

Legislative Program

2025-2026





Resolutions of the Disabled American Veterans

2025 National Convention | Las Vegas, Nevada

PROLOGUE

Have you ever thrown up your hands in frustration and cried, “There ought to be a law”? Many of us have had this feeling but question what we can do. Many citizens who were part of America’s 13 original colonies felt this after repeatedly suffering severe taxation. In part, this led to the American Revolution and the birth of our nation. Our Founding Fathers knew the governed in a democratic nation need the freedom to express their differences and expect to have their grievances rectified.

As stated in the First Amendment, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.” In other words, DAV members, united in purpose and acting in concert, can petition our government through a DAV-adopted resolution.

A DAV resolution seeks legislative or policy changes that DAV members feel to be in the best interests of America’s ill and injured veterans, their families and their survivors. All adopted resolutions must be consistent with our mission and Statement of Policy.

Importance of DAV Resolutions

Our constitution and bylaws note DAV cannot speak for or against any policy or legislation unless there is an adopted DAV resolution that supports that position. As you can see, our resolutions are vital to DAV’s legislative program, which is made up exclusively of resolutions adopted each year at our national convention.

Whenever our national representatives appear before Congress, their written and oral testimonies are guided by DAV resolutions. All DAV CAN (Commander’s Action Network) legislative alerts are based on our resolutions. In general, without a resolution, DAV cannot fight for critical issues facing ill and injured veterans, their families and their survivors. Herein lies the true importance of DAV resolutions.

Impact of DAV Resolutions

DAV has a long history of championing significant legislative changes and new laws that originated from our resolutions. Without these resolutions, DAV would not have been able to support and lobby for the enactment of such historic legislation as the Bonus Bill in 1932, the Servicemen’s Readjustment

Act in 1944, the Agent Orange Act in 1991, the Caregivers Act in 2008, the VA MISSION Act in 2016, the Blue Water Navy Vietnam Veterans Act in 2019 and the Honoring Our PACT Act in 2022.

Our resolutions not only allow us to support legislation but also oppose legislation harmful to ill and injured veterans and their families. For example, in 1976, DAV was able to successfully defeat a serious threat to veterans' preference in federal employment, and in 2017, DAV, with our fellow veterans service organizations, was able to eliminate an effort to restrict Individual Unemployability benefits based on age. Your voice and active engagement in the resolution and legislative process is essential to DAV's success on our advocacy efforts.

DAV Resolution Process

Now that we have established what a DAV resolution is, why they are important and how they impact legislation and law, let's discuss the resolution process, which starts with you and ends at the annual national convention. Per our national constitution and bylaws, the supreme legislative powers of the national organization lie with the national convention, which is where we adopt our annual resolutions and thus create our national legislative program.

Essentially, there are two different types of resolutions you can introduce: local or state-level resolutions or federal national-level resolutions. A local or state-level resolution deals with issues controlled by your local government or state legislature, such as property tax exemptions, hunting/fishing licenses, disabled veteran license plates, or reduced tolls or express passes for disabled veterans.

A federal national-level resolution is one that relates to federal programs under the jurisdiction of the United States government or Congress, such as the Department of Veterans Affairs (VA). Federal national-level resolutions may include VA compensation and benefits, education and employment, health care and medical centers, and national cemeteries.

All members have a voice in DAV and can introduce a resolution through their local chapter. Many chapters have established resolution committees based on their constitution and bylaws or a committee appointed by the chapter commander. The committee will consider submitted resolutions and can introduce its own resolutions. The committee will vote on the resolutions and make recommendations to the chapter. The chapter body will vote on the resolutions presented. All resolutions adopted by the chapter will be presented to their respective state-level DAV department. Chapters need to be cognizant of any time requirements or deadlines for submission of resolutions to their department.

Generally, each department considers resolutions at its convention. Again, depending on the department's constitution and bylaws, it will either have standing convention resolution committees or resolution committees created by the department commander. The committee will consider chapter-approved resolutions and any of its own resolutions. Important to note, departments may write resolutions for their convention to consider.

The department resolution committee will vote on the resolutions and make recommendations to the department convention. The convention body will then vote on all resolutions presented. All local state-level approved resolutions adopted by the department convention will stay within the department. State resolutions should not be submitted to the national adjutant. All federal national-

level approved resolutions must be submitted to the national adjutant and received at least 14 days before the start of the national convention in order to be considered.

Upon receipt of approved resolutions, the national legislative director will assign the resolutions to one of five national convention resolution committees for consideration at the national convention. However, DAV's annual legislative program is composed of resolutions adopted by the convention from only four of the five resolution committees. Those committees are:

- Committee on General Resolutions and Membership
- Committee on Legislation and Veterans Rights
- Committee on Employment
- Committee on Hospital and Voluntary Services

Each convention committee is composed of a primary or an alternate delegate from each national district. These selections are made by each district. The national commander appoints two advisers to each committee to assist the committee and provide expertise on issues brought forth in the resolutions. The national resolution committees meet at national convention to discuss, consider and vote on each resolution received. Each committee chair will then report the recommended resolutions to the convention floor. Finally, the convention body will vote to adopt those resolutions recommended by the convention committee.

Once resolutions are adopted at the national convention, per our constitution and bylaws, they are only in effect until the next national convention. If these resolutions are not adopted by the next convention, all ongoing work on legislation or policy must stop even though the issue remains unresolved. Thus, we encourage chapters and departments to approve and resubmit all previously adopted resolutions for consideration at the national convention each year.

Conclusion

As noted above, we have explored the many parts and facets of a DAV resolution, their importance, their impact and their process.

Our resolutions are vital to DAV's legislative program, which is made up exclusively of resolutions adopted each year at our national convention. Therefore, each DAV member, chapter and department should ensure that resolutions are written or reintroduced and submitted each year. Without a resolution, DAV cannot advocate for critical issues facing ill and injured veterans, their families and their survivors. As DAV members, we have a responsibility to enable our organization to continue the fight and keep our promises to America's veterans.

This legislative program you are about to read contains the resolutions adopted at our most recent national convention. These resolutions are the product of a DAV member somewhere asserting "there ought to be a law." We need you to add your voice to DAV and be actively engaged in the resolution and legislative process. Our fellow veterans and their families are counting on us.

We have created several resources for resolution writing and on the resolution process, which can be found at dav.org/learn-more/legislation/legislative-resources. If you have questions or need assistance, please reach out to the national legislative staff. Your voice can make a difference!

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DAV STATEMENT OF POLICY

The Disabled American Veterans was founded on the principle that this nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled. This principle envisions:

1. High-quality hospital and medical care provided by the Department of Veterans Affairs for veterans with disabilities incurred in or aggravated by service in America's armed forces.
2. Adequate compensation for the loss resulting from such service-connected disabilities.
3. Vocational rehabilitation and/or education to help the disabled veteran prepare for and obtain gainful employment.
4. Enhanced opportunities for employment and preferential job placement so that the remaining ability of the disabled veteran is used productively.
5. Adequate compensation to the surviving spouses and dependents of veterans whose deaths are held to be service-connected under laws administered by the Department of Veterans Affairs.
6. Enhanced outreach to ensure that all disabled veterans receive all benefits they have earned and that the American people understand and respect the needs these veterans encounter as a result of their disabilities.

It therefore follows that we will not take action on any resolution that proposes legislation designed to provide benefits for veterans, their surviving spouses and dependents which are based upon other than wartime service-connected disability.

We shall not oppose legislation beneficial to those veterans not classified as service-connected disabled, except when it is evident that such legislation will jeopardize benefits for service-connected disabled veterans.

While our first duty as an organization is to assist the service-connected disabled, their surviving spouses and dependents, we shall within the limits of our resources assist others in filing, perfecting and prosecuting their claims for benefits.

Since this represents the principle upon which our organization was founded and since it is as sound at this time as it was in 1920, we hereby reaffirm this principle as the policy for the Disabled American Veterans.



Legislative and Veterans Rights

RESOLUTION NO. 1

Protect Benefits for Dependents of Service-Disabled Veterans and Military Families Exposed to Toxic Hazards on Military Bases

WHEREAS, the dependents of service members, including spouses, parents and children, play a vital role in military life, often enduring hardship alongside their loved ones, especially those living with service-connected disabilities; and

WHEREAS, many military installations have been found to contain hazardous environmental contaminants, including bases designated as Superfund sites by the Environmental Protection Agency (EPA); and

WHEREAS, both service members and their dependents have experienced prolonged exposure to toxic substances while residing on these bases, often without timely notice or access to appropriate medical care; and

WHEREAS, many dependents, particularly those of service-disabled veterans, now suffer from serious health conditions linked to toxic exposure, compounding the physical, emotional and financial burdens on military families; and

WHEREAS, current protections for toxic exposure are largely limited to those who lived at Marine Corps Base Camp Lejeune, excluding similarly affected dependents from other installations;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the federal government to provide benefits, including health care and financial assistance, to dependents of veterans and other military families exposed to toxic hazards at contaminated military bases.



RESOLUTION NO. 10

Support Concurrent Receipt of Military Retired Pay and Veterans Disability Compensation for All Longevity-Retired Veterans

WHEREAS, under current law, military retirees with service-connected disabilities rated less than 50% by the VA are required to forfeit a portion of their retired pay equal to the amount of their VA disability compensation; and

WHEREAS, the Concurrent Retirement and Disability Payments (CRDP) program currently allows concurrent receipt of military retired pay and VA disability compensation only for veterans rated 50% or higher, leaving those rated 40% or lower without full concurrent benefits unfairly, penalizing them and diminishing the value of both military retirement and VA disability compensation; and

WHEREAS, veterans who retired from the military based on years of honorable service have earned their retired pay as deferred compensation for their service, and their VA disability compensation is separately awarded to address injuries or illnesses incurred or aggravated during military service; and

WHEREAS, potential changes in military retirement systems and the DOD's definitions of "longevity retirement" may further complicate or restrict veterans' access to concurrent receipt benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to repeal the statutory offset between military longevity retired pay and VA disability compensation and to authorize full concurrent receipt of both earned benefits for all longevity-retired veterans with service-connected disabilities, regardless of their disability rating.



RESOLUTION NO. 11

Support Establishing Presumptive Service Connection for Hearing Loss and Tinnitus

WHEREAS, veterans of the armed forces who served in combat or in certain military occupational specialties (MOS) or who were routinely assigned to duties with significant noise exposure outside their primary MOS, have a significantly higher incidence of hearing loss and tinnitus because of prolonged or repeated acoustic trauma and have a significantly higher incidence of hearing loss and tinnitus because of prolonged or repeated exposure to hazardous noise; and

WHEREAS, many preinduction and separation examinations for veterans, particularly those who served during World War II and the Korean War, relied on the “whispered voice” test, a method now recognized as medically inaccurate and unreliable for detecting hearing impairments; and

WHEREAS, these veterans were often not provided comprehensive audiological evaluations upon entry into or separation from military service, leaving gaps in the documentation needed to support later claims for service-connected hearing disabilities; and

WHEREAS, the VA has recognized hearing loss and tinnitus as among the most prevalent service-connected disabilities, underscoring the long-term auditory impact of military noise exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to establish presumptive service connection for veterans diagnosed with hearing loss or tinnitus, regardless of degree, when evidence shows the veteran engaged in combat, served in a military occupational specialty or performed duties likely to involve repeated exposure to hazardous noise; AND

BE IT FURTHER RESOLVED that DAV urges Congress and the VA to recognize the limitations of historical audiometric testing and ensure that all veterans with credible in-service noise exposure, whether through combat, MOS designation, or consistent duties involving acoustic trauma, are afforded appropriate presumptive entitlement to benefits for hearing-related conditions.



RESOLUTION NO. 12

Support Establishing Presumptive Service Connection for Toxic Exposure at Grand Forks and Minot Air Force Bases

WHEREAS, Grand Forks Air Force Base and Minot Air Force Base in North Dakota have played a critical role in the United States' nuclear deterrence by operating intercontinental ballistic missile (ICBM) systems; and

WHEREAS, missileers and support personnel were routinely exposed to hazardous substances, including missile propellants, solvents, paint fumes, asbestos, radon gas, PFAS ("forever chemicals") and smoke from destruction of classified materials, often in confined, poorly ventilated spaces; and

WHEREAS, toxic missile propellants sometimes contaminated silos for weeks, during which personnel maintained prolonged 24/7 duty rotations in these hazardous environments; and

WHEREAS, the Department of the Air Force has acknowledged potential links between these toxic exposures and elevated cancer rates among missile combat crew members at these bases, prompting ongoing studies; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress to authorize comprehensive scientific research into environmental and toxic exposures at Grand Forks and Minot Air Force Bases; AND

BE IT FURTHER RESOLVED that DAV supports legislation establishing a concession of exposure to toxins for veterans who served at these sites and establishing presumptive service connection for diseases linked to toxic exposures at these installations to ensure veterans timely access to VA benefits and health care.



RESOLUTION NO. 13

Support Reducing the 10-Year Rule for Dependency and Indemnity Compensation

WHEREAS, section 1318(b)(1), title 38, United States Code, provides Dependency and Indemnity Compensation (DIC) benefits for survivors of deceased veterans who were rated totally disabled for 10 or more years; and

WHEREAS, the financial status of a surviving spouse may be compromised because of extensive and time-consuming caregiving responsibilities required to support the totally disabled veteran, which limits their ability to gain and sustain meaningful employment or independent income; and

WHEREAS, it is inherently unfair that the spouse should carry this additional burden for 10 years or more before qualifying for DIC; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to reduce the 10-year rule for DIC qualification to a more reasonable period.



RESOLUTION NO. 14

Support Interest Payments for VA Retroactive Awards of One Year or More

WHEREAS, VA claimants are often denied timely receipt of their rightfully earned benefits because of prolonged bureaucratic delay in the VA adjudication process and/or through clear and unmistakable error by VA rating board authorities; and

WHEREAS, under current law and regulation, VA claimants who incur indebtedness to the United States government, besides the principal amount of such indebtedness, are assessed and must pay interest charges; and

WHEREAS, in 1982, Congress enacted the Prompt Payment Act (Public Law 97–177) to require federal agencies to pay their bills to outside vendors timely or pay interest penalties to the outside vendors when payments are made late; and

WHEREAS, VA claimants who are denied timely receipt of their rightfully earned benefits do not receive interest payments from the government and therefore incur a loss of income, which could have been avoided had they received their earned benefits in a timely fashion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, seeks the enactment of legislation that would require the VA to pay interest on all retroactive benefit awards over one year after these claims are filed.



RESOLUTION NO. 15

Expand Presumptions of Service Connection for Former POWs

WHEREAS, former prisoners of war (POWs) suffered cruel and inhumane treatment, together with nutritional deprivation at the hands of their captors, which resulted in long-term, adverse health effects; and

WHEREAS, POWs were subjected to numerous and varying forms of abuse dependent upon the place, time and circumstance of their captivity by the enemy; and

WHEREAS, for this reason, former POWs suffer from a wide range of physical and psychological maladies; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation which would add those medical conditions that are characteristically associated with or can be reasonably attributed to the POW experience as presumptive disorders for former POWs.



RESOLUTION NO. 16

Support Providing a Temporary Total Disability Rating for an Amputee Veteran Awaiting a New Prosthetic Device

WHEREAS, four to six weeks are required to manufacture a prosthetic device; and

WHEREAS, a veteran amputee without an artificial limb can be incapacitated and unable to obtain or retain gainful employment; and

WHEREAS, the VA Schedule for Rating Disabilities (VASRD) does not contain any provision for temporary total disability rating for a service-disabled veteran amputee during the period of waiting for delivery of a new prosthetic limb; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to amend the VASRD to provide a temporary total rating for a service-connected veteran amputee during the period required to replace a prosthetic device.



RESOLUTION NO. 22

Oppose Regional Dispersion of the Board of Veterans' Appeals

WHEREAS, veterans and other claimants for veterans benefits may appeal ratings and other decisions of the various and geographically dispersed benefit offices and medical facilities of the VA; and

WHEREAS, inaccuracy and lack of uniformity are pervasive among the claims decisions of the many VA field offices; and

WHEREAS, one board, the Board of Veterans' Appeals (Board) in Washington, D.C., hears all appeals; and

WHEREAS, appellants, Board members and taxpayers derive numerous benefits from an appellate Board housed in one centralized location, some of the more obvious of which are:

- Availability of the collective expertise of the entire Board;
- Professional interaction and association among Board members and staff;
- Shared and uniform training;
- Common and shared goals and responsibilities;
- Economies of scale from pooled resources and the most efficient workload distribution, with the flexibility and capacity to readjust the workload as necessary between members and support staff;
- A positive environment and employee incentives for developing creative solutions and innovations to meet and overcome the challenges inherent in a system of mass adjudication of claims;
- More efficient and effective centralized case management and storage;
- More effective centralized Board administration and hands-on employee oversight; and

WHEREAS, Congress created the Board after repeated failed experiments with various configurations of regional appellate panels that were plagued by persistent inefficiencies and problems and were proven impractical and poorly suited to properly adjudicate veterans' appeals; and

WHEREAS, such regional reorganization of the Board would be extremely unwise, wholly unwarranted and not in the best interests of veterans or taxpayers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, categorically opposes any decentralization of the Board of Veterans' Appeals.



RESOLUTION NO. 23

Support Requiring the U.S. Court of Appeals for Veterans Claims to Decide All Assignments of Error Raised by Appellants

WHEREAS, Congress enacted the Veterans' Judicial Review Act of 1988 (VJRA) (Public Law 100–687), which established the United States Court of Veterans Appeals, now known as the United States Court of Appeals for Veterans Claims (Court); and

WHEREAS, the VJRA granted the Court authority to decide all relevant questions of law and to set aside or reverse any adverse finding of material fact that is clearly erroneous; and

WHEREAS, veterans often experience substantial delays in the VA adjudication process, resulting in many years before their appeals are heard by the Court; and

WHEREAS, in numerous cases, rather than addressing each legal argument raised by an appellant, the Court will remand the appeal to the Board of Veterans' Appeals (Board) solely based on the VA General Counsel's confession of error regarding the Board's failure to provide adequate reasons or bases for its decision; and

WHEREAS, such limited remands allow the VA to reopen the evidentiary record and introduce additional evidence that can further support denial of the claimed benefit, delaying final resolution; and

WHEREAS, this process can require a veteran to appeal to the Court multiple times—sometimes two, three or even four times—before receiving a ruling on the merits of all arguments raised; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation requiring the Court to decide each assignment of error raised by the appellant and to reverse any such errors found; AND

BE IT FURTHER RESOLVED that DAV supports legislation granting the Court express authority to change or remand any Board decision containing one or more errors, including the authority to order the award of benefits in appropriate cases, and allowing appellants to expressly waive any confession of error made by the appellee, enabling the Court to adjudicate all properly raised legal issues in a single proceeding.



RESOLUTION NO. 24

Oppose Reducing or Eliminating VA Benefits

WHEREAS, American citizens owe their freedoms and way of life to disabled veterans who made extraordinary personal sacrifices and who suffer lifelong disabilities as a result; and

WHEREAS, those who serve in our armed forces stand ready to endure any hardships and to be exposed to any hazards on behalf of their country and our citizens; and

WHEREAS, our government did not hesitate in asking them to give life or limb, if necessary; and

WHEREAS, our elected officials surely should not renege on our reciprocal obligation when our disabled veterans ask for so comparatively little in return; and

WHEREAS, the nation's highest debt and greatest moral obligation is to its disabled veterans; and

WHEREAS, some elected officials prefer to minimize or ignore the suffering of disabled veterans, despite this debt and this national responsibility; and

WHEREAS, any effort by legislators to avoid compensating disabled veterans, especially in time of war, is unconscionable; and

WHEREAS, honorable and great nations of conscience do not abandon their wounded, injured or ill wartime veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, reminds our elected officials of our undebatable responsibility to compensate veterans fairly and fully for all the effects of disabilities incurred or aggravated in the line of duty as provided for in the equitable standards of current law and regulations; AND

BE IT FURTHER RESOLVED that DAV vigorously opposes any recommendations made for reducing, adding limitations on or eliminating benefits for service-connected disabled veterans and their families.



RESOLUTION NO. 25

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 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 in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, vigorously opposes reduction, taxation or elimination of veterans benefits.



RESOLUTION NO. 26

Support Exempting VA Benefits and Services from PAYGO Rules

WHEREAS, wartime-disabled veterans have earned the benefits and services they and their dependents and survivors receive from the VA because of injuries sustained during wartime service; and

WHEREAS, the benefits and services received by wartime-disabled veterans because of their service-connected disabilities extend the costs of war; and

WHEREAS, this country has a moral obligation to continue to care for these citizen soldiers who have risen in defense and support of the ideals of this great nation and who have returned to civilian life with service-connected disabilities; and

WHEREAS, the benefits and services provided to America's veterans, dependents and survivors have not caused this nation's deficit problems; and

WHEREAS, congressional PAYGO rules require any new benefits or services to be offset by cuts to existing benefits or programs, in effect requiring one group of disabled veterans to give up a benefit or service so that another worthy group of wartime-disabled veterans can receive benefits or services to which they are entitled; and

WHEREAS, the Statutory Pay-As-You-Go Act of 2010 (Public Law 111-139) mandates that all new legislation changing taxes, fees or mandatory spending—taken together at the end of each two-year Congress—must not increase projected federal budget deficits; otherwise, the Office of Management and Budget must order a sequestration to cut all federal programs to eliminate that deficit; and

WHEREAS, sequestration can result in cuts to veterans programs, negatively impacting the delivery of benefits and services to wartime-disabled veterans; and

WHEREAS, the benefits and services provided to wartime-disabled veterans are earned through their service and are not a gratuitous benefit; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to exempt VA benefits and services provided to service-connected disabled veterans, their dependents and survivors from PAYGO rules and statutes and from any budget caps or sequestration legislation.



RESOLUTION NO. 27

Oppose Offsetting VA Disability Compensation by Any Other Awarded Federal Benefit

WHEREAS, consideration has been given to offsetting Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI) benefits from any other federal benefit; and

WHEREAS, the adoption of such a measure would reduce the overall income provided to veterans who have a compensable service-connected disability; and

WHEREAS, such an offset creates undue hardship on totally disabled service-connected veterans and their families by drastically reducing their total income; and

WHEREAS, benefits received from the VA or under military retirement pay and other federal programs have differing eligibility criteria compared to eligibility for SSI or SSDI benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any measure that proposes to offset the payment of any other federal benefit or earned benefit entitlement from VA compensation payments made to service-connected disabled veterans.



RESOLUTION NO. 28

Support All Veterans to Recover Taxes on Disability Severance Pay

WHEREAS, certain funds received by military service members determined to be unfit for duty because of personal injury or disability are not taxable; and

WHEREAS, the Internal Revenue Service (IRS) continues to tax military disability severance pay as regular income; and

WHEREAS, a United States District Court held that such military disability severance pay is nontaxable income; and

WHEREAS, the IRS has subsequently agreed to the District Court holding; and

WHEREAS, a three-year statute of limitations prevents individuals who have been discharged for over three years from recovering the taxed funds taken by the IRS; and

WHEREAS, the Combat-Injured Veterans Tax Fairness Act of 2016 (Public Law 114–292) addressed veterans being taxed on disability severance payments received after being injured or disabled in combat; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports legislation that would allow all veterans to recover taxes from their disability severance pay.



RESOLUTION NO. 29

Support Oversight of VA Practices in Evaluating Disability Claims for Residuals of MST

WHEREAS, about 1 in 3 female veterans and 1 in 50 male veterans in the VA health care system report experiencing military sexual trauma (MST); and

WHEREAS, while women are statistically more likely to experience MST, the absolute number of male veterans who report it is significant; and

WHEREAS, an absence of documentation of MST in the personnel or military unit records of injured individuals prevents or obstructs adjudication of claims for disabilities of this deserving group injured during their service and may interrupt or prevent their care by the VA once they become veterans; and

WHEREAS, the DOD has created an office of Sexual Assault Prevention and Response (SAPRO) to establish department-wide policies and procedures for the handling of sexual assault and injury cases for active military service members and members of Reserve and Guard units, including documentation, records retention and protection of the privacy of the individuals involved in such cases; and

WHEREAS, both the DOD and VA have agreed on some procedures that would govern documentation sufficient to justify service connection for sexual assault and other MST; and

WHEREAS, the VA has issued a regulation (section 3.304(f)(5), Title 38, Code of Federal Regulations) that provides for a liberalization of requirements for establishment of service connection because of personal assault, including military sexual trauma, even when documentation of an “actual stressor” is not found but when evidence in other records exists of a “marker” indicating that a stressor may have in fact occurred; and

WHEREAS, the VA has trained adjudication personnel, especially its rating staffs in VA regional offices, in better evaluating disability claims for military sexual assaults and has emphasized these claims must be made subject to special attention in consonance with the new regulation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA’s practices in evaluating disability claims associated with military sexual trauma and urges the VA to conduct rigorous oversight of adjudication personnel and review of data to ensure the present policy is being faithfully followed and standardized in all VA regional offices.



RESOLUTION NO. 30

Increase the VA Home Improvement and Structural Alterations Grant

WHEREAS, under section 1717, Title 38, United States Code, the Home Improvement and Structural Alterations (HISA) program, veterans with service-connected disabilities or veterans with non-service-connected disabilities may receive assistance for any home improvement necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities; and

WHEREAS, a HISA grant is available to veterans who have received a medical determination indicating that improvements and structural alterations are necessary or appropriate for the effective and economical treatment of the veteran; and

WHEREAS, a veteran may receive both a HISA grant and either a Special Home Adaptation grant or a Specially Adapted Housing grant; and

WHEREAS, the HISA improvement benefit provides up to \$6,800 to service-connected veterans and up to \$2,000 to non-service-connected veterans because of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls for a reasonable increase in HISA benefits for veterans.



RESOLUTION NO. 35

Support Authorizing the Presumption of Service Connection for All Radiogenic Diseases and Eliminating Dose-Estimate Requirements

WHEREAS, members of the United States armed forces participated in test detonations of nuclear devices; served in Hiroshima or Nagasaki, Japan, following the detonation of nuclear weapons, including “cleanup” operations at test sites; and have conducted other activities exposing them to ionizing radiation; and

WHEREAS, the United States government knew or should have known the potential harm to the health and well-being of these service members but did not consistently keep adequate records on radiation exposure; and

WHEREAS, those described as “atomic veterans” served our nation with honor, courage and devotion to duty; and

WHEREAS, remedial legislation passed by Congress in 1984 has not been effective in ensuring that all atomic veterans are compensated for their radiogenic diseases; and

WHEREAS, the VA has indicated only about 50 claimants have been awarded disability compensation and Dependency and Indemnity Compensation under the Veterans’ Dioxin and Radiation Exposure Compensation Standards Act (Public Law 98–542); and

WHEREAS, section 3.311, Title 38, Code of Federal Regulations, requires dose-estimate exposure levels for claims based on radiation and is a higher standard than for other disabilities associated with exposure, such as claims based on herbicide exposure during the Vietnam War; and

WHEREAS, the government has spent tens of millions of dollars to provide dose reconstruction estimates that do not accurately reflect actual radiation dose exposure of these veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress to enact legislation to provide presumptive service connection to atomic veterans for all recognized radiogenic diseases; AND

BE IT FURTHER RESOLVED that any veteran involved in cleanup operations following a detonation of a nuclear device be considered an atomic veteran for eligibility for benefits and services provided by the VA; AND

BE IT FURTHER RESOLVED that DAV calls on Congress to support the elimination of dose-exposure estimates required for diseases presumptive to ionizing radiation exposure and presume exposure to ionizing radiation for any radiation-exposed veteran with proof of radiation-risk activities, to include atmospheric and underwater detonations.



RESOLUTION NO. 36

Support Awarding Special Monthly Compensation at R1 to Veterans with Anatomical Loss or Loss of Use of Three Extremities

WHEREAS, veterans with anatomical loss or loss of use, or a combination of anatomical loss and loss of use, of three extremities are significantly impaired in their ability to conduct activities of daily living; and

WHEREAS, veterans with loss or loss of use of three extremities require the assistance of others for the ability to dress and undress themselves, or to keep themselves clean and presentable, or to perform frequent adjustment of special prosthetic or orthopedic appliances, or to attend to bowel and bladder self-care, or to protect themselves from hazards or dangers incident to their daily environment; and

WHEREAS, these factors are basic criteria for determining the need for regular aid and attendance by the VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to award special monthly compensation under the provisions of section 1114(r)(1), Title 38, United States Code, to veterans with anatomical loss or loss of use of three extremities.



RESOLUTION NO. 37

Extend Eligibility for Veterans' Mortgage Protection Life Insurance to Service-Disabled Veterans Rated Permanent and Total

WHEREAS, Veterans' Mortgage Life Insurance (VMLI) is presently available to veterans entitled to the Specially Adapted Housing award under section 2101(a), Title 38, United States Code; and

WHEREAS, service-connected veterans rated as permanently and totally disabled cannot obtain mortgage life insurance through commercial insurance companies; and

WHEREAS, their survivors and dependents must bear an undue hardship upon the death of such veterans; and

WHEREAS, the VMLI program provides mortgage life insurance to severely disabled veterans and service members who have also received a Specially Adapted Housing grant from the VA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, seeks the enactment of legislation which would extend VMLI to service-connected veterans who are rated as permanently and totally disabled.



RESOLUTION NO. 38

Support Capping Attorney Fees for Benefits Counseling and Claims Services

WHEREAS, our nation established veterans programs to repay veterans for their service and sacrifices; and

WHEREAS, these benefits are provided through an open, helpful system, ensuring veterans receive all entitled benefits with government assistance; and

WHEREAS, these programs ensure veterans and their families receive full aid from disability compensation and other payments without taxation or diversion; and

WHEREAS, Congress set benefit rates to be minimally adequate for assisting disabled veterans and their families, without allowing reductions for attorney fees; and

WHEREAS, requiring veterans to hire attorneys and surrender a portion of their benefits contradicts the spirit of these programs; and

WHEREAS, it is inappropriate for Congress to pass off the government's obligation to ensure veterans receive their benefits to the legal profession; and

WHEREAS, Public Law 109-461 allows attorneys to charge fees for counseling and claims services following a Notice of Disagreement; and

WHEREAS, the Appeals Modernization Act (Public Law 115-55) allows attorneys to charge fees for counseling and representation following a Supplemental Claim, Higher-Level Review or Notice of Disagreement; and

WHEREAS, the initial intent of veterans benefits was that no disabled veteran should have to pay significant attorney fees to obtain their rightful benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9-12, 2025, seeks legislation to provide for a reasonable cap on the amount of fees an attorney can charge veterans for benefits counseling and claims services before the VA.



