the success of the SDVOSB programs greatly benefits the service-disabled veteran community; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, supports the enactment of legislation that strengthens and protects SDVOSB programs.

Resolution #44

Support Legislation to Create, Improve and Reform Federal Programs for Service-Disabled Veteran Entrepreneurship

WHEREAS, the federal government has established programs to assist Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and veteran self-employment, many of these programs have not been reformed or updated in multiple years; and

WHEREAS, the VA's program, Veterans Readiness and Employment (VR&E) in 2021, provided education and employment services to over 80,000 eligible disabled veterans; and

WHEREAS, VR&E has a self-employment track; however, its eligibility is open to only "veterans with the most severe service-connected disabilities who require homebound training or self-employment," resulting in just 162 veterans participating in the self-employment track in 2021; and

WHEREAS, veterans with service-related injuries deserve the opportunity for self-employment that accommodates their employment barriers and provides them with financial empowerment; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, supports the enactment of legislation to create federal programs for service-disabled veteran entrepreneurship; AND

BE IT FURTHER RESOLVED that DAV supports legislation to improve and reform existing federal service-disabled veteran entrepreneurship programs.

Resolution #45

Support Enhanced Medical Services and Benefits for Women Veterans

WHEREAS, the number of women serving in our military and veterans population continue to grow with women now comprising 10% of all veterans and 16% of our active duty service members; and

WHEREAS, women are now included in virtually all military occupations, including combat roles that expose them to the same injuries as their male peers; and

WHEREAS, the number of women veterans using Department of Veterans Affairs (VA) health care has doubled in the last decade, and women of recent service eras are younger, more likely to have service-connected conditions and are more reliant upon VA health care; and

WHEREAS, 42% of women veteran users of VA care are under the age of 45 and therefore within their child-bearing years, and their gender-specific needs often represent challenges to the current model and delivery of VA health care, which has traditionally focused on men; and

WHEREAS, significant numbers of women veterans, including those returning from current military deployments, are the primary or sole providers of dependent children, which can limit their ability to access services in inpatient, intensive outpatient or residential settings that have traditionally been available to address post-deployment mental health readjustment needs; and

WHEREAS, a significant number of women report military sexual trauma and domestic violence and need specialized mental health services from VA; and

WHEREAS, VA has too few proficient, knowledgeable health care providers with expertise in women's health; and many facilities fail to adequately address environment of care standards that assure the safety, privacy and dignity of women patients; and

WHEREAS, many non-VA health providers in VA's community care network, who fill gaps in critical gender-specific services for women veterans, including mammography, maternity care, and gynecology lack the training requirements to assure they are meeting VA quality and care standards and waiting times; and

WHEREAS, VA must improve outreach and services to meet the unique needs of women veterans who were catastrophically wounded, suffering amputations, blindness, spinal cord injury, post-traumatic stress, traumatic brain injury, or who were sexually assaulted; and

WHEREAS, DAV's 2014 report, *Women Veterans, The Long Journey Home* found that despite a generous array of benefits to assist veterans with transition and readjustment following military service, serious gaps are evident for women in every aspect of existing federal programs; and

WHEREAS, DAV's 2018 report, *Women Veterans: The Journey Ahead* found that the VA system still struggles to provide equitable access to women veterans which requires adapting existing programs and facilities to meet their distinct needs in a culture that honors women's service and sacrifices, and assures that they feel safe and welcome; NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, seeks to ensure the provision of health care services and specialized programs, inclusive of gender-specific services, by VA to eligible women veterans are provided to the same degree and extent that services are provided to eligible male veterans, inclusive of counseling and/or psychological services incident to combat exposure or sexual trauma; AND

BE IT FURTHER RESOLVED that we urge VA to strictly adhere to stated policies regarding privacy and safety issues relating to the treatment of women veterans and to proactively conduct research and health studies as appropriate; periodically review, adjust and improve its women's health programs; and seek innovative methods to address barriers to care, thereby better ensuring women veterans receive the quality treatment and specialized services they so rightly deserve.

Resolution #46

Provide Comprehensive Dental Care to All Service-Connected Disabled Veterans within the Department of Veterans Affairs Health Care System

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

WHEREAS, the Department of Veterans Affairs (VA) health care system is mandated under section 1712, title 38, United States Code, to provide outpatient dental services to veterans rated 100% service connected, to veterans who were held prisoner-of-war or to those who have sustained dental trauma in performance of military service; and

WHEREAS, irrespective of service-connected disability, section 1701(9), title 38, United States Code, defines “preventive health services” as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA health care, to include “such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care;” and

WHEREAS, according to the 2000 report by the Surgeon General of the United States, Oral Health in America, individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health, and that oral diseases are progressive, cumulative and become more complex over time, and can affect economic productivity and compromise the ability to work, and often significantly diminish the quality of life; and

WHEREAS, VA maintains oral and dental programs within its health care system;
NOW

THEREFORE, BE IT RESOLVED that DAV Arlington-Fairfax Chapter 10, supports legislation to amend title 38, United States Code, to provide outpatient dental care to all enrolled service-connected disabled veterans.