RESOLUTION NO. 39

Support an Increase in the VA Burial Allowance for Service-Disabled Veterans and Provide Automatic Annual Adjustments

WHEREAS, the National Cemetery Administration burial allowance provides partial reimbursement for eligible funeral and burial costs, with a maximum payment of \$2,000 for service-connected burial allowance, \$978 for non-service-connected burial allowance and \$978 for non-service-connected plot allowance; and

WHEREAS, the plot allowance introduced in 1973 was an attempt to provide a plot benefit for veterans who did not have reasonable access to a national cemetery, but neither the plot allowance nor the burial allowance was intended to cover the full cost of a civilian burial in a private cemetery; and

WHEREAS, the \$2,000 for service-connected burial and funeral expenses has not increased, nor is it indexed to the Consumer Price Index for annual adjustments; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to increase the burial allowance for veterans whose deaths result from service-connected disabilities, without regard to the place of death, and to mandate automatic annual adjustments tied to increases in the cost of living.



RESOLUTION NO. 40

Support Increases in VA Compensation Rates to Address Lost Quality of Life

WHEREAS, the Veterans' Disability Benefits Commission (Commission) was established by the National Defense Authorization Act of 2004 (Public Law 108–136) to address several measures, one of which was loss of quality of life; and

WHEREAS, current law requires that the VA rating schedule compensates service-disabled veterans for average impairment of earning capacity; and

WHEREAS, the Commission concluded early in its deliberations that VA disability compensation should recompense veterans not only for average impairments of earning capacity but also for their inability to participate in usual life activities and for the impact of their disabilities on quality of life; and

WHEREAS, the Institute of Medicine (now the National Academy of Medicine) reached the same conclusion; moreover, it made extensive recommendations on steps to develop and implement a methodology to evaluate the impact of disabilities on veterans' quality of life and to provide appropriate compensation; and

WHEREAS, the Commission concluded that the VA rating schedule should be revised to include compensation for the impact of service-connected disabilities on quality of life; and

WHEREAS, for some veterans, quality of life is addressed in a limited fashion by special monthly compensation for loss of limbs or loss of use of limbs; and

WHEREAS, the Commission urged Congress to consider increases in special monthly compensation awards to address the profound impact of certain disabilities on quality of life and to assess whether other ancillary benefits might be appropriate; and

WHEREAS, while a recommended systematic methodology is being developed for evaluating and compensating for the impact of disability on quality of life, the Commission recommended that an immediate interim increase of up to 25% of compensation rates be enacted; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation to provide a realistic increase in VA compensation rates to address loss of quality of life.



RESOLUTION NO. 41

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 deny 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 (DIC), 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 in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any proposal to means-test disability compensation and DIC.



RESOLUTION NO. 42

Support a Temporary Total Rating for 21 Days or More Because of Incapacitation

WHEREAS, with advances in modern medicine and increasing emphasis on more efficient use of health care resources, health care providers are being encouraged to utilize suitable alternatives to inpatient care; and

WHEREAS, veterans are often treated through home health services or convalesce at home rather than in the hospital; and

WHEREAS, convalescent ratings are currently only authorized where inpatient or outpatient treatment resulted in surgery or immobilization of a major joint by cast; and

WHEREAS, there are instances where the veteran's treatment did not involve surgery or casting of a major joint, but the veteran has undergone healing, convalescence or a therapeutic course in the home, with a duration of more than 21 days; and

WHEREAS, exacerbation of a service-connected disability sometimes makes work activities contraindicated for periods of more than 21 days; and

WHEREAS, in such instances, the therapeutic course, convalescence or restriction from work would occur in the home in lieu of hospitalization for more than 21 days; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports a change in section 4.30, Title 38, Code of Federal Regulations, to provide for a temporary total rating if treatment or exacerbation of a service-connected disability results in a condition of temporary total incapacity for employment; or temporary unavailability for employment by reason of home health care or ambulatory care, bed rest or confinement to the home; or contraindication of work activities for more than 21 days.



RESOLUTION NO. 43

Oppose Permanent Rounding Down of Cost-of-Living Adjustments

WHEREAS, to maintain the worth of veterans benefits, they must be adjusted to keep pace with the rise in the cost of living; and

WHEREAS, long-term rounding down of adjusted rates to the next lower dollar amount erodes the value of these benefits over time and thus does not keep pace with the rise in the cost of living; and

WHEREAS, the rounding down of veterans' cost-of-living adjustments (COLAs) unfairly targets disabled veterans, their dependents and survivors for cost savings to the government; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes long-term rounding down of COLAs for all compensation benefits.



RESOLUTION NO. 44

Amend the Law to Provide a 10-Year Protection Period for Service-Connected Disability Ratings

WHEREAS, section 110, Title 38, United States Code, now protects all disability compensation ratings that have been continuously in effect for 20 or more years; and

WHEREAS, permanency should be conceded for disability compensation ratings that have been continuously in effect for 10 years without change in evaluation with no further examination scheduled; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports amendment of section 110, Title 38, United States Code, to provide that disability ratings in effect be permanently protected after 10 continuous years.



RESOLUTION NO. 45

Support Increasing Cost-of-Living Allowances

WHEREAS, the Department of Labor provides statistical information and analysis that impacts the annual cost-of-living adjustment (COLA) for disabled veterans, military retirees and Social Security recipients; and

WHEREAS, the calculations regarding COLAs are the domain of the Social Security Administration, using a formula that has been directly linked to the Consumer Price Index since 1975, prescribed by law when calculating any COLA increase; and

WHEREAS, a COLA is equal to the percentage increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) from the third quarter of one year to the third quarter of the next, and if there is no increase, there is no COLA; and

WHEREAS, the formula that derives the level of increase is tied to the United States economy on a very broad basis; stagnant economic activity does not mean disabled veterans' cost of living is flat; in fact, as they age and suffer from associated illnesses of aging, their costs increase; and

WHEREAS, it is unfair that disabled veterans are denied necessary increases in disability payments because of a formula that has little to do with the costs they bear; and

WHEREAS, there have been recent attempts to adjust the COLA downward in various methods such as "Chained CPI"; and

WHEREAS, disabled veterans disability compensation has not kept pace with the rest of the economy; even in years when there were COLA payments, disability benefits lagged; and

WHEREAS, many disabled veterans and their survivors are on fixed incomes and rely on COLAs to keep pace with their current living expenses; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to provide a realistic cost-of-living allowance for our nation's disabled veterans, their dependents and survivors.



RESOLUTION NO. 46

Support Excluding VA Compensation as Countable Income

WHEREAS, by their service and sacrifices, disabled veterans deserve special benefits that are separate and in addition to benefits the government provides to other citizens; and

WHEREAS, compensation for the effects of service-connected disabilities is counted as income in determinations of eligibility for other government benefits and programs, such as low-income housing through the Department of Housing and Urban Development; and

WHEREAS, the value of compensation is negated and its purposes are defeated when a veteran's receipt of compensation is used to reduce or deny entitlement to government benefits or services available to other citizens; and

WHEREAS, when a veteran's compensation is offset against other entitlements, it is in effect deducted from eligibility for services available to citizens who did not serve, and thus the veteran receives nothing for their disability and is thus not compensated; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, seeks legislation to exclude veterans disability compensation from countable income for eligibility for benefits or services under other government programs.



RESOLUTION NO. 47

Support Removing the Delimiting Date for Persian Gulf Veterans' Illnesses

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

WHEREAS, current law limits filing dates for illnesses and injuries in veterans from certain service during active-duty periods, including the Southwest Asia theater of military operations; and

WHEREAS, section 3.317(i), Title 38, Code of Federal Regulations, stipulates those diseases associated with service in the Persian Gulf must “manifest either during active military, naval, or air service in the Southwest Asia theater of operations, or to a degree of 10 percent or more not later than December 31, 2026”; and

WHEREAS, the numerous symptoms experienced by sick Gulf War veterans are not well understood, and the causes of such symptoms remain elusive, and answers could likely remain obscure for some time; and

WHEREAS, little significant research is being conducted on long-term health effects of many of the agents to which veterans were potentially exposed during the Gulf War; and

WHEREAS, additional research into the long-term health effects of exposures is needed, a fact confirmed in *Gulf War and Health: Volume 10: Update of Health Effects of Serving in the Gulf War, 2016*, on the health effects of exposures during the Gulf War; and

WHEREAS, filing periods for injuries and illnesses related to service in any theater of military operations must remain open-ended to ensure that benefits and services are available when those conditions ultimately manifest; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to support legislation to remove the delimiting date for disabilities because of active-duty services in the Southwest Asia theater of operation.



RESOLUTION NO. 80

Support Research to Evaluate Conditions of the Thyroid as a Presumptive Gulf War Disorder

WHEREAS, the 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, as defined in section 3.317(e)(2), Title 38, Code of Federal Regulations; and

WHEREAS, the VA recognizes signs or symptoms of undiagnosed illness and medically unexplained chronic multi-symptom 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; and

WHEREAS, 10 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 and joint pain; neck swelling (goiter); hair and 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 in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, proposes that the VA immediately establish studies to determine whether thyroid disorder(s) is 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 multi-symptom illnesses associated with SWA service.



RESOLUTION NO. 81

Support Studies, 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), also known as Camp Stronghold Freedom, in Uzbekistan from 2001 to 2005; and

WHEREAS, while it was a Soviet air base, K2 had contained chemical weapons and soil saturated with fuels and other solvents; 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, on October 17, 2024, the VA acknowledged potential exposures of jet fuel, volatile organic compounds, particulate matter, depleted uranium, asbestos, lead paint and lead-contaminated water; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports a formal acknowledgment of the existence of toxic substances and environmental hazards at K2 and a concession of exposure for 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 priority eligibility to VA health care, to include hospital care, medical services and nursing home care, by expanding the definition of toxic-exposure risk activity in section 1710, Title 38, United States Code; 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.



RESOLUTION NO. 83

Support Reauthorization of the Agent Orange Act

WHEREAS, the Agent Orange Act of 1991 (Public Law 102–4), codified at section 1116, Title 38, United States Code, provides for presumptive service connection for diseases related thereto; and

WHEREAS, subsection (b) provided requirements for the VA Secretary to follow when prescribing new presumptive diseases, including determinations of positive association of diagnosed or undiagnosed illnesses; reports from the National Academies of Sciences, Engineering and Medicine (NASEM); and positive significant statistical association; and

WHEREAS, subsection (c) provided that, not later than 60 days after the date on which the Secretary receives a report from NASEM, the Secretary shall determine whether a presumption is warranted for each illness covered by the report; and

WHEREAS, if the Secretary determines that a presumption of service connection is warranted, the Secretary shall, not later than 60 days after making time determination, issue proposed regulations setting forth the Secretary's determination; and

WHEREAS, if the Secretary determines that a presumption of service connection is not warranted, the Secretary shall, not later than 60 days after making the determination, publish in the Federal Register a notice of the determination, and the notice shall explain the scientific basis for the determination; and

WHEREAS, the Agent Orange Act of 1991, as noted above in subsection (b)

and subsection (c), expired on September 30, 2015; and

WHEREAS, there are no longer any requirements for a positive association or time requirements for the Secretary to act on scientific reports; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to reauthorize all sections of the Agent Orange Act of 1991 to ensure that the presumptive process for diseases related to toxic exposures, as noted, remains available for veterans exposed.



RESOLUTION NO. 84

Support Recognizing and Addressing the Intergenerational Impact of Chemical Exposures

WHEREAS, many veterans have been exposed to hazardous chemicals, including but not limited to Agent Orange, burn pits, depleted uranium and other toxic substances, during their military service; and

WHEREAS, scientific research has shown that exposure to these chemicals can have long-term and multigenerational health effects, impacting not only the veterans themselves but also their offspring and future generations; and

WHEREAS, children and descendants of exposed veterans have reported a range of health conditions, including congenital disabilities, developmental disorders and chronic illnesses, which may be linked to parental chemical exposure during service; and

WHEREAS, there is a critical need for continued research to understand the full scope of intergenerational health impacts and to ensure affected families receive adequate medical care, benefits and support; and

WHEREAS, many veterans and their families face challenges in obtaining recognition, diagnosis and compensation for conditions believed to be related to military toxic exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the relevant government bodies, such as the VA, DOD and Congress, to:

1. Expand and fund comprehensive research into the generational effects of toxic exposures on veterans' offspring;
2. Establish a formal registry for descendants of exposed veterans to track and study potential health conditions;
3. Ensure affected families receive access to specialized health care, including genetic counseling and early intervention services;
4. Expand eligibility for VA health care and disability compensation to include children and descendants suffering from conditions linked to parental toxic exposure;
5. Advocate for increased awareness, outreach and education regarding the long-term effects of chemical exposure on military families;
6. Work with scientific and medical experts to develop policies and programs that prioritize the health and well-being of affected descendants; AND

BE IT FURTHER RESOLVED that this resolution serves as a commitment to recognizing, addressing and mitigating the intergenerational consequences of toxic exposure among veterans and their families.



RESOLUTION NO. 86

Support Increasing Specially Adaptive Equipment Reimbursement Rates for Automobiles and Other Conveyances

WHEREAS, the VA provides grants to assist eligible disabled veterans and military service members in purchasing specially equipped automobiles or other conveyances; and

WHEREAS, the VA also provides reimbursement for special adaptive equipment, but the rates of reimbursement have not kept pace with present-day costs to repair or replace such equipment; and

WHEREAS, advances in new automobile technologies, such as collision warning systems, electronic stability control, backup cameras and GPS, would enable disabled veterans to operate vehicles more safely; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and policies that would increase the rates of reimbursement for repairs and replacement of specially adaptive equipment for automobiles and other conveyances consistent with present-day costs; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and the VA to support legislation and policies that would expand the items approved for reimbursement, such as collision warning systems, electronic stability control, backup cameras, GPS and other available safety technologies.



RESOLUTION NO. 87

Support Improving the VA Fiduciary Program

WHEREAS, the VA Fiduciary Program was established to protect veterans and other beneficiaries who, because of injury, disease or age, cannot manage their own financial affairs; and

WHEREAS, a VA payee, referred to by the VA as a VA fiduciary, is a paid position held by an individual or organization appointed to manage a veteran's VA benefit payments when a veteran is deemed to be financially incompetent by a court or by the VA; and

WHEREAS, the VA Fiduciary Program has been rife with fraud stemming from fiduciaries funneling money and assets from vulnerable veterans; and

WHEREAS, the VA Office of Inspector General (OIG) found that the Eastern Area Fiduciary Hub (EAFH) failed to properly investigate complaints, leading to nearly \$1 million in theft, with potential fraud likely much higher; and

WHEREAS, part of the problem is a lack of oversight; some of the VA-appointed fiduciaries have criminal records but were still approved; and

WHEREAS, OIG investigations also found that the required audits of the fiduciaries were not being done by the VA, and this allowed the thefts to continue for years; and

WHEREAS, a veteran called the VA to report the financial abuse but was denied help by VA employees, because the vulnerable veteran could not provide "proof" of the abuse; and

WHEREAS, complaints against VA Fiduciary Program employees are not investigated by the VA OIG, but redirected to the fiduciary hub suspected of malfeasance; and

WHEREAS, vulnerable veterans are being wronged by both malfeasance of the VA fiduciary and the institutional incompetence of the VA Fiduciary Program; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and changes to applicable regulations that require the VA to improve the VA Fiduciary Program by creating a better monitoring system and a timely dispute resolution system when beneficiaries make complaints; initiate investigations based on suspected reports of fiduciary fraud rather than putting the burden of proof on the vulnerable veteran; and make an outside agency, such as VA OIG, responsible for investigating complaints of VA employees who work in the VA Fiduciary Program and fiduciary hubs.



RESOLUTION NO. 88

Support Prohibiting Special Separation Benefit Payments From Being Withheld From VA Disability Compensation Payments

WHEREAS, because of the downsizing of our military forces, many career military personnel have left service prior to becoming eligible for longevity retirement pay; and

WHEREAS, these individuals are entitled to separation pay; and

WHEREAS, many of these individuals also become eligible for VA disability compensation; and

WHEREAS, a VA General Counsel opinion held that any funds received because of the Special Separation Benefit (SSB) must be recouped from any VA disability compensation payment; and

WHEREAS, SSB payments are not related to a disability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to clarify that SSB payments are not disability payments and therefore should not be recouped from VA disability compensation payments.



RESOLUTION NO. 89

Require the VA to Request Medical Records Prior to Routine Future Examinations

WHEREAS, the VA is required to reexamine disabilities that have not become stabilized and are likely to improve; and

WHEREAS, VA regulations require a reduction in rating based on reexaminations disclosing improvement in physical or mental health conditions; and

WHEREAS, the VA is not required to request any additional private or government medical records from the veteran prior to a future examination; and

WHEREAS, with no additional medical records prior to the examination, the VA rating specialist will not have sufficient evidence to determine whether the evidence makes it reasonably certain that any improvement will be maintained under the ordinary conditions of life and work; and

WHEREAS, reductions or proposed reductions based solely on VA examinations and not the entirety of medical evidence available will not reflect the veteran's true disability picture and functional impairment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, vigorously supports regulatory and statutory requirements to require the VA be mandated to request any private or government medical records prior to scheduling any future examination.



RESOLUTION NO. 109

Support Extending Dependents Compensation for Adult Children in School Using Chapter 35 Benefits

WHEREAS, veterans can claim their adult child attending school as a dependent while the child continues to attend school; and

WHEREAS, current law and regulations mandate that once a child establishes entitlement to Survivors' and Dependents' Educational Assistance (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 permanent and total (P&T) status where the child, usually with the assistance of a veteran counselor at the school, files their own claim; and

WHEREAS, the VA does not share the claim information of the adult child attending school with the parent veteran because an individual over the age of 18 is 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 while the child is also receiving DEA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, 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 NO. 113

Investigate the Effects of Toxic Exposures on Veterans Stationed at Naval Air Station Whidbey Island, Washington

WHEREAS, Naval Air Station (NAS) Whidbey Island, Washington, was on the Environmental Protection Agency's Superfund cleanup list and was removed in 2024; and

WHEREAS, NAS Whidbey Island was contaminated with numerous chemicals, including but not limited to trichloroethylene (TCE); polychlorinated biphenyls (PCBs); pesticides; polycyclic aromatic hydrocarbon (PAH); dioxins (already covered by the VA as herbicide exposure); heavy metals, to include lead; and arsenic; and

WHEREAS, the 2018 report, *Preliminary Assessment for Per- and Polyfluoroalkyl Substances (PFAS)* acknowledges the contaminated water supply at Whidbey Island; and

WHEREAS, studies have shown that military personnel stationed at, or on temporary duty to, NAS Whidbey Island, Washington, have a higher chance for certain diseases/cancers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation for a study to be conducted that specifically considers medical problems of military personnel and their families while stationed at Naval Air Station Whidbey Island, Washington.



RESOLUTION NO. 114

Investigate the Effects of Toxic Exposures on Veterans Stationed at Schofield Barracks, Hawaii

WHEREAS, in April 1985, the Hawaii Department of Health informed the U.S. Army that high levels (30 parts per billion) of trichloroethylene (TCE) had been detected in wells supplying drinking water to 25,000 people at Schofield Barracks; and

WHEREAS, Schofield Barracks was on the Environmental Protection Agency's (EPA's) Superfund cleanup list from 1990 until 2000; and

WHEREAS, high concentrations of TCE exposure can affect the heart, liver and kidneys; and

WHEREAS, TCE can affect the immune system and interfere with fetal development during pregnancy; and

WHEREAS, TCE is classified as a human carcinogen by the EPA; and

WHEREAS, studies have shown that military personnel stationed at Schofield Barracks are at risk for neurological disorders, diabetes, cancer and birth defects in children; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation for a study to be conducted that specifically considers medical problems of military personnel and their families while stationed at Schofield Barracks, Hawaii.



RESOLUTION NO. 123

Support Veterans To Be Awarded All Dependent VA Benefits for Children Under Court-Ordered Custody or Guardianship

WHEREAS, the term “child” is defined, for veterans benefits, as an unmarried person who is a legitimate child, a child legally adopted before the age of 18 years, a stepchild who acquired that status before the age of 18 years and who is a member of the veteran’s household or was a member of the veteran’s household at the time of the veteran’s death, or an illegitimate child and who is (i) under the age of 18 years; (ii) before the age of 18 years became permanently incapable of self-support; or (iii) after reaching the age of 18 years and until completion of education or training (but not after reaching the age of 23 years) is pursuing a course of instruction at an approved educational institution; and

WHEREAS, guardianship of a child is not included within the definition of a veteran’s “child” in section 3.57(a), Title 38, Code of Federal Regulations (CFR) and section 101(4)(A), Title 38, United States Code (USC); and

WHEREAS, this was specifically addressed in *O’Brien v. Wilkie*, 948 F.3d 1339, 1342 (Fed. Cir. 2020) (affg, 30 Vet. App. 21 (2018)), in which the United States Court of Appeals for the Federal Circuit held a claimant was ineligible to receive additional VA disability compensation as the legal guardian of his grandson because, in its current structure, 38 USC §1115 did not recognize a guardianship relationship of a child for all VA benefits compensation under 38 USC §101(4)(A); and

WHEREAS, legal guardianship is essentially a variation of adoption and should be recognized by the VA as a legitimate legal dependency; and

WHEREAS, under civil law, a veteran with legal guardianship holds the same responsibilities for the child as they would for a biological or adopted child, including potential criminal liability for any form of neglect; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to authorize veterans to be awarded all dependent VA benefits for children under court-ordered custody or guardianship.



RESOLUTION NO. 138

Support Improving Veterans Benefits Administration Employee Training

WHEREAS, the VA Veterans Benefits Administration (VBA) employee training program ensured that the rating process is accurate and that veterans receive disability benefits in a timely manner; and

WHEREAS, the current training program is not universally administered across VBA, and some raters are erroneously denying claims for veterans disability compensation without consideration of new laws and changes in policy; and

WHEREAS, some raters are assigning the date of the supplemental review as the effective date of claim, where either the intent to file date or date of claim should be the effective date; and

WHEREAS, these errors delay the correct retroactive pay to the veteran; and

WHEREAS, it could take upward of months to years to reevaluate a claim and for an accurate decision to be made, thus delaying timely decisions for veterans' claims; and

WHEREAS, proper training is not uniformly being administered to VBA employees to ensure accuracy when there are changes in policy and legislation affecting the claims process; and

WHEREAS, VBA should initiate an improved training process to ensure that benefits raters are universally and consistently informed of legal and policy changes with a goal of making fewer errors and producing timely, accurate rating decisions for each veteran, without the need for appeals; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to improve VBA's training program to ensure veterans' claims are adjudicated correctly and in a timely manner.



RESOLUTION NO. 139

Support Establishing a Supplementary Specially Adapted Housing Grant

WHEREAS, the VA provides grants to service members and veterans with certain permanent and total service-connected disabilities to help purchase or construct an adapted home or change an existing home to accommodate a disability; and

WHEREAS, the Specially Adapted Housing (SAH) grant helps veterans with certain service-connected disabilities live independently in a barrier-free environment; and

WHEREAS, SAH grants can construct a specially adapted home on land to be acquired, build a home on land already owned if it is suitable for specially adapted housing, remodel an existing home if it can be made suitable for specially adapted housing, or apply the grant against the unpaid principal mortgage balance of an adapted home already acquired without the assistance of a VA grant; and

WHEREAS, the fiscal year 2024 maximum SAH grant amount is \$121,812 and must be used for constructing or modifying a home to meet adaptive needs; and

WHEREAS, the maximum grant amount adjusts annually, and the grant benefit cannot be used over three times, up to the maximum dollar amount allowable; and

WHEREAS, eligible veterans can use the VA adapted housing grants, not to exceed the maximum amount at the time of the grant, and once the maximum amount is reached, these veterans must bear the full cost of continued accessible living should they move, need to modify a home or suffer an increase in the severity of their service-connected disabilities; and

WHEREAS, these veterans should not have to choose between surrendering their independence by moving into an inaccessible home or staying in a home simply because they cannot afford the cost of new modifications; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation to establish a supplementary SAH grant for eligible veterans needing to relocate and for veterans experiencing an increase in the severity of their service-connected disabilities; AND

BE IT FURTHER RESOLVED that DAV supports the supplementary grant amounts be at least half of the maximum amount at the time of application for the supplementary grant.



RESOLUTION NO. 146

Support Access to Compensation and Pension Exams With Examiner Notes

WHEREAS, currently, veterans must request Compensation and Pension (C&P) exam results and notes through a Freedom of Information Act or Privacy Act request, which can be quite time-consuming; and

WHEREAS, immediate access to exam results and notes could allow veterans to better understand the rationale behind the VA's decisions and identify any potential errors or inconsistencies; and

WHEREAS, early access to information can expedite the appeals process by allowing veterans and their representatives to prepare more effectively, potentially reducing the need for additional exams or evidence gathering; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports providing veterans with immediate access to their VA C&P exams and examiner notes.



RESOLUTION NO. 148

Support Recognizing Racial Trauma as a Stressor for PTSD

WHEREAS, current regulations require credible supporting evidence that claimed in-service stressor occurred (section 3.304(f), Title 38, Code of Federal Regulations (C.F.R.)); and

WHEREAS, the VA recognizes five situations for special consideration of stressors: (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, racial trauma exposes service members to unexpected and uncontrollable scenarios, leading to feelings of anger, confusion, disbelief, dysphoria, fear and other traumatic reactions; and

WHEREAS, these reactions may result in post-traumatic stress disorder (PTSD) symptoms such as distressing memories, avoidance, negative alterations in cognition, and changes in arousal and reactivity; and

WHEREAS, current laws require veterans to provide credible evidence of the in-service stressor, which can be difficult when the assailants are in their chain of command or when documentation is lacking because of fear or shame; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to specifically include racial trauma as one of the identified categories of stressors in 38 CFR §3.304(f).



RESOLUTION NO. 151

Reform Fugitive Felon Status

WHEREAS, at present, the VA has a recognized policy denying compensation, pension or dependent benefits to an individual listed as a fugitive felon; and

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

WHEREAS, the presumption by the 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, although they have lived in the same location for years, with no one attempting to contact them prior to the VA's declaration of fugitive status; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation that requires the 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 the VA can seize their current benefits and establish overpayment for prior benefits dispensed.



RESOLUTION NO. 152

Increase Maximum Evaluation for Service-Connected Headaches

WHEREAS, the VA rating schedule 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 a very frequent, completely prostrating and prolonged attack productive of severe economic inadaptability, as stated at diagnostic code 8100, section 4.124a, Title 38, Code of Federal Regulations; and

WHEREAS, a veteran currently in receipt of the maximum 50% rating for headaches because of 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 in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, proposes that the VA amend its regulations to increase the maximum evaluation for an individual with migraine headaches from the current 50% evaluation to a 60% rating to address the industrial impairment more appropriately because of that level of disability.



RESOLUTION NO. 153

Support Authorizing Immediate Grants by the Board of Veterans' Appeals on All Cases Advanced on the Docket

WHEREAS, in a case before the Board of Veterans' Appeals (Board), an appellant can request the case advanced on the docket because of financial hardship, homelessness and/or a serious illness; and

WHEREAS, once the Board grants an appeal that is advanced on the docket, it is then sent to either the agency of original jurisdiction (AOJ) or the Appeals Resource Center (ARC) for the decision to be granted, authorized and promulgated prior to payment of benefits to an appellant; and

WHEREAS, the average processing time of these cases by the AOJ or the ARC can be over 90 days; and

WHEREAS, many appellants with serious illnesses die prior to the grant and authorization; and

WHEREAS, this delay defeats the purpose of the Board granting a case to be advanced on the docket; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the allocation of VA resources either to the Board or via the National Work Queue to grant, authorize and promulgate all cases advanced on the docket and granted by the Board within 30 days of the decision.



RESOLUTION NO. 155

Direct the VA Secretary to Verify Dependency Status With the DOD and VA

WHEREAS, current law and regulations allow for additional compensation for veterans who have a service-connected disability rating of 30% or more for their 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 the VA and report changes to the Veterans Health Administration (VHA) and/or through the DOD Defense Enrollment Eligibility Reporting System (DEERS); and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to formally direct the VA Secretary to accept any reports of dependency changes made to VHA and/or documented in DEERS to mitigate any alleged overpayment because of changes in dependency status; AND

BE IT FURTHER RESOLVED that DAV 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 NO. 156

Oppose Payments of Attorney's Fees Based on Periods When the Attorney Was Not Involved in the Claim

WHEREAS, revisions in law and VA regulations have allowed private agents and attorneys to charge for representation of claimants before the VA, under section 14.636(e), title 38, Code of Federal Regulations; and

WHEREAS, these regulations specify fees must be reasonable and may be based on a fixed fee, hourly rate, a percentage of benefits recovered or a combination, with reasonableness determined by factors such as:

1. The extent and type of services performed;
2. The complexity of the case;
3. The skill and competence required;
4. Time spent on the case;
5. Results achieved, including benefits recovered;
6. Level of review and when the representative was retained;
7. Rates charged by other representatives for similar services;
8. Whether payment is contingent upon results achieved; and

WHEREAS, the VA rarely restricts fees beyond the 20% cap on retroactive benefits, even when private agents or attorneys provide minimal work, have limited involvement or disengage prematurely; and

WHEREAS, this can result in windfall payments to representatives at the expense of claimants, particularly when future awards accrue years after initial representation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to restrict payment to private agents and/or attorneys to a reasonable assessment of the actual work performed, and that such payment should not extend beyond the date the representation ends, with withdrawal by the representative resulting in the loss of all rights to recover fees for future awards.



RESOLUTION NO. 157

Expand Wartime Service Periods to Include Combat Environments From Hostile Military or Terrorist Activity From November 4, 1979, Through February 1, 1992

WHEREAS, the VA recognizes specific periods of time as being wartime periods; and

WHEREAS, the Vietnam era ended on May 7, 1975, and the Persian Gulf War era began on August 2, 1990, according to section 3.2(f) and (i), Title 38, Code of Federal Regulations; and

WHEREAS, hundreds of thousands of United States service members were subjected to combat environments from hostile military or terrorist activity, including:

- November 4, 1979, seizure of the U.S. Embassy in Tehran and the subsequent ill-fated rescue mission, Operation Eagle Claw;
- May 1981 terrorist threats from and resulting combat action with Libya;
- April 18, 1983, bombing of the U.S. Embassy in Beirut;
- October 23, 1983, bombing of the Marine barracks in Beirut;
- October 25, 1983, invasion of Grenada;
- December 12, 1983, bombing of the U.S. Embassy in Kuwait;
- September 20, 1984, bombing of the U.S. Embassy annex northeast of Beirut;
- April 5, 1986, bombing of La Belle, a discotheque in West Berlin known to be popular with off-duty U.S. service members;
- Operation El Dorado Canyon on April 15, 1986, which involved 200 U.S. aircraft bombing Libya;
- 1989 buildup of U.S. troops in Panama, with increasing tensions and hostilities leading to the December 20, 1989, invasion of Panama by U.S. troops in Operation Just Cause;
- January 1, 1981, to February 1, 1992, Honduras operations;
- Unknown number of anti-terrorist activities or locations 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, and exposed to toxins or airborne hazards are entitled to service-connected compensation from the VA; they are otherwise not entitled to pension; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports a new wartime period covering the time frame of November 4, 1979, until February 1, 1992, plausibly identified as various global locations where U.S. service members endured hostile enemy and terrorist activity, to be eligible to obtain VA benefits and health care.



RESOLUTION NO. 158

Clarify and Expand Entitlement to Survivors' and Dependents' Educational Assistance Under Chapter 35 for Children of a Two-Veteran Household

Expand Entitlement to Dependents' Educational Assistance Under Chapter 35 for Children of a Two Veteran Household

WHEREAS, title 38, United States Code, chapter 35, provides Dependents' Educational Assistance (DEA) to the child or spouse of a veteran who has a permanent and total (P&T) service-connected disability, or who died as a result of a service-connected condition; and

WHEREAS, the statute and implementing regulations at 38 C.F.R. §§ 21.3020–21.3344 establish that each veteran's entitlement is based solely on their own qualifying service and disability status; and

WHEREAS, in households where both parents are veterans who have each been rated permanently and totally disabled due to service-connected conditions, each parent separately establishes a qualifying entitlement under chapter 35; and

WHEREAS, under current VA policy, a child of two qualifying P&T veteran parents may only receive one period of DEA eligibility, rather than separate entitlements under each parent, thereby limiting total educational benefits that would otherwise be available through each veteran's independent service; and

WHEREAS, this policy effectively reduces the earned benefits for children of dual-veteran households compared to children of single-veteran households, despite each parent having independently earned the benefit through qualifying service and disability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to amend title 38, United States Code, to require the VA to afford a child separate and distinct Chapter 35 Dependents' Educational Assistance entitlements based on each parent's independent qualification as a permanently and totally disabled service-connected veteran.



RESOLUTION NO. 159

Ensure Entitlements to Spina Bifida and Birth Defects Related to Agent Orange in New Locations of the PACT Act

WHEREAS, VA regulations currently recognize and compensate birth defects in children of certain herbicide-exposed veterans, as shown at sections 3.814 (spina bifida) and 3.815 (birth defects), Title 38, Code of Federal Regulations (CFR); and

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

WHEREAS, many studies performed throughout the past 30 years have shown an expanded list of medical conditions have been linked to herbicide exposure, passed down to biological children conceived after herbicide exposure in Vietnam; and

WHEREAS, on August 10, 2022, the President signed into law the PACT Act (Public Law 117–168), extensively expanding the areas conceded to have resulted in herbicide exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports 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; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation requiring that medical diagnoses more probable (50% or more likely) because of Agent Orange exposure, beyond spina bifida, be covered by the VA for biological children of Vietnam veterans.



RESOLUTION NO. 160

Require All Appeal Withdrawals 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 (Public Law 115–55) were set in place dropped the requirement for the withdrawal to be in writing; and

WHEREAS, often 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 whether it was just the hearing or the entire appeal being withdrawn; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the requirement that any appeal withdrawal be made in writing by the appellant or their authorized representative.



RESOLUTION NO. 161

Support Adding Diseases Related to Contaminated Water at Camp Lejeune

WHEREAS, military personnel and their families were exposed to contaminated water at Camp Lejeune, North Carolina, from August 1, 1953, to December 31, 1987; and

WHEREAS, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112–154) established 15 different conditions where the exposed military personnel and their families were eligible to seek treatment at VA health facilities at no cost; and

WHEREAS, the conditions identified for cost-free health care were esophageal cancer, lung cancer, breast cancer, bladder cancer, kidney cancer, leukemia, multiple myeloma, myelodysplastic syndromes, renal toxicity, hepatic steatosis, female infertility, miscarriage, scleroderma, neurobehavioral effects and non-Hodgkin lymphoma; and

WHEREAS, the Secretary of Veterans Affairs established the presumptive list for service connection for diseases associated with said water supply exposure as of January 2017 and included only eight conditions: adult leukemia, aplastic anemia and other myelodysplastic syndromes, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin lymphoma, and Parkinson's disease; and

WHEREAS, the Secretary will continue to review relevant information to support the creation of additional presumptive conditions as it becomes available; and

WHEREAS, about 900,000 service members were potentially exposed to the tainted water; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the Secretary of Veterans Affairs to consider expanding the presumptive list to include all conditions set in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 that were not previously included.



RESOLUTION NO. 163

Support Payment of the Maximum Burial Allowance for Veterans With a Total Disability Rating Based on Individual Unemployability

WHEREAS, at present, the VA will pay the maximum burial allowance for the burial and funeral expenses of certain veterans when their death is because of a service-connected disability; and

WHEREAS, the VA will presume, unless it has evidence to the contrary on the date it receives notice of the veteran's death, that a veteran died because of a service-connected disability or disabilities if, at the date of death, the veteran was rated totally disabled for a service-connected disability or disabilities; however, section 3.17404, title 38, Code of Federal Regulations, excludes a Total Disability based on Individual Unemployability; and

WHEREAS, the VA separately recognizes a total disability rating based on Individual Unemployability as sufficient to award death benefits for compensation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, proposes regulatory changes be enacted to presume that a veteran died because of a service-connected disability or disabilities if, at the date of death, the veteran was rated totally disabled based on Individual Unemployability.



RESOLUTION NO. 166

Reduce the Burden of Refiling Evidence for Board of Veterans' Appeals Review

WHEREAS, under the Appeals Modernization Act (AMA) (Public Law 115–55), appellants have specific designated evidence submission periods for review by the Board of Veterans' Appeals (Board); and

WHEREAS, current law requires that any evidence submitted outside of these periods must be resubmitted when the evidence window reopens, resulting in unnecessary duplication and confusion for subsequent reviewers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation allowing the Board to consider evidence submitted outside of the designated period if, during an open evidence window, the appellant, their representative or the reviewing Board attorney or Veterans Law Judge identifies that evidence without requiring physical resubmission.



RESOLUTION NO. 167

Maintain Original Docket Number for Repeated Pre-Decisional Errors

WHEREAS, under the Appeals Modernization Act (AMA) (Public Law 115–55), when a case is remanded for the correction of a pre-decisional error by the Board of Veterans’ Appeals (Board), it is considered to have been fully resolved on appeal; and

WHEREAS, once the Agency of Original Jurisdiction (AOJ) renders a new decision, a veteran in disagreement must start the appeal process anew—see section 20.800(e), title 38, Code of Federal Regulations (“A case will not be returned to the Board following the agency of original jurisdiction’s readjudication of an appeal previously remanded by the Board pursuant to Rule 802, paragraph (c) (§ 20.802(c)), unless the claimant files a new Notice of Disagreement. Such cases will be docketed in the order in which the most recent Notice of Disagreement was received”); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation that would allow the Board to assign the original docket number to any issue that was part of a prior remanded case upon which the claimant files a new Notice of Disagreement following the AOJ’s readjudication.



RESOLUTION NO. 168

Support Appellant's Right to Change Representation at Any Time During an Appeal

WHEREAS, Board of Veterans' Appeals (Board) rules allow an appellant to change representation within a 90-day period following the submission of a Notice of Disagreement (section 20.1304, title 38, Code of Federal Regulations); and

WHEREAS, VA claims files are now fully electronic; and

WHEREAS, most business is conducted electronically using internet applications and/or email; and

WHEREAS, when an appellant opts for new representation, the new representative must sign accepting the change; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation that would allow the veteran/appellant to switch representation at any point in the process prior to the Board rendering a decision, without the need to explicitly cite good cause for such change in representation.



RESOLUTION NO. 185

Compensate Veterans Suffering From Illnesses Circumstantially Linked to Their Service in the Persian Gulf War

WHEREAS, DAV is deeply concerned about the wide range of ailments reported by Persian Gulf War veterans who were exposed to both identified and unknown health hazards; and

WHEREAS, these veterans encountered numerous environmental exposures, including smoke from oil field fires, depleted uranium, chemical and biological agents, desert parasites, vaccines, chemoprophylactic agents, and vehicle paints; and

WHEREAS, investigations and studies to date have not conclusively identified the sources or pathological nature of these ailments, causing significant anxiety for veterans and their families; and

WHEREAS, these illnesses—sometimes labeled “Persian Gulf Syndrome,” “multiple chemical sensitivity,” or “chronic fatigue syndrome”—show a notable commonality among affected veterans; and

WHEREAS, Government Accountability Office (GAO) Report 17-511 found that Gulf War Illness claims are approved at roughly one-third the rate of all other claims, largely because of statutory requirements that veterans suffer from an “undiagnosed” or “medically unexplained” illness to be eligible for service connection; and

WHEREAS, current law and clinical standards often prevent medical examiners from diagnosing these conditions as undiagnosed or medically unexplained illnesses, creating an unfair barrier to service connection and compensation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, vigorously supports expeditious VA handling of Persian Gulf War veterans’ claims and the payment of fair and just compensation for both diagnosed and undiagnosed conditions associated with service in the Persian Gulf theater or related chemical, biological and environmental exposures; AND

BE IT FURTHER RESOLVED that DAV strongly urges that Persian Gulf War veterans continue to receive priority medical treatment for ailments associated with their service; AND

BE IT FURTHER RESOLVED that DAV urges the VA, DOD, and Department of Health and Human Services to continue cooperative studies and testing to identify the causes of these conditions, including potential chemical agent exposures.



RESOLUTION NO. 186

Support the Elimination of the 30-Day Requirement for Diseases Associated With Exposure to Contaminants in the Water Supply at Camp Lejeune

WHEREAS, section 3.307(a)(7)(i), title 38, Code of Federal Regulations (CFR), provides contaminants in the water supply means the volatile organic compounds (VOC) trichloroethylene (TCE), perchloroethylene (PCE), benzene and vinyl chloride were in the on-base water supply systems at United States Marine Corps Base Camp Lejeune; and

WHEREAS, 38 CFR §3.307(a)(7)(iii) notes that a veteran, or former reservist or member of the National Guard, who had no less than 30 days (consecutive or nonconsecutive) of service at Camp Lejeune during the period beginning on August 1, 1953, and ending on December 31, 1987, shall be presumed to have been exposed during such service to the contaminants in the water supply; and

WHEREAS, the 30-day requirement is not based on the potential systemic, external and internal exposures to the VOCs; and

WHEREAS, review of the National Research Council Committee on Contaminated Drinking Water at Camp Lejeune study, *Contaminated Water Supplies at Camp Lejeune: Assessing Potential Health Effects*, notes that the internal doses of TCE from showering provide inhalation and dermal exposure that is equivalent with ingesting 2 liters of water; and

WHEREAS, the VA notice of proposed rule-making on the above-referenced subject, as published in the Federal Register on September 9, 2016, notes, “VA experts agree that there is no science to support a specific minimum exposure level for any of the conditions”; and

WHEREAS, the VA plainly states the 30-day requirement is intended to provide consistency with the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112–154); and

WHEREAS, the VA notes in multiple instances that the 30-day requirement is to keep consistent with the requirement for health care but does not assert that there is a scientific basis or legal requirement for the 30-day period; and

WHEREAS, the 30-day requirement contradicts any other laws or regulations providing presumptive service connection for exposure to toxic substances, such as veterans exposed to herbicide agents during service in Vietnam; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the elimination of the 30-day requirement for diseases associated with exposure to contaminants in the water supply at Camp Lejeune, as it is not based on the potential systemic, external and internal, exposures to the VOCs; predicated on any science; based on any legal requirements; nor consistent with existing laws and regulations concerning presumptive service connection for exposure to toxic substances.



RESOLUTION NO. 187

Support Resources and Oversight of the Appeals Process

WHEREAS, in 2019, the VA implemented the Veterans Appeals Improvement and Modernization Act (AMA) (Public Law 115–55), which impacts decisions at the Veterans Benefits Administration, the existing legacy appeals and AMA appeals at the Board of Veterans’ Appeals (Board); and

WHEREAS, the Board process is multistaged and nonlinear, requiring multiple layers of review; and

WHEREAS, this can lead to lengthy delays and repeated cycles of redevelopment and readjudication; and

WHEREAS, veterans often face long wait times for decisions, which can be frustrating and stressful; and

WHEREAS, the appeals process can be difficult to navigate, especially for veterans without legal representation; and

WHEREAS, while the AMA offers three options for review (Higher-Level Review, Supplemental Claim, and Board Appeal), choosing the right option can be confusing; and

WHEREAS, submitting new and relevant evidence in a Supplemental Claim can be a complex process, and veterans may need assistance in gathering this evidence; and

WHEREAS, the Board is also experiencing staffing shortages, which can impact the efficiency and timeliness of appeals processing; and

WHEREAS, the VA Office of Inspector General has identified severe occupational staffing shortages across various VA facilities, including those affecting the Board situation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress to provide effective and continued oversight of the legacy and AMA appeals processes to ensure that adequate resources are provided to resolve the backlog of legacy appeals and the backlog of pending hearings at the Board, as well as provide regular oversight to monitor and measure the VA’s progress so these reforms achieve their intended purpose.



RESOLUTION NO. 189

Support 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 firefighting foams and do not break down in the environment; and

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

WHEREAS, according to 2023 DOD data, over 700 U.S. military sites are known or likely to have discharged PFAS, typically from the use of firefighting foam; and

WHEREAS, in 2022, the National Academies of Sciences, Engineering and Medicine report *Guidance on PFAS Exposure, Testing, and Clinical Follow-Up* found sufficient evidence of an association with PFAS exposure with decreased antibody response, dyslipidemia and increased risk of kidney cancer, and the report found limited or suggestive evidence of an association with PFAS exposure with 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; and

WHEREAS, on September 25, 2024, the VA announced it will conduct a scientific assessment to determine if there is a relationship between PFAS exposure and kidney cancer; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, 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 the establishment of a presumption of service connection for PFAS and diseases related thereto.



RESOLUTION NO. 195

Support Compensable Evaluations for Certain Disabilities Currently at Zero Percent

WHEREAS, the VA Schedule for Rating Disabilities assigns a non-compensable rating for asymptomatic disabilities; and

WHEREAS, a non-compensable rating does not contemplate required medications, prosthetic appliances or employment interference; and

WHEREAS, the VA Schedule for Rating Disabilities provides a compensable rating of 10% for other disabilities that require medication only, such as chronic fatigue disorder, coronary artery disease and hypothyroidism; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the assignment of a compensable evaluation of 10% for non-compensable disabilities that require medication or prosthetic appliances or show employment interference.



RESOLUTION NO. 197

Establish Multiple Automobile Grants

WHEREAS, Congress authorizes the VA to provide financial assistance to eligible veterans through an automobile grant in the amount of \$21,058.69; and

WHEREAS, this one-time grant is used toward the purchase of a new or used automobile to accommodate a veteran or service member with certain disabilities that resulted from a condition incurred or aggravated during active military service; and

WHEREAS, the Department of Transportation reports the average useful life of a vehicle is 11.5 years; and

WHEREAS, vehicles that have been modified structurally, including modifications to accommodate the weight of a veteran and their wheelchair, can have an accelerated depreciation of usefulness; and

WHEREAS, on average, the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used; and

WHEREAS, these substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service; and

WHEREAS, the cost of replacing modified vehicles purchased through the VA automobile grant program presents a financial hardship for veterans who must bear the full replacement cost once the adapted vehicle has exceeded its useful life; the divergence of a vehicle's depreciating value and the increasing cost of living only compound this hardship; and

WHEREAS, annual inflation was 2.9% in December 2024 and continues to increase as time passes; and

WHEREAS, the current grant only covers about 65% of the actual cost of the adapted vehicle; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation to establish multiple automobile grants for veterans to use once every 10 years, equaling the current grant maximum in effect at the time of vehicle replacement; AND

BE IT FURTHER RESOLVED that DAV supports the grant being increased to keep up with the cost of inflation, avoiding financial hardships on veterans.



RESOLUTION NO. 199

Include Puerto Rico as a DOD- and VA-Recognized Location of Agent Orange and Other Herbicides

WHEREAS, the Agent Orange Act of 1991 (Public Law 102–4) conceded exposure to all veterans who served in the country; and

WHEREAS, the Blue Water Navy Vietnam Veterans Act of 2019 (Public Law 116–23) extended the presumption of herbicide exposure, such as Agent Orange, to veterans who served in the offshore waters of the Republic of Vietnam between January 9, 1962, and May 7, 1975; and

WHEREAS, the DOD released its 2019 report, *DOD List of Locations Where Tactical Herbicides and Their Chemical Components Were Tested, Used or Stored Outside of Vietnam*; and

WHEREAS, not all the locations outside of Vietnam have been codified or added via regulatory provisions; and

WHEREAS, although Puerto Rico is not listed in the 2019 report, the VA, in several Board of Veterans' Appeals decisions, has officially accepted that Puerto Rico was also home to the storage and testing of Agent Orange from 1956 to 1957 and then again from 1966 to 1968; and

WHEREAS, in 1967, the Dow Chemical Company, a manufacturer of Agent Orange, was awarded a DOD research contract, the objective of which was to prepare mixtures of various herbicides as pellets, and to test them on various types of vegetation; and

WHEREAS, this occurred in many locations spanning Puerto Rico, including Mayagüez, Guánica, Joyuda, Luquillo, Las Marías and near the Río Grande; and

WHEREAS, at an International Penal Law Symposium in San Juan, Puerto Rico, attorneys reported that Agent Orange was sprayed on plants at El Yunque Rainforest and similar chemicals used island-wide between 1956 and 1968, with highly concentrated solutions used in Mayagüez in 1956–57; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to expand the DOD- and VA-recognized locations of Agent Orange and other herbicides used, tested or stored outside of Vietnam to include Puerto Rico; AND

BE IT FURTHER RESOLVED that DAV supports the codification or adding via regulatory provisions all the locations noted by the DOD in its 2019 report.



RESOLUTION NO. 200

Repeal Grave Marker Restrictions in Private Cemeteries

WHEREAS, existing legislation prevents the issuance of a VA grave marker for veterans who passed away before November 1, 1990, limiting their recognition to a medallion that can be attached to their headstone; and

WHEREAS, cases such as that of Technical Sergeant Ernest A. Brauner—who died in January 1990 after distinguished World War II service but was denied a VA headstone because of this restriction—demonstrate the unfairness families continue to face today; and

WHEREAS, this arbitrary date restriction denies equal recognition to thousands of veterans who honorably served in World War II, Korea, Vietnam and other eras, creating inequity among veterans based solely on the year of their death rather than their service; and

WHEREAS, families who wish to honor their loved one's service with a government-furnished headstone are often burdened by out-of-pocket costs or forced to accept less visible recognition, despite their veteran's sacrifice and earned entitlement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to eliminate the current restrictions on grave markers for veterans buried in private cemeteries who died prior to November 1, 1990, allowing them to receive a VA grave marker instead of just a medallion.



RESOLUTION NO. 233

Require the VA to Implement an Optional Path for Telephonic Initial Contact for Visually Impaired Veterans

WHEREAS, section 12102, title 42, United States Code, establishes persons' disabilities and major life activities to be covered; and

WHEREAS, in enacting the Americans with Disabilities Act (ADA) of 1990 (Public Law 101–336), Congress intended that the Act “provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” and provide broad coverage; and

WHEREAS, the Veterans Health Administration (VHA) is required as a public entity to follow the precepts of the ADA; and

WHEREAS, it is also a VHA policy that contacting the hospital via a telephonic device requires the veteran to engage the automated system through a series of keypad tones; and

WHEREAS, these actions are prohibitive where numeric depressions on a keypad, landline, devices such as a landline or mobile device are difficult if not overwhelming for a visually impaired veteran; and

WHEREAS, a second person is often required to assist the veteran in initiating first contact, counter to the precepts of the ADA; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to develop and implement a consistent policy requiring that VA health care facilities and Veterans Benefits Administration offices and call centers offer optional paths for telephonic initial contact.



RESOLUTION NO. 234

Eliminate One-Year Manifestation Requirement for Chloracne, PCT and Peripheral Neuropathy from Agent Orange Exposure

WHEREAS, the VA currently recognizes a total of 14 diseases as presumptive to Agent Orange exposure; and

WHEREAS, section 1116, Title 38, United States Code, establishes presumptive service connection for diseases based on exposure to Agent Orange, which requires that chloracne and porphyria cutanea tarda (PCT) become manifest to a degree of 10% or more within one year after service in the Republic of Vietnam; and

WHEREAS, section 3.307(a)(6)(ii), title 38, Code of Federal Regulations, requires the presumptive disease, acute and subacute peripheral neuropathy to become manifest to a degree of 10% or more within one year of exposure to herbicides; and

WHEREAS, the limitations placed on the three above-noted diseases create unreasonable requirements on veterans to provide evidence of manifestations of symptoms from 50 years ago and create an inequity; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to remove the requirement of manifestation of symptoms to a compensable degree within one year of exposure for chloracne and PCT and acute and subacute peripheral neuropathy.



RESOLUTION NO. 239

Support Service Connection for Conditions From Toxic and Environmental Exposures

WHEREAS, veterans of all military conflicts from the world wars to the wars in Iraq and Afghanistan have been exposed to toxic and environmental exposures such as mustard gas, herbicides, cold weather, chemicals, biological agents, harmful levels of radiation and other combat-operation exposures; and

WHEREAS, veterans may not know for years or decades about the toxic or environmental conditions they were exposed to during military service; and

WHEREAS, returning from war, veterans subsequently suffer from disabling conditions that are not immediately identified because of such exposures; and

WHEREAS, the DOD has not always been willing to publicly share information regarding exposures during military service with other government departments or agencies or with the individuals involved; and

WHEREAS, research conducted by the National Institutes of Health, DOD and the VA, and other federal agencies has focused on relationships between toxic and environmental exposures and health outcomes of veterans and pending claims; and

WHEREAS, such research is necessary to ensure veterans receive high-quality health services and benefits to which they are entitled due to diseases or injuries resulting from deployment exposures; and

WHEREAS, in studies mandated by Congress, the National Academy of Sciences continues to review and evaluate scientific literature, including specific research studies, to determine whether a link exists between exposure and certain physical disorders; and

WHEREAS, the VA and DOD must collaborate and share necessary deployment, health and exposure data to better address the health conditions experienced by disabled veterans; and

WHEREAS, these studies to establish and recognize relationships between exposures and diseases take several years to accomplish, requiring veterans to establish claims directly without conceded exposure to such toxins; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to establish a concession of individual exposures while awaiting conclusions of studies for presumptive diseases and conditions associated with all veterans' related exposures to toxic and environmental hazards; AND

BE IT FURTHER RESOLVED that DAV vigorously supports the VA's expeditious handling of veterans' claims and the payment of fair and just compensation for conditions associated with all veterans' service and related exposures to toxic and environmental hazards.



RESOLUTION NO. 240

Support Meaningful Claims and Appeals Reform

WHEREAS, Congress created a system for veterans benefits, with the Veterans Benefits Administration (VBA) responsible for processing claims and appeals; and

WHEREAS, the number and complexity of claims and appeals continue to grow, leading to significant backlogs in both rating and non-rating claims, and highlighting the need for improved accuracy and efficiency; and

WHEREAS, VBA has sought collaboration with veterans service organizations, including DAV, to reform and modernize claims processing and the appeals system, and progress has been made in reducing backlogs and improving accuracy; and

WHEREAS, claims and appeals reform must preserve veterans' due process rights and ensure fair, accurate and timely adjudications; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress and VBA to implement meaningful claims and appeals processing reform to address overall workloads; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and VBA to ensure proposals to streamline and automate the claims process protect veterans' rights and provide sufficient information in decision letters; AND

BE IT FURTHER RESOLVED that DAV calls on the VA and Congress to provide sufficient funding for reform initiatives; AND

BE IT FURTHER RESOLVED that DAV supports legislation to strengthen VBA training, testing, quality control and accountability; AND

BE IT FURTHER RESOLVED that DAV supports legislation to give due deference to private medical evidence, encourage its use and provide access to Disability Benefit Questionnaires for private physicians.



RESOLUTION NO. 250

Recognize Cold War Nuclear Weapons Technicians as Radiation- and Toxic-Exposed Veterans

WHEREAS, Cold War-era military veteran nuclear weapons technicians maintained our nation's nuclear weapons, directly contributing to national defense and deterrence; and

WHEREAS, routine duties—including maintenance, repair, disassembly, assembly, modification, testing, calibration, transport and storage of live nuclear weapons—exposed these veterans to ionizing radiation, toxic chemicals, carcinogenic compounds, organic solvents, metals and other hazardous materials, often without adequate respiratory or personal protection; and

WHEREAS, because of long latency periods, the uniqueness of these exposures and limited exposure data, many nuclear weapons technicians could not obtain VA compensation, and the VA currently does not recognize or presume exposure for this cohort as it does for other categories of radiation- or toxic-exposed veterans; and

WHEREAS, veteran nuclear weapons technicians seek the same recognition, respect, support, health care and benefits afforded to other veterans exposed to radiation and toxic substances; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to recognize and certify Cold War-era nuclear weapons technicians as a category, class, cohort or group of veterans with “radiation-risk” and “toxic-exposure-risk” duties and to extend related presumptive exposure benefits accordingly.



RESOLUTION NO. 254

Support Adequate, Timely and Reliable Funding for All VA Programs, Benefits and Services

WHEREAS, DAV believes that wounded, injured and ill veterans, through their extraordinary sacrifices and service, earned the right to health care, benefits and services provided by the VA; and

WHEREAS, this nation's first concern should be to fulfill its obligation to those who served in the military services in defense of this country; and

WHEREAS, DAV worked for over two decades to reform the budget process to ensure sufficient, timely and predictable funding for VA health care programs; and

WHEREAS, DAV developed and supported legislation to ensure advance appropriations, new transparency and accountability requirements covering VA health care budget requests; and

WHEREAS, budget caps and sequestration have often limited the ability of congressional appropriations committees to fully fund all veterans programs, services and benefits; and

WHEREAS, Congress enacted Public Law 111–81 and Public Law 113–235 to require advance appropriations for VA health care programs and Veterans Benefits Administration (VBA) accounts; and

WHEREAS, advanced appropriations have allowed the VA to deliver timely, quality health care to enrolled veterans and protect VA health care programs from government shutdowns; and

WHEREAS, the remainder of the VA's discretionary budget could benefit from advance appropriations, particularly during budget stalemates, continuing resolutions and sequestration; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to authorize advance appropriations for all the VA's discretionary and mandatory budget, including information technology, medical and prosthetic research, major construction, minor construction, State Veterans Home construction, state cemetery construction grants, general operating expenses (VBA and general administration), the National Cemetery Administration, the Office of Inspector General, and all other mandatory benefits; AND

BE IT FURTHER RESOLVED that DAV continues to call on Congress and the VA to fully and faithfully implement Public Law 111–81 to ensure sufficient, timely and predictable funding for veterans health care; AND

BE IT FURTHER RESOLVED that DAV supports legislation and policies to exempt veterans health care funding from budget cap laws, rules, agreements, and sequestration.



RESOLUTION NO. 256

Support Improvements and Reforms to Dependency and Indemnity Compensation Benefits

WHEREAS, Dependency and Indemnity Compensation (DIC) was created in 1993 and has only been minimally adjusted since then; and

WHEREAS, DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability; and

WHEREAS, survivors who rely solely on the disabled veteran's compensation face significant financial hardships upon the death of the veteran; and

WHEREAS, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55%; and

WHEREAS, recent legislation has reduced the survivor's remarriage age from 57 to 55; and

WHEREAS, now survivors in receipt of DIC benefits risk losing entitlement if they remarry before the age of 55; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports legislation that improves and reforms DIC benefits to include increasing the monthly amount and lowering the remarriage age for survivors of disabled veterans.



RESOLUTION NO. 268

Oppose Lump-Sum Payments for Service-Connected Disabilities

WHEREAS, disability compensation is paid monthly to an eligible veteran on account of and at a rate commensurate with diminished earning capacity resulting from the effects of service-connected disease or injury; and

WHEREAS, such compensation, by design, continues to provide relief from the service-connected disability for as long as the veteran continues to suffer its effects at a compensable level; and

WHEREAS, by law, the rate of compensation is determined by the level of disability present, requiring reevaluation of the disability upon a change in its degree; and

WHEREAS, various entities have suggested lump-sum payments as a way for the government to avoid the administrative costs of reevaluating service-connected disabilities and to avoid future liabilities to service-connected disabled veterans when their disabilities worsen or cause secondary disabilities; and

WHEREAS, such lump-sum payments would not, overall, be in the best interests of disabled veterans but would be more intended for government savings and convenience; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any change in law to provide for lump-sum payments of VA disability compensation.



RESOLUTION NO. 269

Oppose the Imposition of a Time Limit for Filing Compensation Claims

WHEREAS, some veterans suffer lifelong impairments from disabilities incurred in connection with military service; and

WHEREAS, disability compensation is a benefit available to veterans at any time they choose to claim it; and

WHEREAS, veterans who, for whatever reason, do not initially desire to claim and receive compensation should not forfeit the right to claim and receive it at some later time; and

WHEREAS, the Veterans' Claims Adjudication Commission, created by Congress to study the VA claims processing system, suggested a time limit for filing compensation claims to reduce the VA's workload; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any change in law to limit the time for filing compensation claims.



RESOLUTION NO. 270

Oppose Redefining Service-Connected Disability or Restricting Its Establishment

WHEREAS, current law authorizes service connection for disabilities incurred or aggravated during service in the United States armed forces in the line of duty; and

WHEREAS, various proposals have been made to limit service connection to disabilities caused directly by performing duty; and

WHEREAS, disability incurred in the line of duty is sometimes not directly because of a job injury but may be because of less obvious factors because of the armed forces environment; and

WHEREAS, proof of a causal relationship may often be difficult or impossible notwithstanding an inability to dissociate the disability from service-related factors; and

WHEREAS, current law equitably eases the onerous burden of establishing performance of duty or other causal connection as a prerequisite for service connection; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes changes in current law to redefine and restrict the conditions under which service connection may be established.



RESOLUTION NO. 271

Maintain Total Disability Benefits for All Veterans Regardless of Age or Other Earned Federal Benefits

WHEREAS, when a veteran's disability is rated less than a total 100% evaluation, but they cannot obtain or maintain substantial gainful employment, VA regulations allow the veteran to apply for Total Disability based on Individual Unemployability (TDIU); and

WHEREAS, TDIU is based on the severity of the individual veteran's unique disability picture and its impact on the veteran's ability to obtain and maintain substantial gainful employment; the veteran must have a single disability rated at 60% or a combined evaluation of 70% to be eligible for TDIU; and

WHEREAS, a report published by the Congressional Budget Office (CBO) in December 2024, as well as the Government Accounting Office (GAO) report in June 2015, recommended limiting TDIU based on age and entitlement to additional earned federal benefits; and

WHEREAS, the December 2024 CBO report contained a proposal to terminate IU ratings for veterans at 67 and cut off TDIU benefits for any veteran already in receipt of Social Security retirement benefits; and

WHEREAS, VA regulation section 4.19, Title 38, Code of Federal Regulations, states the VA is precluded from considering the veteran's age in its determination of a TDIU; and

WHEREAS, TDIU is not a retirement or pension program and is neither similar nor related to Social Security retirement benefits; and

WHEREAS, a VA determination of a TDIU is not the same, nor is it similar, to federal unemployment insurance; it is a disability compensation benefit; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to enact legislation to protect TDIU for it to remain available for all veterans regardless of age or receipt of any other earned federal benefits.



RESOLUTION NO. 282

Treat Presumptive Service-Connected Conditions as VA Benefit Claims

WHEREAS, many service members have suffered from diseases that are recognized to be presumptive; and

WHEREAS, veterans suffering from diseases that include many types of cancer as well as diabetes and other chronic diseases may not be aware that they may be eligible for service connection, even if they are being treated in a VA facility; and

WHEREAS, many VA medical facilities are not currently staffed or equipped to provide appropriate counseling to veterans or their families on how to file a claim for service-connected benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to enact legislation requiring that treatment by the VA for a condition recognized as a presumptive will be considered as an intent to file for service connection for compensation.



RESOLUTION NO. 283

Increase Grant Funding for Local Veterans Cemeteries

WHEREAS, the VA Veterans Cemetery Grants Program was established in 1978 to complement the VA's National Cemetery Administration (NCA); and

WHEREAS, the program assisted states, territories and federally recognized tribal governments in providing gravesites for veterans in those areas where the VA's national cemeteries cannot fully satisfy their burial needs; and

WHEREAS, the funding of the grant may be used only for establishing, expanding or improving veterans cemeteries that are owned and operated by a state, federally recognized tribal government or U.S. territory and can only be provided to these entities; and

WHEREAS, the consistently flat and inadequate annual appropriation levels for the program in recent years have severely limited NCA's ability to support the construction of new state cemeteries;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, requests an increase in the VA's Veterans Cemetery Grant Program budget to cover the costs of the annual Conforming State, Territory and Tribal Government Construction Grant Applications.



RESOLUTION NO. 287

Extend Veterans Benefits to Survivors for a Certain Period Following the Death of the Veteran

WHEREAS, when a service-connected veteran dies, the compensation only continues to the veteran's surviving spouse or family for the month of the veteran's death; and

WHEREAS, a claim for Dependency and Indemnity Compensation (DIC) by the surviving spouse can take over four months to be adjudicated by the VA; and

WHEREAS, the surviving spouse and family are still responsible for the regular monthly household expenses, such as mortgage/rent, utilities and car payments; and

WHEREAS, in many cases, the surviving spouse has become the veteran's caregiver, given up a career and has no other source of income; and

WHEREAS, not only are these families dealing with the loss of the veteran, but many are put in financial hardship because of the loss of the veteran's compensation and waiting potentially over four months for DIC benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to extend a deceased veteran's VA compensation benefits to the surviving spouse and family for a certain period to assist during the transition after the veteran's death.



RESOLUTION NO. 288

Support Removing Personal Identification Information From a Veteran's Claim File

WHEREAS, an individual's Social Security number is now assigned at birth and is directly linked to bank accounts, income taxes and all personal credit references; and

WHEREAS, the VA promised many years ago to discontinue using veterans' Social Security numbers as the veterans' claim number; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA discontinuing use of Social Security numbers and promptly assigning a unique claim number to all veterans who have or will file a disability claim with the VA.



RESOLUTION NO. 293

Support Increasing Disability Compensation

WHEREAS, it is the policy of DAV that this nation's first duty to veterans is to provide for the rehabilitation of its wartime disabled; and

WHEREAS, the percentage ratings for service-connected disabilities represent, as far as can be practicably determined, the average impairment in earning capacity resulting from such disabilities in civil occupations; and

WHEREAS, compensation increases should be based primarily on the loss of earning capacity; and

WHEREAS, disabled veterans who cannot work because of service-connected disabilities should be entitled to compensation payments commensurate with the after-tax earnings of their able-bodied contemporaries; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation to provide a realistic increase in VA compensation rates to bring the standard of living of disabled veterans in line with that which they would have enjoyed had they not suffered their service-connected disabilities.



RESOLUTION NO. 294

Require VA to Consider Private Medical Evidence from Licensed Providers

WHEREAS, section 5125, Title 38, United States Code, Acceptance of Reports of Private Physician Examinations, authorizes the VA to accept private reports in the adjudication of claims for veterans disability benefits; and

WHEREAS, Veterans Health Administration personnel, including nurse practitioners and physician assistants in independent practices, of equal training and background to their private sector counterparts, are authorized to complete such medical reports for VA adjudication purposes; and

WHEREAS, submission of private medical records by a claimant, if otherwise adequate for rating, provides claimants with an alternate means to procure evidence to support their claims, rather than being required to attend mandatory Compensation and Pension examinations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, seeks the enactment of legislation that would require the VA to consider private medical evidence supplied by licensed private health care providers, to include, but not be limited to, reports from nurse practitioners and physician assistants in private practices.



RESOLUTION NO. 296

Protect Claimants From Parties Charging Fees for VA Claims Preparation, Presentation or Prosecution

WHEREAS, claims agents and attorneys recognized by the VA can assist a claimant in the preparation, presentation or prosecution of a claim; and

WHEREAS, fees may not be charged, allowed or paid for services of agents or attorneys regarding services provided before the date on which a Notice of Disagreement is filed regarding the case; and

WHEREAS, veterans service organizations and the VA provide free assistance in the claims process; and

WHEREAS, many reports, past and present, have identified that certain entities charge claimants fees for the preparation, presentation or prosecution of a claim; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to prohibit and penalize those who knowingly solicit or contract for charges or receive any fee or compensation for advising on how to file a VA claim; the preparation, presentation or prosecution of such a claim; or unlawfully withhold from any claimant any part of a benefit or claim, all prior to the date on which a Higher-Level Review, Supplemental Claim or a Notice of Disagreement has been filed.



RESOLUTION NO. 354

Support Adding Toxic-Exposure Risk Activity for Veterans Exposed to Red Hill Water Contamination

WHEREAS, built in the 1940s, the Red Hill underground bulk fuel storage facility contains 20 tanks that are 250 feet tall and can hold 250 million gallons of fuel used by ships and aircraft based at Joint Base Pearl Harbor–Hickam; and

WHEREAS, the site has had several leaks since its construction; and

WHEREAS, on May 6, 2021, 27,000 gallons of fuel that leaked from a storage tank at the Red Hill facility flowed into the ground surrounding the facility and into an underground aquifer; and

WHEREAS, the United States government has admitted the November 20, 2021, spill at the Red Hill bulk fuel storage facility caused a nuisance for the 17 “bellwether” plaintiffs, representing a cross-section of relatives of military members representing over 7,500 others, including service members; that the United States “breached its duty of care”; and that the plaintiffs suffered compensable injuries; and

WHEREAS, a survey jointly conducted by the Department of Health and Human Services and the Centers for Disease Control and Prevention found that 87% of individuals surveyed reported being sickened and 37% of those surveyed reported seeking medical care to address their symptoms; and

WHEREAS, the VA does not currently recognize the fuel-contaminated water as a toxic-exposure risk activity or concede that exposure; and

WHEREAS, the VA has not conducted or contracted any studies specific to the exposures from the Red Hill fuel contamination; and

WHEREAS, the VA identifies conditions of ongoing health problems and offers cost-free health care for veterans and family members; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to concede exposure to contaminated water from Red Hill to contract studies for negative long-term health impacts and to provide presumptive service connection for any related diseases.



RESOLUTION NO. 369

Support Investigating Cancer Links to Intercontinental Ballistic Missile Bases

WHEREAS, in 2023, Air Force Global Strike Command approved a comprehensive study designed by the U.S. Air Force School of Aerospace Medicine to conduct a formal assessment that addresses specific cancer concerns raised by missile community members; and

WHEREAS, the Air Force School of Aerospace Medicine will take “a comprehensive look across multiple Air Force Specialty Codes, locations and possible additional cancer” concerns raised by the missileer community at bases in North Dakota, Montana and Wyoming; and

WHEREAS, U.S. Air Force officials are investigating whether service members in a wide assortment of jobs who have served at any of the nation’s intercontinental ballistic missile bases are at risk for non-Hodgkin lymphoma and other cancers; and

WHEREAS, missileers are exposed to a variety of chemicals and toxins, ranging from paint in small spaces to fumes from burning classified documents to aerial asbestos and radon exposure; and

WHEREAS, missileers are near nuclear weapons containing enriched uranium, plutonium and tritium gas; and

WHEREAS, missileers are inside enclosed missile silos containing toxic missile propellants, including ammonium perchlorate composite, monomethylhydrazine and nitrogen tetroxide; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly encourages the DOD and VA to investigate and complete an assessment that addresses specific cancer concerns raised by missile community members and if the assessment proves a positive correlation to cancer; AND

BE IT FURTHER RESOLVED that DAV will lobby Congress to pass legislation to address this issue, like the PACT Act of 2022 (Public Law 117–168).



RESOLUTION NO. 370

Protect Programs That Promote Fair Access, Representation and Support for Disabled Veterans, Their Families and Caregivers

WHEREAS, many veterans and their families are unaware that diversity, equity and inclusion initiatives directly support disabled veterans by enhancing access to benefits, services and opportunities they have earned through their service; and

WHEREAS, diversity, equity and inclusion initiatives include critical efforts such as veteran hiring preferences, accessibility enhancements like handicap ramps and sidewalk modifications, mental health support programs addressing PTSD and other service-connected conditions, and educational programs that promote higher-education opportunities for veterans; and

WHEREAS, these efforts recognize the sacrifices and unique experiences of disabled veterans and aim to reduce barriers they face in employment, health care, education and daily living; and

WHEREAS, we are committed to expanding inclusive excellence and opportunity and inclusion initiatives to explicitly recognize veteran status and service-connected disabilities; and

WHEREAS, such efforts are essential to ensuring that disabled veterans benefit from equitable access, meaningful opportunity and respectful inclusion across all programs and services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the inclusion of disabled veterans, their families and caregivers within all diversity, equity and inclusion programs, services and outreach—regardless of the terminology used—so long as such efforts promote equitable access and elimination of barriers and ensure recognition of the unique experiences and needs of all those who have served.



RESOLUTION NO. 393

Provide Compensable Rating for Hearing-Impaired Veterans Required To Use Hearing Aids

WHEREAS, veterans can be rated at 0% based on their audiometric results and still be required to use hearing aids because of their specific type of hearing loss; and

WHEREAS, the VA Schedule for Rating Disabilities (VASRD) is predicated on the industrial impairment that each disability provides to the disabled veteran; and

WHEREAS, hearing loss can impact a veteran's ability to communicate and negatively affect relationships, school/work performance, safety and emotional well-being; and

WHEREAS, section 4.10, Title 38, Code of Federal Regulations, notes that "the basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment"; and

WHEREAS, a National Institutes of Health study, *The Socioeconomic Impact of Hearing Loss in U.S. Adults*, published in March 2015, noted, "Even after controlling for education and important demographic factors, hearing loss is independently associated with economic hardship, including both low income and unemployment/underemployment. The societal impact of hearing loss is profound"; and

WHEREAS, the VASRD does account for required prostheses or required medication for control, as it provides a 10% evaluation for over 15 different disabilities that require daily medication for control of said disability; and

WHEREAS, it is a general principle of the VASRD that ratings are not offset by the function artificially restored by a prosthetic device; and

WHEREAS, assigning a compensable rating for medically required hearing aids would be consistent with minimum ratings otherwise provided throughout the rating schedule; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA granting veterans with high-frequency hearing loss a compensable rating (10%) when it has been medically determined that the veteran requires and has been issued a hearing amplification device.



RESOLUTION NO. 394

Support a Change in Regulatory Requirements for Temporary Total Disability Ratings

WHEREAS, with advances in modern medicine and increasing emphasis on more efficient use of health care resources, health care providers are being encouraged to utilize suitable alternatives to inpatient care; and

WHEREAS, veterans are often treated through home health services or convalesce at home rather than in a hospital; and

WHEREAS, convalescent ratings are currently only authorized where inpatient or outpatient treatment resulted in surgery or immobilization of a major joint by cast; and

WHEREAS, instances occur in which a veteran's treatment does not involve surgery or casting of a major joint, but the veteran undergoes healing, convalescence or a therapeutic course in the home, with a duration of one month or more; and

WHEREAS, exacerbation of a service-connected disability sometimes contraindicates work or other activities for periods of one month or more; and

WHEREAS, in such instances, a therapeutic course, convalescence or restriction from work for one month or more would occur in the home in lieu of hospitalization; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports a change in section 4.30, Title 38, Code of Federal Regulations, to provide a temporary total rating of a veteran if treatment or exacerbation of a service-connected disability results in a condition of temporary total incapacity for employment or temporary unavailability for employment by reason of home health care or ambulatory care, bed rest or confinement to the home, or contraindication of work activities for one month or more.



RESOLUTION NO. 395

Support Reforms Relating to Recovery of Debts by the VA

WHEREAS, it is a reasonable expectation that recipients of overpayments are required to repay the debt; and

WHEREAS, the current overpayment and debt system allows the VA to collect debts regardless of when the debt was created; and

WHEREAS, debt collections by the VA include complete recoupment of the veteran's monthly benefit payments and, many times, put the veteran at risk of financial hardship; and

WHEREAS, additional amounts of debt created by the VA's lack of timely action are often added to the debt, thus creating an inequity for the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to reform the VA overpayment and debt collection systems; AND

BE IT FURTHER RESOLVED that DAV supports legislation to limit the amount of monies recouped from the veteran's monthly payment to no greater than 25% of the payment amount; AND

BE IT FURTHER RESOLVED that DAV supports legislation preventing the VA from collecting debts incurred over five years prior; AND

BE IT FURTHER RESOLVED that DAV supports legislation that requires the VA to waive any additional amounts of debt created by its own lack of timely action on evidence and information received.



RESOLUTION NO. 409

Support Providing DIC Benefits to Parent Caregivers

WHEREAS, parents' Dependency and Indemnity Compensation (DIC) is a tax-free, income-based monthly benefit for the parent(s) of military service members who died in the line of duty or veteran's death resulted from a service-related injury or disease; and

WHEREAS, the financial status of the surviving parent caregiver is compromised because of the care required by the totally disabled veteran and provided by the parent caregiver; and

WHEREAS, parent caregivers who rely solely on the disabled veteran's compensation and VA caregiver benefits face significant financial hardships upon the death of the veteran; and

WHEREAS, current monthly benefits for DIC rates for parents are based on that parent's income and substantially less than a surviving spouse; and

WHEREAS, it is inherently unfair that the surviving full-time parent caregiver should be treated or categorized any less than that of a surviving spouse receiving DIC; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports legislation that provides DIC benefits to surviving full-time parent caregivers at the same rate and benefits as that of a surviving spouse.



RESOLUTION NO. 410

Support Including McMurdo Station, Antarctica, as a Radiation-Risk Activity

WHEREAS, Operation Deep Freeze was a U.S. Navy-operated small nuclear power plant at 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, 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 that veterans who served at McMurdo Station were exposed to radiation levels that warrant inclusion in the definition of 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 in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress to enact legislation to expand radiation-risk activities and presume exposure to those service members who served at McMurdo Station, Antarctica.



RESOLUTION NO. 411

Investigate the Effects of Toxic Exposures on Veterans Stationed at Tyndall Air Force Base, Florida

WHEREAS, Tyndall Air Force Base (AFB) was on the Environmental Protection Agency's Superfund cleanup list; and

WHEREAS, Tyndall AFB water was contaminated with lead pellets, chlorinated solvents, dichlorodiphenyltrichloroethane (DDT) and breakdown products, and various metals; and

WHEREAS, in 2017, the DOD published its assessment that the water supply was contaminated with PFAS (per- and polyfluoroalkyl substances); NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation for a study to be conducted that specifically considers medical problems of military personnel and their families while stationed at Tyndall AFB, Florida.



RESOLUTION NO. 412

Support Recognizing Okinawa as an Official Location of Agent Orange Use, Testing or Storage Outside Vietnam

WHEREAS, the Agent Orange Act of 1991 (Public Law 102–4) conceded exposure to all veterans who served in country; and

WHEREAS, the DOD released its 2019 report *DOD List of Locations where Tactical Herbicides; and Their Chemical Components Were Tested, Used or Stored Outside of Vietnam*; and

WHEREAS, not all the locations outside of Vietnam have been codified or added via regulatory provisions; and

WHEREAS, although Okinawa is not listed in the 2019 report, a U.S. Army report from 2003, *An Ecological Assessment of Johnston Atoll*, indicates that approximately 25,000 barrels of Agent Orange were stored on Okinawa before being shipped to Johnston Atoll; and

WHEREAS, in 2014 all the key chemical components of Agent Orange were discovered at a former military dumpsite in Okinawa City (i.e., 61 barrels containing 2,4-D; 2,4,5-T; and TCDD) and was the first time in which all three chemical components have been identified on the former U.S. military property on Okinawa; and

WHEREAS, roughly half of the barrels found had the markings of the Dow Chemical Company, one of the largest manufacturers of Agent Orange for the U.S. military; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to recognize Okinawa as a location that Agent Orange was used, tested or stored outside of Vietnam.



RESOLUTION NO. 420

**Support Allowing a Veteran's Survivor to Receive Medal of Honor Special Pension and
DIC Concurrently**

WHEREAS, surviving spouses of service-connected disabled veterans are eligible for Dependency and Indemnity Compensation (DIC) when the veteran's death is related to service-connected disabilities; and

WHEREAS, surviving spouses of Medal of Honor (MOH) recipients are eligible for the MOH special pension after the veteran's death but not to DIC; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports an amendment to Title 38, United States Code, to allow a surviving spouse of a Medal of Honor recipient to receive a special pension concurrently with DIC.



RESOLUTION NO. 436

Support Replacing and Clarifying Current Intent to File Federal Laws and VA Policies

WHEREAS, section 3.155, Title 38, Code of Federal Regulations, indicates that upon receipt of an intent to file a claim, the VA will furnish the claimant with the appropriate application form prescribed by the Secretary; and

WHEREAS, if a formal application is received within one year, the effective date will be considered the date of receipt of the intent to file; and

WHEREAS, if a veteran files a claim on an incorrect formal claim form, the VA will send the veteran a request for application letter and request the veteran to submit a claim on the correct form within 60 days; and

WHEREAS, the veteran may lose the intent to file effective date for that claimed disability, which was filed on the incorrect form; and

WHEREAS, the VA has tolling time limits to filing claims, for up to one year, for a condition, such as temporary 100% claims based on surgery requiring convalescence or hospitalization; and

WHEREAS, based on current VA policy, the impact of assigning an active intent to file claim date to a formal claim on an incorrect form or temporary 100% claim is a loss of up to one year of benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to replace and clarify current intent to file federal laws and VA policies to ensure veterans and their survivors have the most favorable interpretation of existing laws, to include extended tolling and time frames to allow for correction and clarification of the claimant's intentions, that are in line with the pro-veteran and non-adversarial policy currently in place at the VA; AND

BE IT FURTHER RESOLVED that any outdated form received by the VA is considered an intent to file and the veteran be allowed one year to file the current dated form, in which the VA honors the date of receipt of the outdated form as the earliest effective date as related to section 3.155(c), Title 38, Code of Federal Regulations.



RESOLUTION NO. 439

Oppose Changing the VA Disability Rating Standard From “Average Impairments of Earnings Capacity”

WHEREAS, the VA Schedule for Rating Disabilities (VASRD) requires ratings based on average impairments of earning capacity, as stated in section 1155, Title 38, United States Code; and

WHEREAS, this standard, first adopted under the War Risk Insurance Act of 1917 (Public Law 65–90), has been the basis for veterans disability compensation for over a century; and

WHEREAS, the VASRD has been updated to reflect advances in medical knowledge, but the standard of average impairments of earning capacity remains unchanged because of its practicality and fairness; and

WHEREAS, this standard ensures equal treatment for veterans with similar disabilities, regardless of age, education, work experience or current work status; and

WHEREAS, basing ratings on average impairments encourages disabled veterans to seek vocational rehabilitation without fear of penalty; and

WHEREAS, the VA is committed to updating the VASRD every five years, considering numerous proposals; and

WHEREAS, replacing the average impairment standard with individual earnings loss or functionality measurements would undermine the VA disability compensation program, create disincentives for rehabilitation and reduce compensation for millions of disabled veterans; and

WHEREAS, eliminating consideration of impairments outside the workplace fails to recognize the full impact of disability on a veteran’s life; and

WHEREAS, modeling the VA disability compensation program on Social Security Disability Insurance or workers’ compensation programs ignores the unique challenges faced by veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any attempt to change the VASRD, or the statute and regulations underlying it, which would change the long-standing, accepted and successful policy that ratings shall be based, as far as practicable, upon the average impairments of earning capacity.



RESOLUTION NO. 448

Amend Eligibility for Automobile Adaptive Equipment to Include Veterans Whose Service-Connected Disability Impairs Safe Vehicle Operation

WHEREAS, section 3902, Title 38, United States Code (USC), and section 17.119(a), Title 38, Code of Federal Regulations, restrict the eligibility for adaptive automobile equipment to those veterans who qualify for the automobile grant as specified in 38 USC §3901; and

WHEREAS, not all veterans whose service-connected disabilities prohibit the safe operation of a motor vehicle meet the requirements of 38 USC §3901; and

WHEREAS, these service-connected disabled veterans should be provided the adaptive equipment necessary to safely operate a motor vehicle; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation that would authorize the VA to provide or help provide the adaptive equipment deemed necessary to any veteran whose service-connected disability interferes with the safe operation of a motor vehicle.



RESOLUTION NO. 453

Amend the VA Schedule for Rating Disabilities for Mental Disorders

WHEREAS, under section 4.130, title 38, Code of Federal Regulations, the criteria for evaluating mental disorders are ambiguous; and

WHEREAS, schizophrenia and other psychotic disorders; delirium, dementia, and amnestic and other cognitive disorders; anxiety disorders; dissociative disorders; somatoform disorders; mood disorders; and chronic adjustment disorders are all evaluated using the same general rating formula for mental disorders; and

WHEREAS, the current edition of the *Diagnostic and Statistical Manual for Mental Disorders* specifically lists different symptoms for post-traumatic stress disorder, schizophrenia and other psychiatric disorders; and

WHEREAS, one veteran service-connected for schizophrenia and another veteran service-connected to another psychiatric disorder should not be evaluated using the same general formula; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports amendment of section 4.130, title 38, Code of Federal Regulations, to formulate different criteria to evaluate the various mental disorders under the appropriate standards applicable to each diagnosis.



RESOLUTION NO. 472

Support Elimination of the Link Between Chronicity and Continuity for Chronic Diseases Listed in Federal Regulations

WHEREAS, service connection may be granted for a disability resulting from disease or injury incurred in or aggravated by service, which requires competent evidence of a current disability, in-service occurrence or aggravation, and a nexus between the two; and

WHEREAS, veterans could historically establish service connection by “chronicity” when a chronic disease was documented in service with later manifestations or by “continuity of symptomatology” when a condition was noted during service and similar symptoms persisted post-service; and

WHEREAS, the precedent decision of the U.S. Court of Appeals for the Federal Circuit in *Walker v. Shinseki*, 708 F.3d 1331 (Fed. Cir. 2013), limited the use of chronicity to only those chronic diseases listed in section 3.309(a), title 38, Code of Federal Regulations (CFR), and eliminated continuity of symptomatology as a method for establishing service connection for diseases not listed, overruling prior case law; and

WHEREAS, this decision removed veterans’ ability to argue chronicity and continuity of symptomatology in many service-connection claims, placing a higher evidentiary standard than intended by statute and undermining the non-adversarial nature of the VA claims system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports enactment of legislation to allow service connection for diseases not specifically listed in 38 CFR §3.309(a) to be established using either chronicity or continuity of symptomatology.



RESOLUTION NO. 473

Support Removing the Prohibition on DAV Members Who Are Federal Employees From Communicating With Federal Agencies on DAV's Behalf

WHEREAS, to support DAV's mission to aid service-connected disabled veterans, it often requires DAV members to communicate on behalf of DAV with federal agencies, including the VA; and

WHEREAS, DAV members who are federal employees are subject to federal ethics representational and communication prohibitions, including section 205, title 10, United States Code; and

WHEREAS, section 205 provides representational and communication prohibitions that prevent any federal employee from acting as an agent of any organization other than the federal government when communicating with federal agencies; and

WHEREAS, the Office of Government Ethics (OGE) handles ethics policy in the federal government; and

WHEREAS, OGE has recognized that section 205 bars many reasonable communications by federal employees acting in their personal capacity with federal agencies, even when assisting charitable and service organizations; and

WHEREAS, OGE has recommended changes to section 205, but the changes have not been enacted; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports a legislative amendment to section 205 to establish a statutory exception to the representational and communication prohibitions for the benefit of congressionally chartered veterans service organizations, including DAV.



RESOLUTION NO. 522

Support Establishing Presumptive Service Connection for Diseases Related to Toxic Exposure at Fort McClellan, Alabama

WHEREAS, after World War II until the base closed in 1999, Fort McClellan, in Anniston, Alabama, was home of the Chemical Corps and Chemical Weapons School for the United States Army; and

WHEREAS, in 1953, Fort McClellan conducted Operation Top Hat, which used military personnel to test exposure and decontamination methods that included sulfur, mustard and nerve agents; and

WHEREAS, in 1962, Fort McClellan added the Biological Radiological Agency, Aberdeen Proving Ground; and

WHEREAS, the Monsanto Chemical Plant in Anniston was instrumental in the development and testing of the herbicides used during Vietnam; and

WHEREAS, in 2003, Monsanto Chemical settled a class action lawsuit with over 200,000 residents of Anniston for more than \$700 million; and

WHEREAS, the 2005 Institute of Medicine (IOM) report *Contaminants in the Subsurface: Source Zone Assessment and Remediation*, shows that there were 67 different disposal sites on Fort McClellan containing volatile organic compounds (VOCs) trichloroethylene (TCE) and polychlorinated biphenyl (PCB), semi-volatile organic compound (SVOC), pesticides, explosives, heavy metals (Pb), unexploded ordnance (UXO), radioactive sources, and non-stockpile chemical materials; and

WHEREAS, the Honoring our PACT Act (Public Law 117–168), signed into law in August 2022, mandated the VA to conduct an epidemiological study on the health trends of veterans who served there between January 1, 1935, and May 20, 1999; and

WHEREAS, this study aims to examine potential links between service at Fort McClellan and the development of certain health conditions; and

WHEREAS, Prometheus Federal Services was contracted to conduct the study; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to establish a concession of exposure to toxins and legislation to establish presumptive service connection for the veterans who were exposed on Fort McClellan.



RESOLUTION NO. 538

Support Establishing a Minimum Evaluation Standard for Cochlear Implants

WHEREAS, veterans with severe profound service-connected hearing loss may require a cochlear implant; and

WHEREAS, a cochlear implant is a surgically implanted neuroprosthesis that bypasses damaged parts of the inner ear (the cochlea) and directly stimulates the auditory nerve with electrical signals; and

WHEREAS, cochlear implants do not restore hearing to its pre-loss state and are not a cure for deafness; and

WHEREAS, after implantation, listening therapy and rehabilitation are crucial for the brain to learn how to interpret the new auditory input; and

WHEREAS, to account for the functional impact of the therapy and rehabilitation-required status post-implant, the VA must establish a minimum evaluation; and

WHEREAS, the VA should collaborate with audiologists and otolaryngologists to determine the minimum evaluation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA establishing a minimum evaluation status post-cochlear implant.



RESOLUTION NO. 545

Support Awarding a 10% Disability Rating for Hypertension Requiring Medication

WHEREAS, to receive compensation from the VA for hypertension at 10%, diastolic pressure must be between 100 and 109 or systolic pressure must be predominantly 160 or higher; and

WHEREAS, the VA Schedule for Rating Disabilities provides a compensable rating of 10% for other disabilities that require medication only, such as chronic fatigue disorder, coronary artery disease and hypothyroidism; and

WHEREAS, most veterans diagnosed with hypertension are put on medication for control; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to automatically grant veterans diagnosed with hypertension and prescribed medication a 10% disability rating.



RESOLUTION NO. 552

Support Streamlining and Improving Specially Adapted Housing and Special Housing Adaptation Grant Processing

WHEREAS, the Specially Adapted Housing (SAH) grant and the Special Housing Adaptation (SHA) grant have eligibility requirements, benefits and limitations that are very specific and distinct from each other, which can cause confusion among veterans and VA adjudicators; and

WHEREAS, once eligibility has been established by the VA, the remaining grant processes have numerous requirements, which can be cumbersome and lengthy, that include feasibility studies, minimum property requirements, and the veteran finding three separate contractors to solicit bids and then approval by the VA, all of this even before construction begins; and

WHEREAS, while the required SAH modifications must comply with both local municipalities' building codes and the VA's own code, there must be a balanced focus on the immediate needs of the veteran; and

WHEREAS, contractors often decline to participate in these projects, as the VA has not completely digitized its payment processes, thus contractors may wait months before payment, all while increasing the processing time; and

WHEREAS, these often-lengthy processes become of great concern for veterans with severely restricting disabilities or terminal illnesses, as veterans with amyotrophic lateral sclerosis (ALS) and other terminal illnesses rarely survive long enough to benefit from the improvements that an SAH grant could afford; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to streamline the SAH and SHA eligibility requirements, improve the length of processing time, digitize VA payments, and expedite all applicants with ALS and other terminal illnesses.



RESOLUTION NO. 566

**Support VA Coverage of Total Cost for Adaptive Vehicles for Eligible Veterans,
Including Shipping**

WHEREAS, the VA supplies specially adaptive vehicles to eligible veterans who need them, at no cost to the veteran; and

WHEREAS, it is the responsibility of the veteran to pay all costs associated with getting the vehicle from a dealership or VA facility to their home; and

WHEREAS, deliveries can be costly, especially but not limited to veterans who reside in Hawaii, Alaska or any of the United States territories; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation requiring that the VA be responsible for paying the total purchase price of the automobile or other conveyances, to include the total shipping price to deliver the adaptive automobile or other conveyance to the veteran's home of record.



RESOLUTION NO. 567

Support Granting Aid and Attendance Entitlement to a Veteran's Seriously Disabled Child

WHEREAS, part 3, section 356, Title 38, Code of Federal Regulations (22 C.F.R.), provides additional compensation for a veteran whose child is permanently incapable of self-support by mental or physical defect at the date of attaining the age of 18 years; and

WHEREAS, a veteran's seriously disabled and/or physically disabled child is significantly impaired in their ability to conduct activities of daily living; and

WHEREAS, section 1114, Title 38, United States Code, provides Aid and Attendance benefits for veterans, their spouses and dependent parents who have significant disabilities as to need regular aid and attendance; and

WHEREAS, 38 CFR §3.352 states entitlement is held to exist when the veteran requires the assistance of others for the ability to dress and undress themselves, or to keep themselves clean and presentable, or to perform frequent adjustment of special prosthetic or orthopedic appliances, or to attend to bowel and bladder self-care, or to protect themselves from hazards or dangerous incidents to their daily environment; and

WHEREAS, the veteran's seriously disabled child, many times, requires the aid and attendance of another individual to perform functions of daily living; and

WHEREAS, the seriously disabled child is already deemed to be handicapped by the VA; and

WHEREAS, it is inherently unfair that the veteran and the seriously disabled child carry this additional burden without additional compensation despite being immediate family members of the veteran; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to allow the seriously disabled child of a veteran who meets the criteria be granted the ability to seek additional compensation with aid and attendance.



RESOLUTION NO. 619

Support Modifying VA Forms to Retrieve Records From Community Care Facilities for Veterans Benefit Claims

WHEREAS, under the Veterans Claims Assistance Act (VCAA) (Public Law 106–475), as codified in section 5103A, Title 38, United States Code, and section 3.159, Title 38, Code of Federal Regulations, the VA must make reasonable efforts to assist a claimant in obtaining the evidence necessary to substantiate a claim for benefits; and

WHEREAS, a modification is needed to include VA community care medical facilities on VA claims forms, eliminating the need for a veteran to complete a separate VA Form 21-4142 and/or VA Form 21-4142A; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports modification of certain VA claims forms and current processes to allow the department to request a veteran’s records directly from a VA community care medical facility when identified by the claimant.



RESOLUTION NO. 620

Support Using the Proposed Reduction Due Process for All Disability Evaluation Reductions

WHEREAS, section 3.105(e), Title 38, Code of Federal Regulations, requires that a reduction in a disability evaluation that results in a reduction of compensation payments or the overall combined evaluation must include a notice of a proposed reduction with all material facts, a 60-day period to present additional evidence and the right to request a predetermination hearing prior to a final reduction decision; and

WHEREAS, the VA has determined that if a reduction in a disability evaluation does not result in a reduction of compensation payments, overall combined evaluation, a proposed reduction is not warranted; and

WHEREAS, many times, the VA will grant increases and new benefits in the same decision as reducing a disability evaluation but not changing the previous combined evaluation, thus leaving the veteran without proposed reduction due process, to include submitting new evidence and requesting a predetermination prior to a final reduction decision; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the proposed reduction due process apply to all reductions of a disability evaluation even when it does not change compensation payments or the overall combined evaluation.



RESOLUTION NO. 621

Support Reform and Improvement of Service-Disabled Veterans Life Insurance

WHEREAS, the Congress of the United States created a modernized service-disabled veterans life insurance program, which replaced the previous Service-Disabled Veterans Insurance (SDVI) program on January 1, 2023; and

WHEREAS, the modernized insurance program allows veterans to enroll, which is a change from the existing S-DVI, which only allowed veterans to apply within two years of a VA decision that established a new grant of service connection; and

WHEREAS, veterans enrolled in the modernized insurance program may elect to be insured in the amounts of \$10,000, \$20,000, \$30,000 and \$40,000; and

WHEREAS, inflation has significantly increased, and the value of the maximum amount of SDVI coverage has significantly decreased since the existing coverage amounts were set in law; and

WHEREAS, the previous S-DVI provided a waiver of premiums on the basic coverage of \$10,000 for eligible totally disabled veterans; and

WHEREAS, the modernized insurance program does not provide a waiver of premiums at any amount for totally disabled veterans, effectively eliminating an existing benefit for future eligible veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports strong oversight of implementing the modernized service-disabled veterans insurance program by Congress and chartered veterans service organizations; AND

BE IT FURTHER RESOLVED that DAV supports a waiver of premiums for totally disabled veterans; AND

BE IT FURTHER RESOLVED that DAV continues to support an increase in the maximum amount of coverage allowed by the service-disabled veteran's insurance.



RESOLUTION NO. 622

Support Improvement and Modernization of VA's Home Loan Guaranty Program

WHEREAS, the VA helps veterans, service members and eligible surviving spouses become homeowners; and

WHEREAS, the VA provides a home loan guaranty benefit and other housing-related programs to help buy, build, repair, retain or adapt a home for personal occupancy; and

WHEREAS, the VA home loan benefit includes no down payment requirement, competitively low interest rates, limited closing costs and no need for private mortgage insurance and is a lifetime benefit that can be used multiple times; and

WHEREAS, the VA has now backed over 24 million home loans since the program's inception in 1944; and

WHEREAS, the VA advocates for veterans by limiting fees that lenders can charge and monitoring for unscrupulous lending practices; and

WHEREAS, recent events have caused nearly 40,000 veterans and their families to possibly lose their homes to foreclosure because of unforeseen circumstances; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to consider modernizing and improving the VA home loan process to improve veterans' access to home ownership for them and their families.



RESOLUTION NO. 623

Support Providing Studies, Health Care and Benefits for Toxic Exposures in Bosnia and Kosovo

WHEREAS, beginning in December 1995, U.S. and allied forces deployed to Bosnia and Kosovo to support Operation Joint Endeavor and subsequent United Nations missions, which concluded on December 31, 2002; and

WHEREAS, DOD has acknowledged that burn pits were used at U.S. bases in Bosnia and Kosovo, despite preventive-medicine guidance cautioning that such practices should be minimized and located away from personnel; and

WHEREAS, veterans who deployed to Bosnia and Kosovo between 1996 and 2002 were later studied by the VA Epidemiology Program for cause-specific mortality risks, including leukemia, respiratory diseases, respiratory cancers and heart disease; and

WHEREAS, additional reports have raised concerns about toxic exposures, including media accounts of cancer among European peacekeepers, findings of excess Hodgkin lymphoma among Italian forces and exposure to depleted uranium; and

WHEREAS, veterans may not know for years or decades about the toxic or environmental conditions they were exposed to, yet the VA does not currently recognize or concede burn pit exposure for those who served in Bosnia or Kosovo; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports recognition of toxic substances and environmental hazards in Bosnia and Kosovo and concession of exposure for all U.S. service members who served there between 1995 and 2002; AND

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

BE IT FURTHER RESOLVED that DAV supports studies to identify illnesses and diseases with sufficient, limited or suggestive association to toxic exposures or high levels of particulate matter and dust from open burn pits in Bosnia and Kosovo.



RESOLUTION NO. 624

Support Changing the AMA Rule of Evidence That a Veterans Law Judge Can Review

WHEREAS, on February 19, 2019, the Veterans Appeals Improvement and Modernization Act (AMA) (Public Law 115–55) was officially implemented to streamline the appeals process and expedite decision timelines; and

WHEREAS, a Veterans Law Judge (VLJ) is limited in their ability to review all evidence pertaining to the veteran's specific appeal; and

WHEREAS, a veteran or their representative must resubmit evidence already of record within 90 days of a hearing or within 90 days of the VA Form 10182 Notice of Disagreement (NOD) filed; and

WHEREAS, any record outside the 90-day window cannot be reviewed by a VLJ; and

WHEREAS, it is inherently unfair that the veteran or their representative be responsible to resubmit evidence pertaining to a claim within the 90 days required by AMA if the evidence is of record; and

WHEREAS, the inability for a VLJ to review all evidence in the record, whether veteran-supplied or evidence gathered by the VA in the process of additional claims, has caused additional delay in the ability of a VLJ to grant benefits sought on appeal to which the veteran is entitled; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to amend the AMA to allow all evidence that pertains to the appeal be reviewed by a VLJ.



RESOLUTION NO. 625

Support Establishing Presumptive Service Connection for Diseases and Illnesses Related to Toxic Exposure at Malmstrom Air Force Base, Montana

WHEREAS, Malmstrom Air Force Base (AFB) was constructed in 1942 as Great Falls Army Air Base in Montana; and

WHEREAS, several air and bombardment groups trained at the base starting in World War II; and

WHEREAS, following the war, this site became a hub for supply transportation to the northern Pacific and Alaska; and

WHEREAS, Malmstrom AFB is home to a vast field of 150 Minuteman III intercontinental ballistic missile silos; and

WHEREAS, missileers, including missile alert facility managers, ride caged elevators deep underground into a small operation bunker encased in a thick wall of concrete and steel; and

WHEREAS, they remain there sometimes for days, ready to turn the launch keys if ordered to by the President; and

WHEREAS, missileers, including missile alert facility managers, are exposed to a variety of chemicals and toxins ranging from paint in small spaces to fumes from burning classified documents to aerial asbestos and radon exposure; and

WHEREAS, spills or leaks of propellant occurred frequently, contaminating silos for up to six weeks—a period during which the missiles were manned 24 hours a day, seven days a week; and

WHEREAS, Malmstrom AFB has a grim legacy of toxic contamination, particularly with perfluoroalkyl and polyfluoroalkyl substances; and

WHEREAS, these dangerous chemicals are usually dubbed PFAS or “forever chemicals,” encompassing over 9,000 different substances; and

WHEREAS, the Department of the Air Force knows that there is an association between cancer and missile combat crew service at Malmstrom AFB; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to authorize scientific studies of the environmental and toxic exposures at Malmstrom AFB, Montana.



RESOLUTION NO. 626

Support Including Service Near the Fukushima Daiichi Nuclear Power Station as a Radiation-Risk Activity

WHEREAS, because of 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; and

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

WHEREAS, after the nuclear accident, the 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 public, both those incurred during the first year and estimated for their lifetimes, are generally low or very low"; and

WHEREAS, in 2018, UNSCEAR updated the report to reflect the latest findings, publishing their report in March 2021, 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; and

WHEREAS, the VA currently does not recognize that 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 their radiation exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, 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 NO. 627

Support Providing Medical Benefits and Compensation for Persian Gulf War Veterans Negatively Impacted by Sarin Nerve Gas

WHEREAS, nearly 700,000 U.S. troops were deployed to the Persian Gulf region during the buildup and execution of the 1991 Gulf War, with over 1.1 million veterans ultimately serving in the Southwest Asia theater of operations; and

WHEREAS, since returning, many of these veterans have experienced chronic and debilitating health problems commonly referred to as Gulf War Illness, affecting about 44% of those who served; and

WHEREAS, the VA provides disability compensation for certain Gulf War-related conditions, including undiagnosed illnesses, medically unexplained chronic multi-symptom illnesses, and nine specific infectious diseases, yet Gulf War Illness claims are denied at a higher rate than other disabilities, according to a 2017 Government Accountability Office (GAO) report; and

WHEREAS, unclassified records confirm that rockets containing sarin and cyclosarin nerve agents were destroyed by U.S. forces at an Iraqi munitions depot in 1991, releasing chemical plumes that are estimated to have exposed over 250,000 service members; and

WHEREAS, peer-reviewed research, including findings published in Environmental Health Perspectives in May 2022 by Dr. Robert Haley, provides strong evidence of a causal role between sarin exposure and Gulf War Illness; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to concede sarin gas exposure for all veterans who served in the Southwest Asia theater of operations; AND

BE IT FURTHER RESOLVED that DAV supports continued scientific studies and reports to determine the long-term health impacts of sarin and cyclosarin exposure; AND

BE IT FURTHER RESOLVED that DAV supports establishing presumptive diseases and benefits specifically related to these two nerve agents.



RESOLUTION NO. 628

Investigate the Health Effects on Veterans Stationed at Marine Corps Air Station Yuma, Arizona

WHEREAS, the VA has determined that contamination of water at Camp Pendleton caused various cancers and other medical problems because of such chemicals as trichloroethylene (TCE), perchloroethylene (PCE), 1,2-dichloroethane (DCE) and other chemicals; and

WHEREAS, Marine Corps Air Station (MCAS) Yuma was on the Environmental Protection Agency's Superfund cleanup list; and

WHEREAS, MCAS Yuma was found to have benzene, mercury, lead, TCE, DCE, PCE and asbestos; and

WHEREAS, asbestos is a known item that can cause mesothelioma; and

WHEREAS, studies have shown that military personnel stationed at MCAS Yuma, Arizona, are at risk for certain diseases/cancers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation that the VA conduct a study, and review similar studies, that entails medical problems to military personnel, and their families, while stationed at MCAS Yuma, Arizona, that the Superfund cleanup site included.



RESOLUTION NO. 629

Support Presumptive Service Connection for Cumulative Brain Trauma From Military Occupational Blast Exposure and High-G Operational Forces

WHEREAS, service members in combat, special operations, explosive handling, range safety and weapons training roles—as well as those in high-speed watercraft operations and blast-intensive specialties—are routinely exposed to repetitive high-G forces and blast overpressure events that place them at elevated risk for traumatic brain injury (TBI), chronic traumatic encephalopathy (CTE) and related long-term impairments; and

WHEREAS, research from the DOD, VA, and independent experts demonstrates clear links between these exposures and persistent conditions such as diffuse axonal injury, vestibular dysfunction, cognitive decline, psychiatric comorbidities, endocrine disruption and CTE; and

WHEREAS, these injuries are often undocumented or under-recognized during military service, creating barriers to timely recognition, treatment and compensation through the VA system; and

WHEREAS, the VA has not established a presumptive framework for chronic neurological and psychological conditions caused by repetitive occupational exposures, as it has for other hazards such as Agent Orange, radiation and burn pits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and Congress to:

- Recognize chronic, repetitive sub-concussive trauma as a valid mechanism for TBI, CTE and related long-term neurological and psychological conditions;
- Establish presumptive service connection for health outcomes resulting from repetitive high-G force exposure during military fast boat operations and cumulative blast exposure—both low-level and high overpressure—sustained across military occupations and training environments;
- Include TBI; CTE; post-concussive syndrome; vestibular disorders; cognitive impairment; psychiatric comorbidities; autonomic dysfunction; and related spinal, endocrine and sensory conditions among those presumed to be service-connected;
- Develop and implement standardized pre- and post-deployment screening tools for service members in high-risk occupations;
- Revise the VA's disability rating schedule to accurately reflect and compensate for the long-term effects of cumulative neurotrauma; AND

BE IT FURTHER RESOLVED that DAV supports legislation to mandate inclusion of these occupational-exposure patterns in the VA's regulatory and compensation frameworks and to authorize funding for longitudinal studies on affected service members and veterans.



RESOLUTION NO. 644

Simplify Acceptable Claims Form Applications

WHEREAS, the VA claims process, coupled with specific VA form requirements, is becoming cumbersome and complex while creating unnecessary burdens upon the veteran; and

WHEREAS, the veteran's first claim must be submitted on VA Form 526; and

WHEREAS, to simplify the processes after this original claim, the Veterans Benefits Administration (VBA) should accept a single form to use for all subsequent claims; and

WHEREAS, this claims form will identify the veteran and the specific claim sought; and

WHEREAS, if the veteran uses an outdated claims form and there is sufficient information to prosecute the claim, VBA must act; however, if there is not enough information, VBA will accept the outdated form as a claim and the veteran will have one year to perfect it; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress and VBA to accept a single claim form to address the VA's overall claims and appeals workloads.





Hospital and Voluntary Services

RESOLUTION NO. 2

Support Streamlining and Standardizing VA Volunteer Onboarding and Certification

WHEREAS, many DAV members and other civic-minded individuals wish to volunteer in VA medical facilities and affiliated community programs that serve disabled veterans; and

WHEREAS, the volunteer onboarding process has long varied across VA facilities, resulting in delays caused by inconsistent background screenings, interviews, orientations and training requirements; and

WHEREAS, prospective volunteers frequently encounter burdensome clearance procedures and lengthy application processes, which create frustration, deter participation and limit the support available to veterans; and

WHEREAS, VA Voluntary Service (VAVS) program managers are tasked with facilitating timely onboarding and engagement of volunteers, whose efforts contribute significantly to cost savings and improved quality of care for veterans; and

WHEREAS, federal law requires the VA to establish and maintain national policies for volunteer certification, such as those governing medical exams for drivers in the Volunteer Transportation Network (VTN), but implementation of such policies has not always been consistent or timely; and

WHEREAS, fluctuations in the number of volunteers and total volunteer hours highlight the importance of reducing administrative barriers and maintaining effective engagement strategies;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to promptly complete and disseminate a clear, consistent and timely national onboarding process for all VA volunteers, especially drivers in the Volunteer Transportation Network; AND

BE IT FURTHER RESOLVED that DAV urges the VA to launch a robust outreach and recruitment campaign to reengage lapsed applicants and attract new volunteers who may have been discouraged by excessive administrative barriers.



RESOLUTION NO. 3

Support Strengthened Services and Protections for Family Caregivers of All Service Eras

WHEREAS, severely disabled veterans have complex acute, rehabilitative and long-term care needs that are often met by family caregivers who take on demanding responsibilities, including medical and supportive care, while sacrificing employment, education, financial security and personal well-being; and

WHEREAS, in the absence of family caregivers, the burden and cost of care would fall primarily on the VA and DOD, resulting in increased expenditures and potential declines in veterans' quality of life; and

WHEREAS, the VA operates caregiver support programs, including the Program of General Caregiver Support Services and the Program of Comprehensive Assistance for Family Caregivers (PCAFC), which provide vital resources such as stipends, health coverage, respite care and case management to eligible caregivers; and

WHEREAS, PCAFC has undergone programmatic expansion to include veterans of all service eras, with ongoing efforts to ensure equitable access and participation across the veteran population; and

WHEREAS, the VA continues to evaluate and revise caregiver support policies to improve program administration, expand eligibility, reduce administrative burdens and increase flexibility through options such as telehealth; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to complete the final phase of PCAFC expansion to ensure full access for veterans of all service eras and to fully implement the *Beaudette* decision by guaranteeing due process, judicial review, and the right to representation for veterans and caregivers appealing PCAFC determinations; AND

BE IT FURTHER RESOLVED that Congress provide robust oversight and ensure the VA receives sufficient resources to efficiently process caregiver applications and deliver consistent, high-quality support services and increase funding and enact legislation to strengthen caregiver benefits—including financial assistance, respite care, homemaker services, health care, education and training; that VA and Congress collaborate to develop a national caregiver research strategy to assess service effectiveness, monitor caregiver well-being and guide future policy improvements; and that resources be made available to assist caregivers transitioning to employment or retirement, including access to job placement services, retirement counseling and bereavement support.



RESOLUTION NO. 4

Support Expediting CHAMPVA Enrollment

WHEREAS, dependents of veterans who have been rated 100% service-connected disabled or determined to be unemployable due to service-connected conditions and granted Individual Unemployability (IU) with a permanent and total (P&T) designation are eligible for benefits under the Civilian Health and Medical Program of the VA (CHAMPVA); and

WHEREAS, many eligible dependents experience significant delays in the application and enrollment process for this critical health care benefit; and

WHEREAS, the VA already maintains dependent information for veterans rated 30% or higher through the Veterans Benefits Administration (VBA) systems, such as the Beneficiary Identification Records Locator Subsystem (BIRLS) and the Veterans Benefits Management System (VBMS); and

WHEREAS, leveraging this existing data could enable timelier and more streamlined enrollment in CHAMPVA without requiring redundant documentation from veterans or their families; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports expediting CHAMPVA enrollment for eligible dependents of veterans granted a 100% service-connected disability rating or determined to be permanently and totally disabled due to Individual Unemployability; AND

BE IT FURTHER RESOLVED that DAV urges the VA to establish a process by which VBA automatically transmits notification of a permanent and total disability rating to the Health Administration Center's CHAMPVA program office, triggering the initiation of enrollment for qualifying dependent(s) without requiring a separate application; AND

BE IT FURTHER RESOLVED that DAV supports legislative or regulatory action to streamline and automate the enrollment process for CHAMPVA, ensuring timely access to health benefits for eligible dependents of severely disabled veterans.



RESOLUTION NO. 5

Ensure Seamless Access to Veterans' Medical Records Across VA Facilities

WHEREAS, the VA operates the nation's largest integrated health care system, serving millions of veterans at nearly 1,400 locations, including medical centers, outpatient clinics, Vet Centers and long-term care settings; and

WHEREAS, veterans frequently relocate or seek care across different VA facilities and with community care partners, requiring their medical records to be securely and consistently available regardless of location; and

WHEREAS, timely and comprehensive access to veterans' medical records is essential to delivering high-quality, coordinated and data-informed care and treatment decisions; and

WHEREAS, the current lack of full interoperability across all VA sites and with federal and private sector partners creates unnecessary delays in scheduling, diagnosis, treatment coordination and care delivery; and

WHEREAS, barriers in accessing complete health records contribute to fragmented care, duplicate testing, safety risks and inconsistent veteran experiences across VA and community care providers; and

WHEREAS, the DOD employs a standardized recordkeeping system across most military branches, ensuring medical data is centrally available, but similar consistency has yet to be achieved across the VA; and

WHEREAS, a modern, interoperable and centralized electronic health record (EHR) system, accessible across all VA and partner care settings, is vital to ensuring continuity of care and improving health outcomes for veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports and urges the VA to fully implement a national, secure and interoperable health record system that ensures every veteran's complete medical history is accessible across all VA facilities and eligible provider networks; AND

BE IT FURTHER RESOLVED that DAV calls on the VA and policymakers to adopt and enforce EHR standardization, ensure real-time record availability, and facilitate the automatic transfer of military service and medical records from the DOD into a centralized repository upon separation from service so that no veteran is left behind in accessing the care they have earned.



RESOLUTION NO. 6

Improve Staffing Levels and Reduce Wait Times

WHEREAS, staffing shortages across critical positions in the VA health care system continue to delay disabled veterans from receiving timely, high-quality, veteran-focused care; and

WHEREAS, the VA Office of Inspector General has repeatedly reported widespread shortages in both clinical and nonclinical roles at VA medical centers, including physicians; nurses; psychologists; primary care providers; medical technologists; and essential support personnel such as custodians, medical support assistants, engineers and police officers; and

WHEREAS, these workforce shortages contribute to unacceptably long wait times for medical appointments—delays that sometimes are life-threatening—and threaten the quality, continuity and accessibility of care for veterans; and

WHEREAS, the nation has a solemn obligation to ensure that the men and women who have honorably served in the armed forces receive timely and effective health care through the VA; and

WHEREAS, the VA faces strong competition from private sector health care employers, particularly in rural and underserved areas, and is further hindered by a slow and overly complex federal hiring process; and

WHEREAS, health care professionals transitioning from military service bring unique skills and insight into veterans' needs, making them particularly well suited for VA employment; and

WHEREAS, current federal personnel systems are not optimized to attract or retain high-quality clinical and nonclinical employees in the competitive health care labor market; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the creation of a streamlined VA personnel system that covers all Veterans Health Administration employees, incorporates private sector best practices, and provides competitive pay and benefits to better attract and retain qualified staff; AND

BE IT FURTHER RESOLVED that DAV urges the VA to develop fast-track hiring and credentialing pathways for transitioning military health care professionals to facilitate their timely onboarding into the VA workforce; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and the Administration to ensure adequate funding, staffing authorities and workforce planning resources are provided to the VA to recruit, hire and retain the health care workforce—particularly in high-demand clinical and support roles—to eliminate excessive wait times and ensure all veterans receive the prompt, high-quality care they have earned.



RESOLUTION NO. 7

Support Expanded Training and Awareness of VA Health Care and Benefits

WHEREAS, many veterans are unaware of the full range of health care services and other benefits they, their families and their caregivers have earned through military service; and

WHEREAS, numerous veterans have diagnosed or undiagnosed service-connected disabilities that may entitle them—and sometimes their family members and caregivers—to specific VA benefits and services, including access to health care, caregiver support and financial assistance; and

WHEREAS, these benefits are provided in recognition of the sacrifices made by veterans, their families and caregivers in defense of our nation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the expansion of comprehensive training on available VA health care and benefits to be incorporated into both initial military training and the Transition Assistance Program at the time of separation from active duty; AND

BE IT FURTHER RESOLVED that DAV urges this training include timely, detailed and accessible information on the full range of VA benefits available to veterans, their family members and caregivers—including health care, Civilian Health and Medical Program of the VA (CHAMPVA), caregiver support programs, disability compensation, education, home loan guaranty, employment services, and survivor benefits—to ensure they are fully informed and empowered to access the support they have earned.



RESOLUTION NO. 17

Support Consistent Access to Integrative Health Services for Chronic Conditions

WHEREAS, veterans with chronic and degenerative health conditions often rely on Complementary and Integrative Health (CIH) services—such as massage therapy, acupuncture and biofeedback—as part of their long-term treatment plans to manage pain, improve function and enhance quality of life; and

WHEREAS, access to these CIH services varies widely across Veterans Integrated Service Networks (VISNs) and VA medical facilities due to inconsistent policies and implementation; and

WHEREAS, such inconsistencies create significant barriers for veterans, including arbitrary limits on the number of authorized treatment sessions and requirements to restart the approval process; and

WHEREAS, these barriers disrupt continuity of care, delay treatment and undermine the clinical effectiveness of CIH therapies, negatively impacting veterans' health outcomes and well-being;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to establish consistent, uninterrupted and clinically appropriate access to CIH services specifically for veterans with chronic and degenerative conditions, in full alignment with the recommendations of their health care providers; AND

BE IT FURTHER RESOLVED that DAV calls for implementing oversight and accountability measures to guarantee uniform application of CIH policies nationwide, eliminating arbitrary session limits and administrative hurdles that interfere with veterans' access to these essential therapies.



RESOLUTION NO. 48

Support Granting the President, Vice President and Congress the Privilege to Exclusively Use the VA Health Care System

WHEREAS, while veterans health care is funded through an advanced appropriation, Congress ultimately determines the level of funding required to meet the medical care needs of ill and injured veterans; and

WHEREAS, despite increased funding for the VA health care system over the past decade, veterans often experience delays and difficulty accessing timely care; and

WHEREAS, the VA is widely regarded—by independent studies including those by RAND, Dartmouth and others—as a national leader in providing high-quality, integrated health care; and

WHEREAS, the President, Vice President and members of Congress would better understand the resource needs, infrastructure gaps and care delivery challenges of the VA system if they were required to use it themselves; and

WHEREAS, these federal leaders frequently travel and maintain multiple residences while serving the nation yet still have access to premier private and public health systems not available to most citizens; and

WHEREAS, veterans must rely solely on the VA for much of their health care, and disparities in access, staffing, infrastructure and wait times remain a critical issue; and

WHEREAS, the devotion and sacrifices of public officials are appreciated, but the exclusive use of VA care by those in power would reinforce their obligation to ensure that the system meets the highest standard of care for those who have borne the battle; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to grant the President, Vice President and members of Congress the privilege—and requirement—of receiving all health care only through the VA health care system during their time in federal office.



RESOLUTION NO. 49

Support Comprehensive Outpatient Dental Care for All Service-Disabled Veterans

WHEREAS, oral health is an essential part of overall health and directly impacts on a person's ability to eat, speak, and manage chronic conditions like heart disease and diabetes; and

WHEREAS, the VA currently provides outpatient dental care only to certain veterans—such as those 100% service-connected disabled, former prisoners of war or those who experienced dental injuries during service—leaving most disabled veterans without access to needed dental care; and

WHEREAS, the VA is already authorized to offer preventive health services that help veterans stay healthy and avoid more serious medical problems, and dental care clearly fits within that goal; and

WHEREAS, studies show that veterans living with chronic illnesses like diabetes or heart disease often suffer worse health outcomes when they also have poor dental health, highlighting the need for integrated care that includes oral health; and

WHEREAS, many veterans with lower disability ratings still struggle with dental issues that, if untreated, can lead to more severe health problems, increased pain and higher overall medical costs; and

WHEREAS, although the VA has dental clinics and programs in place, most veterans with service-connected disabilities below 100% are not eligible to use them, creating a major gap in care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to authorize and provide comprehensive outpatient dental care to all veterans with any service-connected disability rating who are enrolled in the VA health care system, consistent with the goals of preventive and chronic disease-integrated care.



RESOLUTION NO. 50

Support Expanding Eligibility for Assisted Reproductive Technologies for Infertility

WHEREAS, during the recent conflicts in Afghanistan and Iraq, reliance on dismounted patrols and frequent exposure to improvised explosive devices (IEDs) significantly increased the incidence of genitourinary (GU) trauma; and

WHEREAS, genitourinary trauma has been a significant component of combat injuries, with the largest proportion of such injuries in U.S. military history occurring during Operations Enduring Freedom and Iraqi Freedom, according to data from the DOD Joint Theater Trauma Registry; and

WHEREAS, most service members who sustained these injuries were of childbearing age and injured primarily because of explosive mechanisms; and

WHEREAS, sexual function can be impaired by physical, psychological and social factors following service-connected injuries, significantly diminishing quality of life and family-building options; and

WHEREAS, the DOD currently provides access to assisted reproductive technologies (ART), including in vitro fertilization (IVF), for active-duty personnel and certain retirees who have lost the ability to procreate due to service-connected injuries; and

WHEREAS, the VA, while offering limited reproductive services, currently excludes many veterans, including those who are unmarried or whose reproductive situation requires use of donor gametes or surrogacy, due to legal and biological restrictions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to expand eligibility for assisted reproductive technologies under VA health care to all veterans who have lost the ability to procreate due to a service-connected injury or illness, including unmarried veterans and those requiring the use of donor gametes or gestational carriers, and to remove restrictions based on marital status or reproductive biology that currently limit access to these services.



RESOLUTION NO. 51

Support Comprehensive and Effective Care for Veterans With Dementia

WHEREAS, hundreds of thousands of veterans live with Alzheimer’s disease and other forms of dementia, with cases expected to continue rising in the coming years; and

WHEREAS, veterans at increased risk for dementia include women; African Americans; Hispanic individuals; and those exposed to military-related risk factors such as traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) and depression—conditions associated with a significant portion of new dementia diagnoses; and

WHEREAS, dementia is a progressive, chronic condition that impairs memory, executive function, self-care capacity and overall quality of life, placing substantial emotional, physical and financial strain on family caregivers; and

WHEREAS, early diagnosis, healthy lifestyle interventions, non-pharmacologic treatments and caregiver education have been shown to improve dementia-related outcomes and are safer than the off-label use of antipsychotic medications for managing behavioral symptoms; and

WHEREAS, VA Geriatric Evaluation and Management (GEM) teams, including memory care coordinators, provide essential services such as comprehensive assessments, care planning, caregiver support and coordination of long-term care for veterans with dementia; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the expansion of VA dementia care programs, increased support for caregivers and placing dedicated memory care coordinators at every VA medical center to ensure comprehensive, patient-centered and effective care for all veterans living with dementia.



RESOLUTION NO. 52

Support Medical Screening, Treatment and Research for Veterans Exposed to Depleted Uranium

WHEREAS, the United States military has used depleted uranium (DU) in armor-piercing munitions and vehicle armor during multiple conflicts, including the Persian Gulf War, operations in the Balkans, and Operations Enduring Freedom and Iraqi Freedom; and

WHEREAS, exposure to depleted uranium can occur through inhalation, ingestion, embedded fragments, or contact with contaminated equipment or environments, placing thousands of service members at potential risk; and

WHEREAS, some veterans sustained high-level exposure to DU through retained fragments and inhalation of airborne particles during combat operations, while others experienced lower-level exposure through dust inhalation or incidental ingestion; and

WHEREAS, the VA established the Depleted Uranium Follow-Up Program to evaluate and monitor veterans with known or suspected exposure, yet access and participation remain limited; and

WHEREAS, the National Academies of Sciences, Engineering and Medicine (formerly the Institute of Medicine) have recommended ongoing surveillance and research to address persistent gaps in knowledge about the health consequences of DU exposure; and

WHEREAS, the VA Advisory Committee on Gulf War Veterans' Illnesses and other scientific bodies have underscored the need for continued research, clinical attention and policy support to address potential long-term health effects of DU exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to provide prompt, accessible medical screening and appropriate treatment for all veterans who may have been exposed to depleted uranium during military service; AND

BE IT FURTHER RESOLVED that DAV supports additional federally funded research to examine the short- and long-term health effects of depleted uranium exposure among veterans.



RESOLUTION NO. 53

Expand Eligibility for Comprehensive VA Health Care for All Korean War Veterans

WHEREAS, on November 10, 2023, the VA announced that all World War II veterans are now eligible for no-cost VA health care—eliminating inpatient and outpatient copayments, enrollment fees and monthly premiums for those who served between December 7, 1941, and December 31, 1946; and

WHEREAS, the health care needs of Korean War veterans are increasingly urgent due to their advanced age and the growing prevalence of chronic medical conditions common among this population; and

WHEREAS, Korean War veterans who do not have a service-connected disability or who do not meet the VA's income-based means test thresholds are currently not eligible for enrollment in VA health care; and

WHEREAS, many Korean War veterans served honorably—often in combat—and were discharged under honorable conditions, yet remain ineligible for VA health care solely due to income level or lack of a service-connected disability; and

WHEREAS, as of 2025, the VA estimates approximately 861,000 Korean War veterans are still living, with projections indicating that number will decline to fewer than 200,000 by 2030, and between 10 and 15 Korean War veterans pass away each day; and

WHEREAS, Korean War veterans have earned access to comprehensive health care through their military service and should not be denied care in their final years due to financial or administrative barriers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to amend Title 38, United States Code, to authorize the VA to provide no-cost hospital care, medical services and nursing home care to all Korean War veterans, regardless of income or service-connected disability status.



RESOLUTION NO. 54

Ensure Sustained Investment in Research and Care for Toxic-Exposed Veterans

WHEREAS, veterans from every era—from World War II to operations in Iraq, Afghanistan and elsewhere—have been exposed to a wide range of toxic substances and environmental hazards, including burn pits, chemical and biological agents, contaminated water, radiation, particulate matter, and extreme environmental conditions; and

WHEREAS, many veterans suffer from chronic, disabling and often-fatal conditions linked to these exposures yet face significant challenges in obtaining accurate diagnoses, effective treatments and timely recognition through service-connected benefits; and

WHEREAS, sustained, well-funded scientific research by the VA, the DOD and the National Institutes of Health (NIH) is essential to identifying the long-term health effects of toxic and environmental exposures and informing evidence-based medical care and benefits policy; and

WHEREAS, independent assessments conducted by the National Academies of Sciences, Engineering and Medicine (NASEM), along with congressional oversight, continue to shape VA decisions on presumptive service connections and guide federal investments in exposure-related research and care; and

WHEREAS, ongoing research is vital to developing effective screening tools, targeted medical interventions and equitable policies to compensate and care for veterans affected by toxic exposures;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to strengthen oversight of VA research on military toxic and environmental exposures; increase funding for exposure-related research, screening and treatment programs; improve DOD-VA collaboration and transparency in the collection, tracking and use of military exposure data; and ensure that the VA delivers timely, high-quality and specialized health care to all veterans affected by military-related toxic and environmental hazards.



RESOLUTION NO. 55

Support Guaranteed Access to Second Medical Opinions

WHEREAS, the Veterans Health Administration (VHA) provides care annually to millions of veterans through numerous medical centers and outpatient sites staffed by tens of thousands of independently licensed health care practitioners; and

WHEREAS, the VA is committed to delivering patient-centered, respectful and discrimination-free care, consistent with federal law, VA policy and accreditation standards; and

WHEREAS, VHA policy outlines clinical appeal procedures for areas such as community care, caregivers, dental services, and women's and transgender health yet lacks explicit support for a veteran's right to a second medical opinion; and

WHEREAS, many veterans seek care across VA and community settings to access needed services or obtain second opinions, which may influence treatment in up to 58% of cases; and

WHEREAS, the VA patient's bill of rights currently does not guarantee access to second opinions in either VA facilities or the community care network; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to revise its patient's bill of rights to explicitly include the right of veterans—and individuals they designate—to request and receive a second medical opinion; AND

BE IT FURTHER RESOLVED that if no alternative provider is available at a VA facility, the veteran shall be referred to a provider through the community care network; AND

BE IT FURTHER RESOLVED that all costs associated with obtaining a second opinion, including travel reimbursement, be fully covered by the VA.



RESOLUTION NO. 56

Support Expansion and Reform of VA Rural Transportation Services and Grant Programs

WHEREAS, the VA provides beneficiary travel benefits to eligible veterans based on criteria such as service-connected disability rating, receipt of a VA pension or documented medical need; and

WHEREAS, the locations of VA medical treatment have evolved, with increased reliance on community-based outpatient clinics (CBOCs) and community care providers, yet transportation support has not sufficiently adapted to meet the needs of veterans living in highly rural areas; and

WHEREAS, service-connected veterans with disability ratings below 30% often lack equitable access to VA transportation services despite ongoing medical needs; and

WHEREAS, rural transportation options remain inadequate due to a shortage of volunteer drivers, limited availability of Americans with Disabilities Act (ADA)-compliant vehicles and constrained VA Veterans Transportation Service (VTS) resources; and

WHEREAS, early intervention and timely access to health care can improve health outcomes and reduce overall long-term health care costs; and

WHEREAS, rural veterans often face barriers to care due to prohibitive travel costs; insufficient emergency preparedness training for volunteer drivers; and a lack of reliable, accessible transportation infrastructure within the VA system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to expand eligibility for beneficiary travel assistance to include:

- All veterans with a service-connected disability rating of 0% or higher;
- Veterans receiving a VA pension or whose income does not exceed the VA pension threshold;
- Veterans required to travel for scheduled Compensation and Pension examinations;
- Veterans traveling to receive VA-approved care at VA medical centers, CBOCs or community care providers; AND

BE IT FURTHER RESOLVED that the VA must strengthen and expand rural transportation services by collaborating with affiliated organizations, state and local governments, and nonprofit entities to ensure that safe, reliable and ADA-compliant transportation is available for all veterans in need.



RESOLUTION NO. 57

Strengthen and Modernize the State Veterans Home Program

WHEREAS, the State Veterans Home program partners with the federal government to provide long-term care for veterans; and

WHEREAS, over 150 State Veterans Homes serve nearly 30,000 veterans and their eligible dependents through skilled nursing care, domiciliary care and adult day health care (ADHC); and

WHEREAS, the VA provides per diem payments to support these facilities, including full payment for veterans with service-connected disabilities rated at 70% or higher or those in need of nursing home care for a service-connected condition; and

WHEREAS, some State Veterans Homes offer specialized services to meet the complex needs of veterans with severe mental health conditions, behavioral challenges, and memory-related disorders such as dementia and Alzheimer's disease; and

WHEREAS, modern nursing home models and facility designs—incorporating private rooms, infection control features and homelike settings—enhance safety and quality of life but require greater capital investment and higher operating costs; and

WHEREAS, changes in federal oversight and clinical requirements for domiciliary and ADHC programs have increased costs for states without a corresponding increase in VA per diem support or funding flexibility; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress and the VA to provide sufficient and sustained funding for the State Veterans Home program, including increased per diem payments and grants to support modernization and expansion of facilities; AND

BE IT FURTHER RESOLVED that DAV calls for enhanced collaboration and innovative partnerships among the VA, state governments and community providers to meet the needs of veterans requiring specialized long-term care for severe mental health, behavioral and memory-related conditions.



RESOLUTION NO. 61

Support Providing Free Meals or Meal Vouchers to Homeless Veterans at VA Facilities

WHEREAS, studies have consistently found that veterans experience higher rates of food insecurity compared to their nonveteran peers; and

WHEREAS, food insecurity—defined as inconsistent or unreliable access to adequate food necessary for an active and healthy life associated with increased risks of depression, suicide and homelessness among veterans; and

WHEREAS, the Veterans Health Administration (VHA) Food Security Office (FSO) promotes veteran health and well-being by advancing efforts to identify and address food insecurity; and

WHEREAS, VA social workers and interdisciplinary care teams connect veterans with critical resources such as the Supplemental Nutrition Assistance Program (SNAP), food banks and community-based programs; and

WHEREAS, some VA medical centers already screen for food insecurity, but additional on-site support, such as free meals or meal vouchers, could provide immediate relief to homeless or food-insecure veterans; and

WHEREAS, VA facilities with food service operations or Veterans Canteen Service cafeterias are well positioned to offer such support; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation, policies and programs that authorize and fund the provision of free meals or meal vouchers to homeless or food-insecure veterans at VA facilities in order to reduce food insecurity, improve health outcomes, and prevent and reduce veteran homelessness.



RESOLUTION NO. 62

Support Access to VA Community Living Centers for Homeless Veterans to Shower and Perform Self-Care

WHEREAS, VA health care facilities operate Community Living Centers (CLCs), which periodically have unoccupied rooms or spaces available; and

WHEREAS, tens of thousands of veterans experience homelessness nationwide, as consistently reported by the U.S. Department of Housing and Urban Development; and

WHEREAS, many homeless veterans lack access to safe, private spaces to perform essential self-care activities, such as regular showers and personal hygiene; and

WHEREAS, inadequate access to hygiene facilities contributes to increased risk of skin infections, communicable diseases and poor mental health and hinders reintegration into society; and

WHEREAS, VA homeless programs offer limited and inconsistent access to hygiene facilities, which often fail to meet the demand among homeless veterans; and

WHEREAS, allowing homeless veterans access to unused CLC rooms for scheduled hygiene and self-care supports VA's mission to promote the health, dignity and well-being of all veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports providing homeless veterans with weekly access to unoccupied rooms at VA Community Living Centers to conduct hygiene and self-care activities, including showers.



RESOLUTION NO. 63

Support Full and Fair Reimbursement of Veterans' Travel Costs to All VA Medical Care

WHEREAS, the VA provides travel reimbursements to eligible veterans under section 111, Title 38, United States Code, to support access to medical care; and

WHEREAS, current VA policy reimburses veterans at a flat rate of 41.5 cents per mile, a rate unchanged since 2008, despite the General Services Administration's (GSA's) current mileage rate being 68 cents per mile; and

WHEREAS, the VA withholds a \$3 deductible from each one-way trip, or \$6 round trip, unless waived due to financial hardship, shifting travel-related administrative costs onto veterans; and

WHEREAS, veterans are reimbursed based only on mileage to the nearest VA facility where care could be provided, rather than where care is actually delivered—despite veterans often needing to travel farther due to availability, specialty care or scheduling issues; and

WHEREAS, outdated reimbursement rates, geographic restrictions and automatic withholding policies create avoidable financial burdens that disproportionately impact low-income veterans, rural veterans, aging veterans and those requiring frequent care; and

WHEREAS, these policies discourage timely treatment, undermine continuity of care and conflict with VA's mission to eliminate barriers to health care access for service-connected disabled veterans;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and VA policy reforms to:

1. Repeal the beneficiary travel deductible for all service-connected disabled veterans;
2. Increase the mileage reimbursement rate to align with the current GSA standard;
3. Reimburse veterans based on the actual distance traveled to and from authorized VA medical appointments, not merely the nearest possible facility; and
4. Eliminate automatic withholding of any portion of veterans' travel reimbursements.



RESOLUTION NO. 74

Support Expanding Access to VA Medallions in Private Cemeteries

WHEREAS, the VA provides a bronze medallion to honorably recognize the military service of veterans interred in private cemeteries who are not receiving a traditional government headstone or marker; and

WHEREAS, the medallion is affixed to a privately purchased grave marker and is inscribed with the word “VETERAN” and the individual’s branch of service; and

WHEREAS, this benefit, currently limited to veterans who died on or after November 1, 1990, excludes earlier generations of veterans from equal recognition when buried in private cemeteries; and

WHEREAS, extending this honor to all honorably discharged veterans regardless of date of death would provide families a dignified, lasting tribute and ensure all veterans receive equitable acknowledgment of their service; and

WHEREAS, the VA has historically failed to recognize certain service-connected disabilities in a timely manner, including conditions later presumed to be linked to toxic exposures, radiation or combat-related trauma, denying some veterans the full honors and benefits they earned during their lifetimes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and policy changes to expand eligibility for the VA medallion to include all honorably discharged veterans interred in private cemeteries and to ensure that no veteran is denied this lasting recognition of service due to arbitrary date restrictions, administrative limitations or historical errors in disability determinations.



RESOLUTION NO. 82

Support Expanding Eligibility to VA Mental Health Transition Services to All Service Members Upon Discharge

WHEREAS, the VA currently offers limited mental health transition services, primarily to individuals who have sustained a traumatic physical injury; and

WHEREAS, service members who are being discharged with severe mental health conditions stemming from traumatic experiences during military service—including but not limited to combat exposure, military sexual trauma (MST) and other emotionally distressing events—are not consistently identified or enrolled in transition-focused mental health services; and

WHEREAS, the VA has publicly committed to expanding suicide prevention initiatives and improving the continuum of mental health care for transitioning service members; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the enactment of legislation that would expand eligibility for VA mental health transition services to all individuals who have been, or are reasonably suspected to have been, exposed to traumatic events, including but not be limited to MST, combat exposure, hostile military or terrorist activity, natural or man-made disasters, or other individually experienced traumatic events that a reasonable layperson would conclude are likely to have caused significant emotional distress.



RESOLUTION NO. 85

Urge the VA to Extend PIV Card Validity for VAVS Volunteers

WHEREAS, the Personal Identity Verification (PIV) card is a federally issued credential used by the VA to verify identity and grant access to secure VA facilities and systems and is currently issued to VA employees, contractors and authorized volunteers, including those serving in the VA Voluntary Service (VAVS) program; and

WHEREAS, DAV Transportation Network drivers who serve as VAVS volunteers rarely require access to secure areas or VA information systems yet have the same PIV issuance and renewal requirements as personnel who do; and

WHEREAS, although federal standards established by the National Institute of Standards and Technology (NIST) permit PIV credentials to be valid for up to five years, many VA medical centers issue six-month credentials or temporary flash badges to VAVS volunteers due to internal policy limitations or delays in background investigations; and

WHEREAS, VAVS volunteers are often required to travel significant distances—frequently at their own expense—to designated VA facilities for initial issuance or renewal of PIV cards, imposing an undue logistical and financial burden, especially on those living in rural areas; and

WHEREAS, the current practice of frequent credential renewals for volunteers who only need basic facility access results in unnecessary administrative workload for VA staff and may deter long-term volunteer participation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to extend the expiration period of PIV cards or authorize alternative long-term identification credentials for VAVS volunteers whose duties do not require access to secure areas or VA information systems, in order to reduce administrative burden, support rural and aging volunteers, and strengthen the VA's volunteer workforce.



RESOLUTION NO. 90

Support Improving Oversight and Accountability for VA Critical Skills Incentive Use

WHEREAS, the VA administers Critical Skills Incentives (CSIs) to recruit and retain personnel in high-demand positions essential to delivering timely and high-quality care and benefits to veterans; and

WHEREAS, audits and oversight reviews have identified instances where CSIs were awarded without sufficient documentation, justification or alignment with identified workforce needs, including awards made to senior executives; and

WHEREAS, the absence of a statutory definition for “critical skill” and inconsistent eligibility criteria have resulted in uneven and potentially inappropriate application of CSIs across the VA; and

WHEREAS, decisions regarding CSI awards should be informed by independent workforce assessments and relevant labor market data to ensure alignment with actual staffing shortages and to maximize value for veterans; and

WHEREAS, transparency in how these incentives are awarded and reported is essential to ensure appropriate use of taxpayer dollars and to promote public trust in VA human resource practices; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to establish a statutory definition of “critical skill” and uniform eligibility standards for CSI awards across the VA; AND

BE IT FURTHER RESOLVED that DAV supports requiring the VA to base all CSI awards on independent workforce assessments and validated labor market data; AND

BE IT FURTHER RESOLVED that DAV urges CSI award amounts be subject to reasonable limits to prevent excessive or inappropriate expenditures; AND

BE IT FURTHER RESOLVED that DAV supports restricting CSI awards to senior executives unless such awards are narrowly defined, clearly justified and independently validated; AND

BE IT FURTHER RESOLVED that DAV calls on Congress to require the VA to issue regular, transparent reports detailing CSI recipients, position classifications, justification for awards and total expenditures to ensure effective oversight and accountability.



RESOLUTION NO. 92

Support Full-Spectrum Rehabilitation and Research for Veterans With Blast-Related TBI and Chronic Traumatic Encephalopathy

WHEREAS, traumatic brain injury (TBI) is a common and serious injury among veterans from multiple conflicts, often requiring lifelong care and rehabilitation; and

WHEREAS, exposure to both high- and low-level blasts—from combat, training or weapons firing—can cause lasting neurological damage and contribute to chronic traumatic encephalopathy (CTE), a degenerative brain disease linked to cognitive decline and behavioral changes; and

WHEREAS, many veterans suffer persistent cognitive, emotional and physical impairments from blast-related injuries, yet the VA has not fully met the long-term rehabilitation and supportive housing needs of those with moderate to severe TBI and CTE; and

WHEREAS, low-level blast (LLB) exposure may not cause immediate diagnosable injury but can produce cumulative effects over time, with symptoms including headaches, memory problems, dizziness and coordination difficulties; and

WHEREAS, millions of veterans across all service eras may have been exposed to LLB, highlighting the need for focused research and comprehensive care; and

WHEREAS, the VA and DOD continue important research on blast-related brain injury, including through the Long-Term Impact of Military-Relevant Brain Injury Consortium (LIMBIC), to better understand and treat these conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to fully fund and expand comprehensive rehabilitation programs—including the VA's Traumatic Brain Injury – Residential Rehabilitation treatment program—and to support permanent supportive housing for veterans with blast-related TBI and CTE; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to conduct focused research on the effects of low-level blast exposure and its role in blast-related TBI and CTE across all service eras; AND

BE IT FURTHER RESOLVED that DAV supports continued VA and DOD leadership in research on the full spectrum of blast-related brain injuries to improve diagnosis, treatment and outcomes; AND

BE IT FURTHER RESOLVED that DAV urges the VA to implement universal screening for blast-related TBI and CTE for all veterans, regardless of era of service, and ensure sustained investment in rehabilitation and recovery programs.



RESOLUTION NO. 93

Support VA Research Into Hyperbaric Oxygen Therapy for Treatment-Resistant TBI and PTSD

WHEREAS, many veterans receive treatment from the VA for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), but a significant number experience limited improvement despite receiving standard evidence-based therapies; and

WHEREAS, the U.S. Food and Drug Administration (FDA) has approved hyperbaric oxygen therapy (HBOT) for conditions such as decompression sickness, carbon monoxide poisoning and chronic non-healing wounds, and the treatment is well tolerated with minimal side effects; and

WHEREAS, emerging case reports and small-scale clinical studies suggest HBOT may improve cerebral blood flow and ease cognitive or psychological symptoms in some patients with TBI and PTSD, although large-scale, randomized controlled trials (RCTs) have not yet demonstrated consistent or statistically significant clinical benefits; and

WHEREAS, a randomized, sham-controlled clinical trial involving veterans with treatment-resistant PTSD found that HBOT significantly reduced PTSD symptoms and improved brain connectivity on functional MRI, with a substantial portion of participants achieving remission, representing the most rigorous and promising evidence to date supporting HBOT as a potential non-pharmacological treatment for PTSD; and

WHEREAS, further rigorous, independently conducted research is needed to evaluate HBOT as a safe, non-pharmacological treatment option for veterans with treatment-resistant PTSD and TBI, especially as an alternative to long-term use of medications associated with risks such as dependency or adverse side effects; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to conduct robust, randomized controlled trials evaluating the clinical effectiveness and safety of HBOT in treating veterans with TBI and PTSD who have not responded to standard evidence-based treatments; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to provide access to HBOT for eligible veterans, contingent upon conclusive evidence of its safety and efficacy for these conditions.



RESOLUTION NO. 94

Encourage the VA to Submit Candidates for the DAV Scholarship Program

WHEREAS, DAV established the DAV Scholarship Program to recruit and recognize young volunteers who serve disabled veterans in VA medical facilities and the local community; and

WHEREAS, the scholarship program awarded \$110,000 to deserving youth volunteers in 2025, including a \$30,000 first-place scholarship, a \$20,000 second-place scholarship, a \$15,000 third-place scholarship, a \$10,000 fourth-place scholarship, two \$7,500 fifth-place scholarships and four \$5,000 scholarships; and

WHEREAS, DAV annually solicits nominations from VA Voluntary Service program managers, encouraging them to submit the name of one outstanding youth volunteer from their facility for scholarship consideration; and

WHEREAS, nomination response rates from VA medical facilities remain low despite the importance of recognizing and encouraging the next generation of veteran advocates; and

WHEREAS, acknowledging the dedication of youth volunteers helps strengthen the culture of service within VA facilities and promotes continued engagement in veterans programs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly encourages each Voluntary Service program manager at every VA medical facility to submit the name of a deserving youth volunteer for consideration in the DAV Scholarship Program, ensuring their contributions to the care and support of America's veterans are recognized and rewarded.



RESOLUTION NO. 95

Support Establishing Service Connection for Health Conditions Linked to the Anthrax Vaccine

WHEREAS, veterans were required to receive the anthrax vaccine during the Gulf War for both deployed and nondeployed service members; and

WHEREAS, both deployed and nondeployed veterans report similar chronic symptoms potentially linked to anthrax vaccine exposure; and

WHEREAS, research at the University of Minnesota with Minneapolis VA Health Care System has explored a potential link between the anthrax vaccine and Gulf War Illness, including persistent vaccine antigens associated with respiratory, gastrointestinal and neurological symptoms; and

WHEREAS, while neurological effects are studied, definitive evidence linking the anthrax vaccine directly to brain atrophy requires further investigation; and

WHEREAS, independent Vaccine Adverse Event Reporting System (VAERS) analysis indicates the anthrax vaccine demonstrates higher rates of adverse reactions compared to some other vaccines; and

WHEREAS, the anthrax vaccine is warranted for personnel at high risk of overseas deployment, but its cost benefit in lower-risk populations remains debatable; and

WHEREAS, health care providers should diligently report all anthrax vaccine adverse reactions to VAERS to ensure accurate monitoring; and

WHEREAS, post-Gulf War studies show deployed veterans experience higher rates of health issues than nondeployed veterans, prompting ongoing investigations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to revise its policy to automatically qualify all veterans who received the anthrax vaccine for VA health care benefits, independent of a Gulf War Syndrome diagnosis.



RESOLUTION NO. 96

Support Comprehensive, Age-Appropriate and Outcome-Focused Care for Polytrauma

WHEREAS, veterans with polytrauma—including traumatic brain injury (TBI), amputations, spinal cord injuries, sensory loss, burns and internal organ damage—often require lifelong, interdisciplinary rehabilitation and medical care; and

WHEREAS, the VA Polytrauma System of Care (PSC), which includes Polytrauma Rehabilitation Centers, Polytrauma Network Sites and Polytrauma Support Clinic Teams, delivers critical services but continues to face challenges related to capacity, staffing, and access to age-appropriate and geographically accessible facilities; and

WHEREAS, veterans with moderate to severe polytrauma frequently experience cognitive, physical and emotional impairments that complicate recovery and hinder successful community reintegration; and

WHEREAS, younger veterans with catastrophic injuries are often inappropriately placed in geriatric long-term care settings due to a lack of residential programs focused on rehabilitation, education, employment and independent living; and

WHEREAS, family caregivers play an essential role in the recovery process but often lack adequate training, respite care, financial assistance and emotional support to sustain their caregiving responsibilities over the long term; and

WHEREAS, insufficient coordination between acute inpatient care, residential rehabilitation and long-term community-based services can delay recovery, reduce functional gains and compromise quality of life; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to expand and modernize polytrauma care by providing age-appropriate residential rehabilitation, strengthening interdisciplinary clinical teams, enhancing community reintegration services and advancing research into the long-term impacts of complex injuries; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to improve caregiver support through comprehensive training, adequate respite services, financial assistance, and full inclusion in the veteran's care planning and recovery process; AND

BE IT FURTHER RESOLVED that DAV urges Congress and the VA to ensure sustained funding, staffing and care coordination throughout the veteran's lifetime to meet the unique and evolving needs of those living with polytrauma.



RESOLUTION NO. 97

Support Funding, Innovation and Equitable Access in VA Prosthetic and Sensory Aids Services

WHEREAS, the VA Prosthetic and Sensory Aids Service (PSAS) has long provided life-enhancing prosthetic and sensory devices, significantly improving the quality of life for veterans, including women with unique anatomical and functional needs; and

WHEREAS, recent changes to VA procurement processes have negatively impacted the timeliness, quality and customization of prosthetic care, reducing access to essential devices for many veterans; and

WHEREAS, the VA must retain highly skilled prosthetic and rehabilitation professionals to ensure the proper fitting, instruction and ongoing support for prosthetic and assistive devices; and

WHEREAS, sustained investment in research, staff training and emerging technologies is vital to restoring and preserving veterans' mobility, independence and functional capacity; and

WHEREAS, many veterans are forced to pay out of pocket for medically necessary prescription eyeglasses with enhanced features, resulting in inequitable access to vision care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to maintain dedicated funding for PSAS to ensure timely, high-quality and equitable prosthetic care for all veterans; AND

BE IT FURTHER RESOLVED that the VA should provide medically necessary eyeglasses and related vision aids at no cost to eligible veterans as part of its prosthetic services; AND

BE IT FURTHER RESOLVED that the VA improve its procurement policies, enhance staff training and streamline delivery systems to better serve veterans with severe injuries and disabilities.



RESOLUTION NO. 98

Support Ongoing Assistive Technology Training for VA Blind Rehabilitation Personnel

WHEREAS, the Veterans Health Administration (VHA) Blind Rehabilitation Service evaluates and trains blind and visually impaired veterans to use assistive technology that supports independence in areas such as daily living, orientation and mobility, manual skills, and computing; and

WHEREAS, these veterans rely on a wide range of rapidly evolving assistive and adaptive technologies to meet their individualized rehabilitation needs and improve their quality of life; and

WHEREAS, VHA has acknowledged ongoing challenges in recruiting and retaining qualified computer-assistive technology instructor specialists due to national workforce shortages and increasing demand; and

WHEREAS, personnel who assess and train veterans must remain current on the capabilities, applications and limitations of emerging assistive technologies to ensure safe, effective and timely delivery of rehabilitation services; and

WHEREAS, maintaining high standards of care requires that such personnel receive structured, ongoing training and professional development; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA in ensuring that all personnel within the Blind Rehabilitation Service who assess or train blind and visually impaired veterans receive regular and up-to-date training—through continuing education, certification or credentialing—in assistive technologies and adaptive aids, to promote safe, effective and modern rehabilitation care.



RESOLUTION NO. 99

Support Adequate Representation for Underserved and Underrepresented Subgroups of Service-Disabled Veterans

WHEREAS, adequate representation is a critical social determinant of health that ensures the unique needs, experiences and preferences of specific veteran subgroups are understood, acknowledged and addressed; and

WHEREAS, many veterans with service-connected disabilities who rely on the VA belong to historically underserved populations, including racial and ethnic minorities; LGBTQ+ individuals; women; and those living in rural, remote or medically underserved communities; and

WHEREAS, VA research and veteran feedback have shown that members of these subgroups frequently encounter barriers to care, including unwelcoming environments, bias or harassment and disparities in access, treatment and health outcomes; and

WHEREAS, examples include women veterans delaying or forgoing care due to harassment in VA facilities, racial and ethnic minority veterans perceiving bias or discrimination from providers, and LGBTQ+ veterans experiencing stigma or a lack of culturally competent care; and

WHEREAS, veterans living in rural or geographically isolated areas face additional logistical barriers and resource shortages that compromise access to timely, high-quality VA services; and

WHEREAS, despite current VA initiatives—such as targeted outreach campaigns and specialized programs—significant gaps persist in equity, representation and outcomes for underserved veteran populations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to establish dedicated program offices and advisory committees focused on the unique needs of underrepresented and underserved veteran subpopulations to ensure meaningful representation in VA policy, planning and service delivery; AND

BE IT FURTHER RESOLVED that DAV urges the VA to proactively identify, monitor and address disparities raised by subgroup representatives and to develop and implement sustainable programs and accountability measures aimed at eliminating health and service inequities to ensure equitable access, treatment and outcomes for all veterans.



RESOLUTION NO. 100

Support Expansion of VA Fitness, Physical Activity and Nutrition Programs to Improve Health Outcomes for Service-Disabled Veterans

WHEREAS, service-connected disabled veterans face physical and mental health challenges that impact their quality of life and long-term well-being; and

WHEREAS, regular physical activity and proper nutrition reduce the risk of chronic diseases such as depression, Type 2 diabetes, heart disease, high blood pressure, obesity, stroke and certain cancers while also supporting bone density, cognitive function, balance, energy, immune response and endurance across all age groups; and

WHEREAS, healthy eating habits and physical activity can reduce reliance on pharmaceuticals and costly medical interventions, improving health outcomes and lowering long-term health care expenditures; and

WHEREAS, VA programs such as MOVE!, Healthy Living and Be Physically Active Today primarily focus on weight management or post-injury recovery but do not fully address veterans' long-term nutrition and fitness needs as part of whole health; and

WHEREAS, access to consistent, evidence-based nutritional counseling, fitness instruction and supervised exercise may be limited by staffing, funding, eligibility criteria, or restrictions on community care referrals and visit caps, particularly for veterans in rural or underserved areas; and

WHEREAS, ongoing engagement in fitness, physical activity and nutrition programs beyond clinical treatment can relieve symptoms, enhance quality of life and support long-term wellness for veterans of all ages and disability levels; and

WHEREAS, annual VA health care utilization and expenditure reports could incorporate data to evaluate whether expanded participation in fitness and nutrition programs correlates with reduced reliance on pharmaceuticals, fewer hospitalizations and other high-cost medical interventions;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to expand and enhance access to fitness, physical activity and nutrition programs that support veterans' whole health—not solely weight loss or post-injury recovery; AND

BE IT FURTHER RESOLVED that DAV urges the VA to incorporate structured, evidence-based physical activity and nutrition programs as a standard component of ongoing care for service-connected veterans, whether initiated through provider referral or veteran self-enrollment, to promote physical and mental health, reduce reliance on medical interventions, and support long-term well-being.



RESOLUTION NO. 101

Urge VA to Improve Community Provider Access by Reforming Certification and Recertification Processes

WHEREAS, the VA health care system relies significantly on community-based providers to deliver medical treatment to veterans who live outside VA facility catchment areas or beyond mileage access standards; and

WHEREAS, veterans living in rural or underserved areas particularly depend on these community-based providers for treatment of their service-connected disabilities; and

WHEREAS, recent changes to VA certification and recertification policies for community providers have contributed to a decline in provider participation, disrupting continuity of care and causing some providers to cease treating veterans altogether; and

WHEREAS, this reduction in provider availability directly affects veterans' ability to obtain timely, consistent and high-quality health care within their local communities; and

WHEREAS, the VA has historically accepted provider credentials based on state licensure and accredited training without widespread issues related to care quality; and

WHEREAS, overly burdensome, duplicative or unnecessarily frequent certification and recertification processes may discourage qualified providers from continuing to participate in VA community care networks; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly urges the VA to review, streamline and reform its community provider certification and recertification requirements to reduce administrative burdens and encourage continued participation among qualified medical and mental health professionals; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to retain current community-based providers who meet appropriate performance standards, ensuring that veterans, particularly those in rural or underserved areas, maintain access to the care they have earned.



RESOLUTION NO. 102

Support VA as Primary Provider and Care Coordinator While Ensuring Continuity of Clinically Appropriate Community Care for Veterans

WHEREAS, the VA serves as the primary provider and coordinator of health care for veterans, ensuring high-quality, veteran-centered care through its nationwide network of facilities; and

WHEREAS, under the VA MISSION Act of 2018 (Public Law 115–182), the VA is authorized to use community-based providers to supplement VA care when VA facilities cannot provide timely or necessary treatment, particularly for veterans in rural or underserved areas; and

WHEREAS, many veterans rely on long-standing treatment relationships with community providers due to geographic barriers, specialty care needs or continuity of care considerations; and

WHEREAS, the VA is responsible for coordinating care transitions between its facilities and community providers to maintain continuity and quality of care consistent with veterans' medical needs and preferences; and

WHEREAS, reports indicate that some veterans have experienced disruptions when community care arrangements were discontinued without sufficient clinical justification or alternative options, leading to unnecessary travel burdens and delays in care; and

WHEREAS, ensuring seamless transitions between community care and VA direct care is essential to maintaining veterans' trust, supporting optimal health outcomes and honoring the VA's commitment as the primary coordinator of veterans health services; and

WHEREAS, VA practices should prioritize adherence to best medical practices, clinical recommendations and veterans' preferences when determining whether to continue community care referrals, while fiscal stewardship must not override the timely delivery of medically appropriate care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and Congress to establish clear regulatory guidance to ensure veterans are not required to discontinue treatment with an established community care provider without a clinically justified reason and without offering alternative care options that prioritize continuity, adherence to best medical practices and the best medical interests of the veteran; AND

BE IT FURTHER RESOLVED that DAV calls on the VA and Congress to strengthen oversight and enforcement of community care access standards to consistently uphold continuity of care, adherence to best medical practices and the best medical interests of veterans while recognizing the VA's role as the primary provider and coordinator of veterans health care services.



RESOLUTION NO. 115

Support Child Care Assistance for Veterans With Dependents

WHEREAS, current federal law only provides child care assistance to certain veterans who are primary caretakers of children and who are receiving specific types of VA health care services, such as mental health care; and

WHEREAS, this law excludes many veterans with children, including those with service-connected disabilities, who may need child care to attend medical appointments, rehabilitation programs, or pursue education and training benefits such as the Veteran Readiness and Employment (VR&E) program, the Post-9/11 GI Bill, or other GI Bill programs; and

WHEREAS, lack of child care often forces veterans—especially single parents and families with limited support—to miss or delay critical medical appointments, counseling, vocational rehabilitation or education programs that are essential to achieving long-term success and stability; and

WHEREAS, expanding child care assistance to all veterans with dependents—regardless of the type of care or educational programs they are pursuing—would remove unnecessary barriers to accessing these vital benefits and services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the enactment of legislation to ensure that all veterans with dependents have access to child care assistance when receiving VA health care or participating in education and training programs such as VR&E or the GI Bill.



RESOLUTION NO. 116

Support Mandatory Veteran Informed Consent for Prescription Medications

WHEREAS, certain prescription medications are associated with serious adverse effects, including increased risk of suicidal ideation and behavior in some patients; and

WHEREAS, veterans—particularly those with mental health conditions or other vulnerabilities—must be clearly informed of such risks to make fully informed decisions about their treatment; and

WHEREAS, Veterans Health Administration (VHA) policy requires that veterans be informed of the potential benefits, risks and alternatives to proposed treatments in order to support informed consent; and

WHEREAS, non-pharmaceutical treatment options, including behavioral therapy, peer support and lifestyle interventions, may be safer and more appropriate for some veterans and should be presented as viable alternatives during the treatment planning process; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports requiring VA health care providers to give veterans and/or their legal surrogates a clear, understandable explanation of their medical diagnosis and all available treatment options, including associated risks and benefits; AND

BE IT FURTHER RESOLVED that VHA requires written informed consent from veterans prior to starting treatment with prescribed medications; AND

BE IT FURTHER RESOLVED that VA clinicians provide veterans with comprehensive education about prescribed medications, including potential side effects and all evidence-based treatment alternatives; AND

BE IT FURTHER RESOLVED that VHA strengthens oversight and accountability mechanisms to ensure full compliance with informed consent policies for all clinical treatments and procedures.



RESOLUTION NO. 126

Support Comprehensive Health Care Services and Research for Women Veterans

WHEREAS, DAV's reports—*Women Veterans: The Long Journey Home*, *The Journey Ahead*, and *The Journey to Mental Wellness*—have identified persistent gaps in VA programs, inequitable access to care and unique challenges faced by women veterans, including military sexual trauma, intimate partner violence, reproductive and mental health needs, and higher suicide risk compared to civilian women; and

WHEREAS, women now comprise 10% of all veterans and 17% of active-duty service members, with increasing combat roles, while the number of women veterans using VA health care has doubled in the past decade, with many being younger, having service-connected conditions and relying heavily on VA services; and

WHEREAS, nearly 40% of women veteran VA users are of childbearing age, many are primary caregivers, and their specialized health and mental health needs are not fully met due to the VA's shortage of women's health providers, lack of privacy and safety in some facilities, and insufficient gender-specific expertise among community care providers; and

WHEREAS, research on women veterans' unique health needs, including cardiovascular disease, osteoporosis, menopause, fertility and post-deployment mental health, remains limited and requires greater federal investment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to ensure women veterans receive equal access to comprehensive, gender-specific health care and trauma-informed mental health services; AND

BE IT FURTHER RESOLVED that DAV urges the VA to uphold privacy and safety standards, expand women's health programs, conduct research and adopt innovative solutions to eliminate barriers and deliver the high-quality care women veterans have earned; AND

BE IT FURTHER RESOLVED that DAV urges Congress and the VA to prioritize research into women veterans' health outcomes and the effectiveness of gender-specific services to close data gaps and inform policy improvements.



RESOLUTION NO. 129

Support Adequate Health Care Access for Veterans Living in Rural or Remote Areas

WHEREAS, a significant portion of active-duty service members identify rural or highly rural areas as their home of record, demonstrating a disproportionate representation from these communities; and

WHEREAS, many rural areas are designated by the Health Resources and Services Administration as Health Professional Shortage Areas for primary care, mental health and dental care or for any combination of these practice areas; and

WHEREAS, more than half of rural veterans are enrolled in VA health care, with the majority being older, low income, in poorer health and less likely to have internet access, making it harder to receive timely care; and

WHEREAS, the VA has invested in rural care through community-based outpatient clinics, telehealth services, transportation programs and rural health workforce training, including initiatives by the Office of Rural Health (ORH); and

WHEREAS, the VA MISSION Act of 2018 (Public Law 115–182) expands community care options for rural veterans, but these community providers may lack the veteran-specific knowledge and experience required to deliver high-quality, appropriate care; and

WHEREAS, the ORH has identified key strategies to improve rural care, including expanded collaboration with agencies such as the Indian Health Service and the Health Resources and Services Administration; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, fully supports the right of rural veterans to receive comprehensive care from the VA to the greatest extent possible and urges the VA to develop targeted training and outreach for community and federal partners in rural areas to ensure veteran-specific risks, exposures and best practices are understood and applied; AND

BE IT FURTHER RESOLVED that the VA should continue investing in solutions that eliminate barriers to care for rural veterans, especially through expanded telehealth, transportation support and improved broadband access.



RESOLUTION NO. 130

Support Scholarships for Mental Health Practitioners

WHEREAS, the nation faces a critical shortage of mental health professionals, including physicians, nurse practitioners, psychologists, social workers, therapists and counselors; and

WHEREAS, the growing mental health needs of veterans from all eras are placing increasing strain on the VA's ability to meet demand for timely, high-quality mental health care; and

WHEREAS, veterans have earned access to prompt, qualified mental health care through both VA medical centers and community-based programs; and

WHEREAS, recent laws have expanded access to mental health services for not only veterans but also their caregivers, dependents and survivors—further increasing the need for a strong and sustainable mental health workforce; and

WHEREAS, the VA operates scholarship and loan repayment programs that have proven successful in recruiting and retaining qualified health professionals to serve in VA facilities; and

WHEREAS, many community-based outpatient clinics and Vet Centers are currently not included in these programs, which limits the ability to attract mental health professionals in areas where veterans most need care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation or administrative changes to expand VA scholarship and loan repayment programs so they are available to mental health providers working in VA community-based outpatient clinics and Vet Centers, helping to meet the mental health needs of veterans of all generations.



RESOLUTION NO. 133

Support to Eliminate or Reduce VA and DOD Health Care Copayments for Service-Disabled Veterans

WHEREAS, service-connected disabled veterans have earned the right to comprehensive benefits through their dedicated service and sacrifice to the nation; and

WHEREAS, the American public expects the government to fully honor its moral obligation to care for veterans and provide their benefits and health care without cost; and

WHEREAS, premiums, deductibles and copayments are features of civilian health care systems where costs are shared between the insured and the insurer, but such models are inconsistent with the intent behind veterans benefits; and

WHEREAS, research shows that health care cost sharing reduces the use of care, with the greatest adverse effects falling on the poorest and sickest patients, including those with chronic disabilities; and

WHEREAS, requiring veterans to contribute financially to the benefits they have earned undermines the principles of gratitude and national responsibility toward those who served; and

WHEREAS, copayments were originally introduced in the VA system under extraordinary fiscal pressures as a temporary deficit-reduction measure, not as a permanent fixture of veterans health care; and

WHEREAS, cost sharing in VA and DOD health systems has been used to supplement appropriations, effectively shifting the burden of funding onto the very veterans these systems serve; and

WHEREAS, the historical philosophy of providing veterans with free benefits as a moral repayment for their sacrifices has eroded over time, despite the ongoing need for lifelong care by many service-disabled veterans; and

WHEREAS, ensuring that service-connected disabled veterans receive care without out-of-pocket costs reflects both a continuing cost of national defense and the nation's highest moral obligation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls for legislation to eliminate or reduce out-of-pocket costs for health care provided by the VA and the DOD for service-connected disabled veterans.



RESOLUTION NO. 134

Ensure Access to VA Facilities and Relief Areas for Service Dogs

WHEREAS, Veterans Health Administration Directive 1188(1) permits service animals to accompany individuals with disabilities across VA properties while veterans remain responsible for their care; and

WHEREAS, many veterans rely on service or guide dogs due to service-connected conditions, including visual, hearing or mobility impairments or mental illness, to safely navigate VA facilities and access necessary benefits and services, which often require extended stays; and

WHEREAS, the VA recognizes the benefits of service and guide dogs in enhancing rehabilitation, independence and quality of life; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to enforce policies allowing access to facilities for service dogs and guide dogs; AND

BE IT FURTHER RESOLVED that Congress establish standards consistent with the Americans with Disabilities Act (Public Law 101–336) for admitting and managing service dogs on VA properties; AND

BE IT FURTHER RESOLVED that each VA medical center provides enclosed relief areas where service dogs have access to water, exercise and elimination spaces.



RESOLUTION NO. 140

Support Lung Cancer Screening and Prevention Guidelines for At-Risk Veterans

WHEREAS, according to the American Cancer Society, lung cancer is the second-most diagnosed cancer in both men and women and remains the leading cause of cancer-related deaths in the United States; and

WHEREAS, veterans face a higher risk for lung cancer due to service-connected exposure to environmental toxins such as dioxins, burn pits and other hazardous substances, with symptoms often undetected or misattributed until the disease is at an advanced stage; and

WHEREAS, studies confirm that low-dose computed tomography (LDCT) scans are significantly more effective than chest X-rays in detecting early-stage lung cancer, leading the American Cancer Society and other medical organizations to recommend annual LDCT screening for individuals at high risk; and

WHEREAS, early detection through LDCT screening is critical to improving survival rates and treatment outcomes for veterans diagnosed with lung cancer; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA developing and implementing evidence-based clinical practice guidelines for the prevention, early detection and treatment of lung cancer, including the appropriate use of LDCT screening for at-risk veterans.



RESOLUTION NO. 141

Urge VA to Establish a Uniform Coordinated Care Policy for Veterans With Dual-State Residency

WHEREAS, many service-connected disabled veterans temporarily divide their principal residence between two geographic locations; and

WHEREAS, strong care coordination and continuity are essential components of high-quality health care and are associated with improved health outcomes, including lower hospitalization rates and reduced mortality; and

WHEREAS, current VA policy assigns each enrolled veteran to a single primary care provider, limiting flexibility for veterans who regularly live in two different regions; and

WHEREAS, under Veterans Health Administration (VHA) Handbook 1101.11(3), veterans who spend a significant portion of the year in two regions and have complex health care needs requiring ongoing care management may be eligible for assignment to primary care providers at two geographically distant VA facilities; and

WHEREAS, implementation of this provision has been inconsistent, with some eligible veterans denied access to dual primary care due to lack of awareness among providers or administrative barriers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to improve and standardize its care coordination policy for veterans with dual-state residency—particularly service-disabled veterans with complex health needs—by ensuring equitable implementation and provider awareness of policies that allow assignment to primary care providers at both locations.



RESOLUTION NO. 147

Support Empowering VA and Community Providers to Fully Participate in Veterans' Disability Compensation Claims

WHEREAS, the VA provides critical medical and mental health care services through medical centers, community-based outpatient clinics (CBOCs), Vet Centers and community care providers; and

WHEREAS, many veterans rely on these VA-affiliated providers—including physicians, physician assistants, nurse practitioners, psychologists and licensed clinical social workers—who are well positioned to assess and document service-connected conditions; and

WHEREAS, VA policies have discouraged or prohibited treating clinicians, including mental health providers, from submitting nexus opinions or Disability Benefits Questionnaires (DBQs) to support disability claims, forcing veterans into duplicative exams with unfamiliar examiners; and

WHEREAS, this practice causes delays, emotional distress and unjust denials of benefits, even though attending providers often have the longest clinical relationships with veterans; and

WHEREAS, Veterans Health Administration (VHA) Directive 1134(2), which affirmed VA clinicians' role in supporting compensation claims, has lapsed and requires reinstatement; and

WHEREAS, preserving public access to DBQs and requiring the VA to furnish or fund medical opinions when requested would uphold the VA's duty to assist and reduce barriers for veterans seeking earned benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to:

Authorize all VA-affiliated providers, including physicians, mental health professionals, physician assistants, nurse practitioners and licensed social workers at VA medical centers, CBOCs, Vet Centers and community care facilities, to issue official diagnoses and nexus opinions to support veterans' disability compensation claims;

Reinstate and strengthen VHA Directive 1134(2) to affirm the role of VA providers in supporting veterans' claims through the submission of medical opinions and other relevant documentation;

Ensure that VA mental health providers, including those at Vet Centers and affiliated clinics, may diagnose and provide nexus opinions for mental health conditions—including post-traumatic stress disorder, anxiety, depression and other psychiatric disorders—as part of veterans' claims for service-connected compensation;

Require that VA primary care and specialty medical providers be notified of their responsibility to complete DBQs upon request by a veteran under their care or, in the absence of provider availability, that VA fund completion of DBQs by a licensed medical provider of the veteran's choosing;

Preserve and expand public access to DBQs and oppose administrative or legislative restrictions that prevent non-VA providers from completing these forms to support veterans' disability claims;

Establish a uniform VA policy that encourages rather than restricts the participation of attending providers—VA or community-based—in the claims process and reinforces the principle that veterans should be able to rely on their existing care team to support benefit eligibility; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact legislation to mandate these changes, codify provider participation in the claims process, and remove long-standing barriers that interfere with timely and equitable access to earned benefits.



RESOLUTION NO. 169

Support to Protect and Strengthen, and Oppose When It Threatens, VA Medical Research

WHEREAS, the VA is one of the nation's largest sponsors of independent medical research, uniquely focused on the health needs of veterans, including those with service-connected conditions such as spinal cord injuries, traumatic brain injuries, post-traumatic stress disorder, toxic exposures and amputations; and

WHEREAS, VA research has led to numerous groundbreaking advances—such as the implantable cardiac pacemaker, liver transplantation techniques and innovative treatments for mental health conditions—that have improved health outcomes not only for veterans but for the public as well; and

WHEREAS, the VA's integration of research, education and clinical care through its partnership with academic affiliates enhances care quality and fosters innovation across the entire VA health care system; and

WHEREAS, proposed legislation in Congress may either bolster or hinder the VA's research capacity through changes in funding, data-sharing authorities, ethical standards or collaboration with outside institutions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, support legislative proposals that enhance or expand the VA's ability to conduct medical and health-related research and oppose measures that would restrict, diminish or otherwise jeopardize the VA's capacity to remain a leader in medical research.



RESOLUTION NO. 170

Support Appeals for VA Community Care Program Decisions

WHEREAS, Veterans Health Administration (VHA) regulations allow access to community care under certain conditions; and

WHEREAS, veterans depend on timely and accurate decisions regarding their access to community care services to ensure continuity of their health care; and

WHEREAS, decisions about eligibility for community care can be complex, and veterans need a transparent and reliable process to avoid unnecessary delays or confusion; and

WHEREAS, nonclinical decisions—such as those based on administrative rules, logistics or eligibility requirements—are currently routed through VHA's clinical appeals process, even though they do not involve medical judgment; and

WHEREAS, this misalignment creates unnecessary barriers for veterans attempting to challenge decisions that are not medical in nature; and

WHEREAS, current VA policy outlines a clinical appeals process intended for medical decision-making, and while Congress requires clinical decisions to follow this process, it explicitly excludes these types of decisions from review by the Board of Veterans' Appeals (Board); and

WHEREAS, expanding appeal rights to include nonclinical community care decisions would improve fairness and accountability and ensure veterans have access to a meaningful review process;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and Congress to establish a clear, separate appeal process for nonclinical community care decisions and authorize review outside of the VHA clinical appeals process, including access to the Board where appropriate.



RESOLUTION NO. 171

Support Expanded Access and Research Into Treatments for Amyotrophic Lateral Sclerosis

WHEREAS, amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease, is a progressive and terminal neurodegenerative disorder that destroys motor neurons, leading to muscle weakness; paralysis; and eventually loss of the ability to speak, swallow and breathe; and

WHEREAS, there is currently no known cure for ALS, and average life expectancy following diagnosis is typically three to five years, with most diagnoses occurring around age 55; and

WHEREAS, military service has been identified as a risk factor for ALS, regardless of era, branch, duty location or occupational specialty, and research from the National Academies of Sciences, Engineering and Medicine (formerly the Institute of Medicine) and other institutions has found that veterans are approximately 1.5 to two times more likely to develop ALS than the general population; and

WHEREAS, the VA, under section 3.318, title 38, Code of Federal Regulations, recognizes ALS as a presumptive service-connected condition for any veteran with 90 days or more of continuous active-duty service; and

WHEREAS, while no cure exists, certain treatments and assistive technologies can improve quality of life and extend function, and emerging therapies—including investigational drugs, gene therapies and stem cell treatments—have shown promise in clinical trials to slow disease progression or extend survival; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation requiring the VA to expand collaborative partnerships, clinical trials and research initiatives that increase veterans' access to new and emerging treatments aimed at preventing, diagnosing, slowing or curing ALS; AND

BE IT FURTHER RESOLVED that DAV urges the VA to prioritize and increase funding for ALS-related research, long-term care strategies and supportive services for veterans diagnosed with this service-connected disease, recognizing its disproportionate impact on the veteran population.



RESOLUTION NO. 172

Support Expanded CHAMPVA Eligibility for Adult Children

WHEREAS, dependent children of certain veterans are provided medical care under the Civilian Health and Medical Program of the VA (CHAMPVA); and

WHEREAS, a child of a veteran is eligible for CHAMPVA if the veteran is rated permanently and totally disabled due to a service-connected disability, was rated permanently and totally disabled due to a service-connected condition at the time of death, died of a service-connected disability or died on active duty, and the dependent is ineligible for DOD TRICARE benefits; and

WHEREAS, the eligibility of a dependent child for CHAMPVA ends at age 18 unless the dependent is enrolled as a full-time student in an accredited school until the age of 23, marries or is a stepchild who no longer lives in the household of the CHAMPVA sponsor; and

WHEREAS, under the Affordable Care Act, specifically Public Law 111–148, Section 2714, group health plans and insurers offering dependent coverage must allow children to stay on a parent's health insurance plan until age 26; and

WHEREAS, children of severely disabled veterans and survivors of those who gave their lives should have the same rights and benefits as every other American in a grateful nation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to extend the eligibility of a qualifying veteran's child for CHAMPVA coverage to age 26 under the same conditions as covered adult children of beneficiaries in private health plans.



RESOLUTION NO. 175

Support Suicide Prevention and Mental Health Care for All Veterans, Regardless of Service Discharge Status

WHEREAS, Section 201 of the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020 (Public Law 116–214) authorizes the VA to provide or pay for emergency suicide care for eligible veterans at VA and non-VA facilities; and

WHEREAS, current implementation guidance appears to limit this lifesaving care to individuals with an honorable or general discharge under honorable conditions, excluding many at-risk former service members; and

WHEREAS, civilian health care providers may not determine a former service member's discharge status in an emergency, which can lead to confusion, delays in care or denial of services during a mental health crisis; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls for regulatory or legislative changes to ensure that crisis mental health care authorized under the COMPACT Act is extended to all former service members, regardless of character of discharge, when urgently needed to prevent suicide or self-harm.



RESOLUTION NO. 203

Support Research on Infertility Due to Toxic Exposure

WHEREAS, many veterans have been exposed to toxic chemicals, environmental hazards, and physical and psychological stressors during military service, which may contribute to infertility in both men and women; and

WHEREAS, the VA acknowledges a potential link between toxic exposure and infertility among veterans who served in recent conflicts; and

WHEREAS, a study published in *Medical Care*, titled “Reproductive Health Among Gulf War Veterans: A Population-Based Study,” identified increased reproductive challenges among veterans exposed to toxic substances; and

WHEREAS, research in the *Journal of General Internal Medicine* has found that active-duty servicewomen experience higher rates of difficulty conceiving compared to the general population; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to conduct a comprehensive study to determine the prevalence of infertility among veterans exposed to toxic substances during military service; AND

BE IT FURTHER RESOLVED that DAV supports legislation and regulatory action to ensure timely recognition of infertility as a service-connected condition when linked to toxic exposure and that affected veterans receive appropriate care and compensation.



RESOLUTION NO. 204

Support Research on Burn Pit Exposure Among Vietnam Veterans

WHEREAS, the VA has expanded presumptive service connection for certain conditions related to Agent Orange and burn pit exposure under the PACT Act (Public Law 117–168), primarily benefiting post-9/11 veterans; and

WHEREAS, Vietnam veterans are currently excluded from PACT Act presumptions related to exposure to toxic smoke from burn pits, burn barrels and open-air waste burning during their service; and

WHEREAS, many Vietnam veterans were exposed to these toxic substances without adequate protective equipment, yet the specific toxins involved and their associated health risks have not been comprehensively studied; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to conduct a thorough study to identify the toxins to which Vietnam veterans were exposed from burn pits and related sources and to determine the health conditions linked to such exposure.



RESOLUTION NO. 205

Support Research on Menopause and Reproductive Health

WHEREAS, evidence indicates that women veterans with post-traumatic stress disorder (PTSD) face an elevated risk of early menopause, contributing to increased risks of cardiovascular disease, osteoporosis, chronic pain and emotional distress; and

WHEREAS, research shows that women veterans are more likely than nonveterans to undergo hysterectomy and removal of ovaries and fallopian tubes, which can lead to early menopause and heightened risks for cardiovascular disease, cognitive decline and chronic pain; and

WHEREAS, menopause symptoms—including anxiety, depression, pain and irritability—can significantly affect daily life and mental health, especially for veterans managing PTSD and related conditions; and

WHEREAS, sexual dysfunction such as low desire, arousal problems, pain and dissatisfaction affect approximately 12% to 32% of women veterans with a history of military sexual trauma, often exacerbated by PTSD and depression; and

WHEREAS, about 18% of women veterans age 21 to 52 who use VA health care report infertility, highlighting a significant reproductive health issue within this population; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports VA research focused on menopause and reproductive health in women veterans and its effects on their physical and mental well-being.



RESOLUTION NO. 209

Support Adequate Staffing for Patient Advocates in Veterans Health Care

WHEREAS, the Veterans Health Administration (VHA) assigns patient advocates at each VA medical center (VAMC) to collect veteran feedback, help with clinical appeals and handle complaints; and

WHEREAS, the current handbook is outdated and lacks clear rules on how patient advocates should be managed or who they report to; and

WHEREAS, the Government Accountability Office (GAO) has found that unclear reporting structures hurt patient advocates' ability to resolve veterans' complaints effectively; and

WHEREAS, outdated and incomplete guidance may hinder the patient advocacy program's ability to address veterans' complaints in a timely and effective manner; and

WHEREAS, VHA provides limited guidance on staffing levels for patient advocacy, requiring only one patient advocate per VAMC without specifying how to determine adequate staffing needs; and

WHEREAS, GAO concluded that patient advocacy program staff face workloads exceeding their capacity; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports requiring VAMC directors to assign at least one patient advocate for every 13,500 enrolled veterans or enough advocates to meet veterans' needs; AND

BE IT FURTHER RESOLVED that DAV supports ensuring rural veterans have access to patient advocates at rural community-based outpatient clinics.



RESOLUTION NO. 211

Support Improvements to Maternity Care Coordination

WHEREAS, the VA provides maternity care services to eligible women veterans, including full physical exams, laboratory testing, obstetrical ultrasounds, genetic screening, specialty consultations, prescription medications, labor and delivery, lactation support, social work, mental health services, and sometimes, postpartum maternal care for up to 12 months; and

WHEREAS, VA maternity care coordinators assist women veterans in managing their prenatal and postpartum care, including coordinating services with community providers; and

WHEREAS, many serious health conditions in newborns—such as congenital anomalies, metabolic disorders, and heart or respiratory conditions—may not present in the first days of life and require early detection and ongoing medical attention; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports enhancements to VA maternity care coordination services to ensure comprehensive and continuous care for women veterans throughout pregnancy and the postpartum period, including improved access to pediatric care for their newborns and strengthened connections to federal, state and community-based programs that provide ongoing support for both mother and child.



RESOLUTION NO. 212

Support Standardized Testing for Ovarian Cancer

WHEREAS, the Risk of Ovarian Malignancy Algorithm (ROMA) test is a validated diagnostic tool that combines serum biomarkers (HE4 and CA-125) with a patient's menopausal status to assess the likelihood of epithelial ovarian cancer in women presenting with adnexal masses; and

WHEREAS, the ROMA test aids in stratifying patients by risk level and supports appropriate referral to gynecologic oncologists, facilitating timely and specialized care; and

WHEREAS, early detection and referral to specialists significantly improve surgical outcomes and survival rates for women diagnosed with ovarian cancer; and

WHEREAS, access to the ROMA test within the VA health care system is inconsistent due to variations in laboratory capabilities across medical centers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to ensure standardized access to the ROMA test across all VA health care system laboratories to support timely diagnosis, risk stratification and appropriate specialist referral for veterans at risk of ovarian cancer or benign gynecologic disease.



RESOLUTION NO. 213

Support Recruitment of Physician Assistants in VHA

WHEREAS, the VA continues to face persistent staffing shortages that contribute to longer wait times for veterans seeking care; and

WHEREAS, VA medical centers struggle to maintain adequate clinical staffing, particularly in critical areas such as mental health, primary care, emergency medicine, women's health and geriatric care; and

WHEREAS, physician assistants (PAs) play a vital role in expanding access to timely, high-quality health care and improving care delivery across VA facilities; and

WHEREAS, increasing the recruitment of PAs within the Veterans Health Administration (VHA) will help close staffing gaps and enhance veterans' access to essential services; and

WHEREAS, expanding training, recruitment and retention initiatives—such as increasing participation in the PA Health Professions Scholarship Program, expanding postgraduate PA residency opportunities and developing a targeted national recruitment strategy—will help build a sustainable pipeline of qualified PAs committed to serving veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to support the recruitment, hiring and retention of qualified health care professionals, including PAs, to improve veterans' access to care and suicide prevention and that PAs be included in dual postings for VHA vacancies to expand clinical expertise in key areas such as mental health, primary care, women's health, emergency medicine and geriatric care; AND

BE IT FURTHER RESOLVED that VHA formally recognize PAs as essential providers in mental health care and other critical specialties and that Congress expand the PA Health Professions Scholarship Program, double the number of PA residency positions and support the implementation of a national recruitment strategy to increase the number of veteran PAs serving in VA health care.



RESOLUTION NO. 214

Support Automatic Travel Reimbursement for Service-Disabled Veterans

WHEREAS, certain service-connected disabled veterans are eligible for beneficiary travel pay to help cover the cost of travel to and from VA health care appointments, including those provided through VA community care; and

WHEREAS, current VA policy requires veterans to manually submit a separate claim for each instance of care, creating an unnecessary administrative burden on disabled veterans simply trying to access their earned health care; and

WHEREAS, the recent shift to an online-only process has significantly increased barriers for many eligible veterans, particularly those with limited access to technology, visual impairments, cognitive challenges, traumatic brain injury and other service-connected conditions; and

WHEREAS, the requirement to reapply for each appointment acts as a deterrent to accessing a benefit to which these veterans are already entitled; and

WHEREAS, an automatic reimbursement system, triggered at appointment check-in, would simplify the process, reduce delays, and ensure more timely and equitable access to travel pay for eligible veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to implement an automatic travel reimbursement system that initiates payment upon check-in for any VA or VA-authorized appointment, with no further action required by the veteran, eliminating unnecessary barriers and ensuring timely access to this earned benefit.



RESOLUTION NO. 215

Support Funding to Improve Services for Homeless Veterans

WHEREAS, compared with nonveterans, veterans are at higher risk of homelessness due to post-deployment conditions such as post-traumatic stress disorder, substance use disorders acquired during or worsened by their military service, or traumatic brain injuries that may impair their ability to participate in the workforce; and

WHEREAS, women veterans especially face unique challenges increasing their risk of homelessness, including the higher likelihood of being single parents and the need for specialized housing and child care services; and

WHEREAS, VA's specialized homelessness programs provide critical health care and supportive services, and the VA's collaborations with federal, state, faith-based and veterans service organizations and community partners have made progress in reducing veteran homelessness; and

WHEREAS, public and private programs to assist veterans in preventing or overcoming chronic homelessness remain underfunded; and

WHEREAS, annual point-in-time counts show downward or stable trends in veteran homelessness; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to fully fund and expand VA homelessness prevention programs, including mental health, substance use treatment, vision and dental care, child care, legal aid, and outreach, to ensure veterans access these services; AND

BE IT FURTHER RESOLVED that DAV supports increasing funding for transitional housing grants, Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) vouchers, VA case management and supportive services, and the Department of Labor's Homeless Veterans Reintegration Program to help veterans secure stable housing and employment.



RESOLUTION NO. 216

Support Improvements to Urgent and Emergency Care

WHEREAS, the VA's standard health benefits package provides enrolled veterans with comprehensive, coordinated care, including preventive services, primary care, hospital treatment, and long-term care; and

WHEREAS, timely access to urgent and emergency care is essential to a complete health care system and must be delivered in a manner that is clear and accessible to the veterans who rely on it; and

WHEREAS, the VA MISSION Act of 2018 (Public Law 115–182) authorized the VA to offer urgent care through community providers, creating a lower-cost alternative to emergency departments and helping veterans receive care in the right setting at the right time; and

WHEREAS, the policies and regulations governing VA payment for emergency care remain overly complex; inconsistently applied; and often misunderstood by veterans, community providers and even VA staff; and

WHEREAS, an August 2019 report by the VA Office of Inspector General (VA OIG 18-00469-21) found that a significant number of emergency care claims were wrongly denied due to processing errors, placing undue financial burdens on thousands of veterans; and

WHEREAS, these improper denials have shifted billions of dollars in liability from the VA to veterans, leading to serious financial hardship; and

WHEREAS, fear of incurring substantial out-of-pocket costs due to denied VA reimbursement causes some veterans to delay or avoid seeking necessary emergency care; and

WHEREAS, despite multiple legislative efforts to address barriers caused by the VA's restrictive interpretation of its emergency care reimbursement authority, significant gaps and inconsistencies remain; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to pass legislation amending Title 38, United States Code, to simplify and clarify eligibility for urgent and emergency care benefits paid by the VA; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to adopt a consistent, veteran-centered interpretation of its emergency care reimbursement policies to ensure veterans are not left financially responsible for care they may receive.



RESOLUTION NO. 217

Support Establishing a Peer Infertility Care Coordinator Role at VA

WHEREAS, the VA Infertility Care Program has been difficult for many eligible veterans to navigate, particularly when seeking assisted reproductive technologies such as in vitro fertilization (IVF); and

WHEREAS, Public Law 114–223 authorized the VA to provide IVF to certain veterans and their spouses, yet significant barriers remain in eligibility determination, access and care coordination; and

WHEREAS, limited data exists on veterans’ experiences accessing IVF through VA community care contracts with fertility providers, particularly among underserved and rural veteran populations; and

WHEREAS, a study published in *Medical Care*, the journal of the American Public Health Association, identified six key areas needing improvement in the VA’s infertility services: clearer communication of benefits, expanded IVF eligibility, stronger care coordination, limited provider access in some regions, tailored services for veterans with spinal cord injuries, and inclusive policies that address the needs of single and LGBTQ+ veterans; and

WHEREAS, many veterans with service-connected conditions affecting fertility have utilized the IVF benefit, yet restrictive eligibility criteria and inadequate care coordination have prevented others from accessing these services; and

WHEREAS, despite the availability of IVF benefits, some veterans remain unable to fully utilize them due to a lack of individualized support, especially those managing complex health conditions or living in rural areas; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the establishment of a peer infertility care coordinator within the VA’s Infertility Care Program to assist veterans and their spouses throughout the IVF process; AND

BE IT FURTHER RESOLVED that this coordinator position be filled by an individual with lived experience navigating infertility services, to help improve communication, build trust and ensure equitable access to care for all eligible veterans.



RESOLUTION NO. 219

Support Standards and Oversight for Service and Guide Dog Programs

WHEREAS, trained guide and service dogs are essential in restoring independence and improving quality of life for veterans with disabilities such as blindness, deafness, mental health conditions, epilepsy and seizure disorders; and

WHEREAS, the VA may prescribe guide or service dogs to perform specific tasks that restore function or maximize independence and may provide benefits for veterinary care and equipment for dogs obtained through organizations accredited by Assistance Dogs International or the International Guide Dog Federation; and

WHEREAS, the VA's National Center for PTSD and Office of Mental Health and Suicide Prevention have identified service dogs as a promising complementary intervention for veterans with post-traumatic stress disorder (PTSD), particularly for those at increased risk for suicide; and

WHEREAS, the VA has supported clinical research and pilot studies on the efficacy of veteran-led service dog training as a potential therapeutic strategy to reduce PTSD symptoms and improve reintegration outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to continue and expand research into the most effective applications of service dogs for veterans with physical and mental health conditions, including the therapeutic potential of veterans training service dogs for themselves or for other veterans; AND

BE IT FURTHER RESOLVED that DAV urges the VA to ensure that all prescribed service dogs are provided at no cost to veterans, including reimbursement for required follow-up training and lifetime veterinary benefits; AND

BE IT FURTHER RESOLVED that DAV encourages the VA to support and expand access to pilot programs and grant opportunities for nonprofit organizations accredited to train service and guide dogs for disabled veterans to promote consistent quality standards, accountability and equitable access for all eligible veterans.



RESOLUTION NO. 220

Support a Centralized Claims Tracking and Accountability System in VHA

WHEREAS, veterans submitting claims to the Veterans Benefits Administration (VBA), including disability compensation, pension, education, vocational rehabilitation and life insurance, have access to transparent online tools such as VA.gov that allow them to track claim status, correspondence and decisions; and

WHEREAS, this level of transparency and electronic tracking is not available for claims, service requests or appeals submitted to the Veterans Health Administration (VHA), including community care referrals, prosthetics, Home Improvements and Structural Alterations (HISA) grants, eligibility disputes, travel reimbursements, clinical appeals, and other VHA benefits; and

WHEREAS, veterans often must contact multiple VHA departments without centralized points or consistent processes to receive updates or challenge decisions, causing delays, frustration, and reduced access to necessary care and services; and

WHEREAS, claims submitted to VHA lack centralized tracking and accountability, with decisions sometimes made without proper development or communication to veterans; and

WHEREAS, VHA claims and benefit requests arrive through various channels—online, in person, or transferred from VBA or other agencies—but no integrated system exists to track their status or life cycle; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges VHA to implement a centralized electronic claims and appeals tracking system modeled after the VBA platform, providing veterans real-time online access via VA.gov to status updates for all VHA claims, service requests and clinical appeals, including community care, prostheses, HISA grants, overpayments and eligibility determinations; AND

BE IT FURTHER RESOLVED that this system includes clear communication protocols, departmental accountability, defined timelines and appeal procedures to ensure veterans are informed, empowered to challenge adverse decisions and able to track progress at every step.



RESOLUTION NO. 222

Support Research on Postpartum Depression

WHEREAS, there are millions of women veterans in the United States, many of whom are of childbearing age; and

WHEREAS, DAV's report *Women Veterans: The Journey Ahead* and other studies indicate that women veterans are more likely than civilian women to experience postpartum depression, especially those with a history of military sexual trauma, mental health conditions or limited access to coordinated perinatal care; and

WHEREAS, a significant portion of women veterans report experiencing military sexual trauma, which is linked to increased rates of post-traumatic stress disorder (PTSD) and depression, raising the risk of postpartum mental health challenges; and

WHEREAS, many women veterans with prior diagnoses of PTSD, anxiety or depression often lack consistent screening and access to specialized postpartum care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to prioritize and support research into postpartum depression among women veterans, including the development of targeted screening protocols, clinical interventions and integrated care approaches for those at highest risk.



RESOLUTION NO. 223

Support Research and Service Connection for Health Conditions Linked to COVID-19 Vaccination

WHEREAS, many service members were required to receive the COVID-19 vaccine as a condition of continued military service, with refusal often resulting in administrative separation or discharge; and

WHEREAS, the initial administration of the COVID-19 vaccines occurred under an Emergency Use Authorization (EUA) prior to full licensure and long-term clinical observation; and

WHEREAS, vaccine development and safety monitoring typically require years of longitudinal study, and the accelerated timeline of COVID-19 vaccine development limited the availability of long-term safety data at the time of distribution; and

WHEREAS, published studies, including one in *The Journal of the Japanese Society for Vaccinology* (Vol. 39, Issue 48, November 26, 2021), have examined the short-term effects of COVID-19 vaccination in health care personnel and highlighted the need for ongoing monitoring; and

WHEREAS, the long-term effects of COVID-19 vaccines remain under continued scientific study and have not been fully established, particularly in younger, healthier populations such as active-duty service members; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to conduct and support comprehensive studies into the long-term health effects of COVID-19 vaccines administered to service members, particularly those given under Emergency Use Authorization; AND

BE IT FURTHER RESOLVED that DAV supports legislation to establish a presumption of service connection for veterans who develop chronic health conditions that medical evidence links to adverse reactions resulting from mandatory COVID-19 vaccination during military service.



RESOLUTION NO. 224

Ensure Equitable Quality and Access in VA and Community Care

WHEREAS, the VA's reliance on community care continues to grow, both in terms of budget and the volume of care delivered to enrolled veterans; and

WHEREAS, the VA MISSION Act of 2018 (Public Law 115–182) requires the VA to assess the availability and appropriateness of community care before scheduling appointments, yet the VA often lacks sufficient data to make these determinations; and

WHEREAS, Congress intended for the VA to consider key factors such as quality and timeliness when making referrals to community care, but this information is not consistently or systematically collected from VA-contracted community providers; and

WHEREAS, VA clinicians receive specialized training and follow clinical guidelines tailored to conditions more prevalent among veterans, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST), toxic exposures and suicidal ideation; and

WHEREAS, the RAND Corporation's report *Preventing Veteran Suicide: A Landscape Analysis of Existing Programs, Their Evidence, and What the Next Generation of Programs May Look Like* found that many community providers report being unprepared to manage health issues related to military service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to require third-party administrators (e.g., TriWest, Optum and Humana) to ensure their networks collect data comparable to VA outpatient care standards, including metrics for quality, access and patient outcomes; AND

BE IT FURTHER RESOLVED that DAV urges the VA to require all contracted community providers to complete training on core VA benefits and best practices for treating conditions commonly experienced by veterans, including PTSD, suicidal ideation, TBI, MST and toxic exposures.



RESOLUTION NO. 225

Support Expanding Service Connection to Include Obesity Caused by Medication Prescribed for Service-Connected Disabilities

WHEREAS, musculoskeletal and mental health conditions are among the most common service-connected disabilities affecting veterans; and

WHEREAS, these conditions and their treatment—particularly medications prescribed by the VA, including antidepressants, antipsychotics and corticosteroids, can cause significant weight gain; and

WHEREAS, mental health conditions such as depression and PTSD may also contribute to obesity through behavioral, psychological and physiological changes; and

WHEREAS, although obesity itself is not a service-connectable condition, it may serve as an *intermediate step* between a service-connected disability (or its treatment) and the development of another chronic, diagnosable condition; and

WHEREAS, obesity-related conditions such as Type 2 diabetes, cardiovascular disease and sleep apnea present serious health risks and impair veterans' quality of life; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to recognize obesity as an intermediate step in establishing secondary service connection when it is caused by service-connected disabilities or the treatment prescribed for them.



RESOLUTION NO. 231

Support Strengthening Coordination of Care Between VA, Medicare and Medicaid

WHEREAS, the VA provides essential health care for veterans, including specialized medical services, mental health treatment and access to community providers through its community care programs; and

WHEREAS, Medicare and Medicaid offer critical health care coverage to individuals with disabilities and low-income veterans, supporting hospital care, outpatient services, prescription medications, home health care and long-term care; and

WHEREAS, many veterans qualify for Medicare and Medicaid benefits administered by the Social Security Administration, helping to ensure financial stability and access to necessary medical services; and

WHEREAS, studies have shown that a significant portion of veterans with disabilities rely on Medicaid, including a disproportionate share of women veterans who depend on it for comprehensive care; and

WHEREAS, improved coordination among the VA, Medicare and Medicaid through data-sharing, integrated case management, telehealth expansion and streamlined administrative processes helps reduce burdens, eliminate service gaps and enhance access to quality care for veterans; and

WHEREAS, pilot programs and research into integrated care models have identified best practices that improve efficiency, optimize resource allocation and expand equitable access for veterans utilizing multiple health care systems; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to support pilot programs and research initiatives that enhance coordination among the VA, Medicare and Medicaid without overburdening VA resources or staffing and to fund integrated care models that promote financial sustainability while expanding veterans' access to quality health care; AND

BE IT FURTHER RESOLVED that DAV supports promoting public-private partnerships to supplement VA services; implementing enhanced case management to assist veterans navigating multiple systems; strengthening federal data-sharing to improve care coordination and reduce duplication; and expanding telehealth services to improve access, particularly for rural and underserved veterans; AND

BE IT FURTHER RESOLVED that DAV supports workforce development initiatives to ensure adequate recruitment and retention of health care professionals within the VA and affirms that veterans should not face adverse consequences for utilizing overlapping earned health care benefits.



RESOLUTION NO. 236

Support VA Research and Expansion of Immersive Technology in Veterans Health Care

WHEREAS, the VA Office of Research & Development reports that chronic pain affects approximately half of all veterans receiving care within the Veterans Health Administration; and

WHEREAS, chronic pain significantly increases the risk of depression, anxiety, post-traumatic stress disorder (PTSD) and suicide among veterans; and

WHEREAS, the VA has identified over 40 clinical applications for immersive technologies, including virtual reality (VR), in veterans health care; and

WHEREAS, early VA research and pilot programs using immersive technology have shown promising results in reducing pain and anxiety among veterans, with some studies reporting average pain reductions of approximately 28%; and

WHEREAS, immersive technology has demonstrated effectiveness as a non-pharmacological option for managing postoperative pain and supporting therapies such as cognitive-behavioral therapy and prolonged exposure; and

WHEREAS, expanding the use of immersive technologies in clinical settings may improve outcomes for veterans by reducing reliance on opioids and enhancing the efficacy of evidence-based treatments; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports continued VA research into immersive technologies and advocates for sufficient funding to expand access to these tools alongside established therapeutic practices; AND

BE IT FURTHER RESOLVED that DAV urges the VA to ensure equitable access to immersive technology-based therapies across all VA facilities, particularly for veterans living in rural or underserved areas.



RESOLUTION NO. 242

Support Expansion of VA Foreign Medical Program Coverage for Veterans Living Abroad

WHEREAS, veterans enrolled in the VA Foreign Medical Program (FMP) are eligible for medical care abroad only for service-connected disabilities or conditions aggravated by those disabilities, even if they are rated 100% permanently and totally disabled and otherwise entitled to comprehensive VA health and dental care in the United States; and

WHEREAS, veterans may seek care from any licensed health care provider in their foreign country without needing a referral; and

WHEREAS, the VA does not cover travel costs, billing fees, service charges or the mailing of medications from the U.S., and veterans in countries unable to process U.S. Treasury checks face difficulties accessing payments; and

WHEREAS, reports from the Government Accountability Office and other oversight bodies have highlighted ongoing challenges for the VA in providing timely, quality disability medical examinations and access to care for veterans living abroad; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to collect comprehensive data on veterans living overseas and designate appropriate health care systems or partners to meet their needs; AND

BE IT FURTHER RESOLVED that the VA update its policies to enhance access to care for veterans living abroad; AND

BE IT FURTHER RESOLVED that Congress enact legislation to collect comprehensive data, expand FMP health and dental coverage for veterans rated 100% permanently and totally disabled, and ensure adequate services for all veterans living overseas.



RESOLUTION NO. 243

Support Improvements to VA's Nursing Home Program

WHEREAS, the aging veteran population, including many with complex service-connected conditions, will increasingly require long-term care over the coming decades; and

WHEREAS, the VA provides or funds nursing home care in VA-owned Community Living Centers, contracted community nursing homes and state-operated State Veterans Homes, offering comparable services such as skilled nursing, rehabilitative care and daily living support; and

WHEREAS, the VA uses a star rating system based on criteria from the Centers for Medicare & Medicaid Services, including health inspections, staffing and quality measures, to assess its 133 nursing homes; and

WHEREAS, reports from the Centers for Medicare & Medicaid Services and the Government Accountability Office have identified quality and oversight concerns across VA-operated and contracted nursing home facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to strengthen its Nursing Home Program across all care settings to ensure consistent delivery of high-quality, veteran-centered care; AND

BE IT FURTHER RESOLVED that the VA prioritize the recruitment, retention and training of qualified health care professionals and support staff while enforcing accountability measures to uphold care standards.



RESOLUTION NO. 244

Support Medical Equity for Veterans in State Veterans Homes

WHEREAS, many states operate long-term care facilities known as State Veterans Homes, which serve eligible veterans and their dependents; and

WHEREAS, veterans living in these homes often contribute their VA disability compensation toward the cost of their care; and

WHEREAS, while the VA may reimburse states for certain costs, this reimbursement structure changes significantly for veterans rated 70% or more service-connected, shifting the financial burden to the state; and

WHEREAS, the full cost of operating these facilities—including staffing, infrastructure, medications and other medical expenses—is primarily borne by the states, often supplemented by Medicare, Medicaid and private funding sources, creating a fragmented and inconsistent approach to care financing and delivery; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to ensure that veterans living in State Veterans Homes—particularly those rated 70% or higher service-connected—receive VA-provided prescription medications, medical care and assistive devices in order to improve access to care, ensure continuity, and reduce financial strain on both veterans and state-operated systems.



RESOLUTION NO. 248

Support Automatic Transfer of Veterans' Medical Records From the DOD to VA

WHEREAS, the VA registers veterans using their Social Security number and DD-214 form as the basis for eligibility and access to care; and

WHEREAS, the VA serves as the official custodian of medical records for veterans transitioning from military to civilian life; and

WHEREAS, service members are entitled to choose their preferred VA medical center for ongoing care following separation; and

WHEREAS, the DOD and VA now operate interoperable electronic health record systems capable of securely transferring clinical data; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and DOD to implement automatic medical record transfers upon separation from military service, ensuring veterans are immediately connected to VA care without requiring separate registration or in-processing.



RESOLUTION NO. 249

Support Fair and Trauma-Informed Review of Other-Than-Honorable Discharges for Veterans With Service-Related Conditions

WHEREAS, former service members who receive administrative discharges characterized as other than honorable (OTH) are ineligible for VA health care and benefits; and

WHEREAS, veterans from recent conflicts have received “bad paper” discharges at higher rates than previous generations, often stemming from unrecognized or untreated conditions such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) or military sexual trauma (MST); and

WHEREAS, DOD policy calls for discharge review boards to apply “liberal consideration” to petitions for discharge upgrades when the underlying misconduct may be because of service-connected mental health conditions, including PTSD, TBI and MST; and

WHEREAS, veterans discharged under these circumstances often face serious challenges, including poor mental health, increased suicide risk, homelessness, and barriers to accessing the care and benefits they have earned; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and the DOD to apply fair, consistent and trauma-informed standards when reviewing discharge characterizations involving misconduct related to service-connected conditions such as PTSD, TBI, MST or other trauma, to ensure these veterans are not denied access to the health care and benefits they have earned.



RESOLUTION NO. 297

Support Streamlined VA Hiring and Credentialing for Transitioning Military Health Professionals

WHEREAS, the VA continues to face persistent staffing shortages throughout its health care system, which adversely affect timely access to care for disabled veterans; and

WHEREAS, many active-duty health professionals transitioning from military service possess relevant clinical experience, current security clearances and a demonstrated commitment to public service, making them well suited for roles within the VA; and

WHEREAS, delays and inefficiencies in VA recruitment, credentialing and onboarding processes create unnecessary barriers for these professionals, exacerbating workforce gaps and directly impacting the delivery of care to veterans; and

WHEREAS, leveraging existing transition resources, such as the DOD Transition Assistance Program (TAP) and SkillBridge, to identify and pre-credential separating service members would significantly reduce onboarding delays and improve VA staffing; and

WHEREAS, proactive data-sharing between the DOD and VA, combined with early identification and streamlined onboarding, would enhance staffing efficiency, improve continuity of care and strengthen the overall quality of VA health services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and administrative action requiring the VA to streamline hiring and credentialing processes for health care professionals transitioning from military service, including pre-separation credentialing and expedited background checks; AND

BE IT FURTHER RESOLVED that DAV urges the VA to partner with military transition programs, including TAP and SkillBridge, to proactively recruit qualified personnel, enable preplacement into VA medical facilities and reduce onboarding delays that hinder timely staffing.



RESOLUTION NO. 298

Support Protections for Veterans in the VA Clinical Appeals Process

WHEREAS, most federal and private health systems offer enforceable rights to appeal clinical decisions, including access to independent and timely reviews; and

WHEREAS, effective clinical appeals are critical to health systems operating under capitated care models, such as the VA; and

WHEREAS, the VA MISSION Act (Public Law 115–182) significantly expanded access to community care, increasing the need for a reliable and fair appeals process; and

WHEREAS, the current VA clinical appeals process, governed by Veterans Health Administration (VHA) Directive 1041, lacks basic safeguards such as guaranteed continuity of care, independent review and clear timelines for resolution; and

WHEREAS, veterans often face inconsistent outcomes and limited recourse due to an overly discretionary clinical appeals system that falls short of standards in other federal programs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to establish a fair and standardized VA clinical appeals process with statutory protections comparable to other federal health programs; AND

BE IT FURTHER RESOLVED that DAV supports timelines for resolving appeals, inclusion of multidisciplinary clinical input and guaranteed continuity of care during the appeals process; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to revise its appeals policies with input from veterans and stakeholders and to ensure proper staff training for consistent implementation.



RESOLUTION NO. 305

Support Modernizing VA Health Care Infrastructure

WHEREAS, the VA operates the nation's largest integrated health care system, serving millions of veterans annually through numerous sites of care, many of which are decades old and based on outdated hospital models; and

WHEREAS, the VA must modernize its health care infrastructure to meet veterans' evolving health care needs, optimize federal resources, and enhance veterans' access to timely and quality care; and

WHEREAS, the VA's Strategic Capital Investment Planning (SCIP) program estimates that tens of billions of dollars are needed over extended periods to maintain existing facilities, expand capacity and address rising demand for care; and

WHEREAS, funding shortfalls and congressional budgetary rules complicate infrastructure upgrades, including renewing leases for community-based outpatient clinics (CBOCs) and addressing inefficiencies in VA management and congressional oversight of construction projects; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports full funding of the VA's infrastructure needs as identified in the SCIP program and urges Congress to adopt flexible and sustainable funding models to support long-term VA health care modernization; AND

BE IT FURTHER RESOLVED that DAV urges the VA to actively consult with veterans service organizations to ensure infrastructure improvements strengthen the VA's role as the primary health care provider for service-disabled veterans; AND

BE IT FURTHER RESOLVED that Congress and the VA streamline oversight and project management of major construction initiatives to deliver timely, high-quality and veteran-centric health care facilities.



RESOLUTION NO. 307

Oppose Reimbursement Claims From Third Parties for Service-Connected Care

WHEREAS, the VA's core mission is to provide high-quality health care to veterans for conditions tied to their service; and

WHEREAS, the VA is currently authorized to recover costs from private insurers only for care not related to a veteran's service-connected conditions; and

WHEREAS, allowing or requiring the VA to bill third-party insurers for service-connected care shifts responsibility away from the federal government and risks raising veterans' insurance premiums; and

WHEREAS, eliminating the current practice of applying third-party payments toward veterans' VA copayments would unfairly increase out-of-pocket costs for those with service-connected disabilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any effort to authorize or require the VA to bill third-party insurers for treatment of service-connected conditions.



RESOLUTION NO. 309

Support Enhanced Access to Care for MST Survivors

WHEREAS, military sexual trauma (MST) is a persistent concern affecting both men and women across all branches of the armed forces; and

WHEREAS, reductions in reported sexual assault incidents are encouraging, but survivors continue to experience long-term physical, emotional and psychological impacts that require focused, sustained support; and

WHEREAS, MST can result in chronic health conditions, and access to trauma-informed, specialized care remains inconsistent throughout the VA health care system; and

WHEREAS, VA MST coordinators assist survivors in obtaining counseling and treatment, yet current VA travel reimbursement policies may limit access to the facilities best equipped to meet their needs; and

WHEREAS, evidence-based treatments for MST exist but are not uniformly available, and gaps in provider training reduce the quality and consistency of care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to:

- Expand eligibility for beneficiary travel so MST survivors can access facilities that offer specialized care;
- Authorize travel reimbursement for eligible MST-related services provided at Vet Centers;
- Standardize and strengthen the delivery of evidence-based MST care across the VA health care system; and
- Require all VA and community care providers to complete MST-specific training to ensure competent, trauma-informed care for survivors.



RESOLUTION NO. 310

Support Improvements to VA Substance Use Care

WHEREAS, substance use disorders (SUDs) are a persistent and serious concern among veterans and are often associated with post-traumatic stress disorder (PTSD), depression and other service-connected conditions; and

WHEREAS, overdose deaths—particularly from synthetic opioids such as fentanyl—have risen significantly in recent years, impacting veterans and the broader communities in which they live; and

WHEREAS, SUDs contribute to increased risk of suicide, homelessness, family instability, involvement with the criminal justice system and poor overall health outcomes; and

WHEREAS, studies have shown that hazardous alcohol use is prevalent among VA outpatients, yet only a small proportion receive appropriate counseling or interventions, highlighting significant gaps in treatment access; and

WHEREAS, the VA offers evidence-based treatment options for SUDs, including medication-assisted therapy, but access to integrated programs that address co-occurring mental health conditions remains inconsistent across the VA health care system; and

WHEREAS, availability of detoxification, rehabilitation and long-term recovery support services varies widely by location, and gender-specific treatment options—especially for women veterans—remain limited; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to expand access to evidence-based treatment for substance use disorders, improve integration with mental health services and ensure the availability of gender-specific programs for all veterans in need.



RESOLUTION NO. 311

Support Strengthening and Expansion of VA Mental Health and Suicide Prevention Programs

WHEREAS, suicide among veterans remains a persistent national concern, with thousands of veterans dying by suicide each year—including disproportionate risk among female veterans—and continued efforts are needed to prevent these tragedies; and

WHEREAS, the VA has made suicide prevention a top clinical priority by expanding outreach to enrolled and non-enrolled veterans, operating a 24/7 Veterans Crisis Line, deploying suicide prevention coordinators, and using data to identify individuals at elevated risk; and

WHEREAS, preventing veteran suicide requires strong, accessible and sustained mental health care services that are evidence-based, culturally competent and tailored to the individual needs of veterans; and

WHEREAS, the growing demand for VA mental health and substance use disorder services has outpaced system capacity, with ongoing gaps in specialized treatment such as post-traumatic stress disorder (PTSD), detoxification and residential programs; and

WHEREAS, the VA has extended mental health care eligibility to all veterans during their first year after separation and to veterans with other-than-honorable discharges in crisis, yet access remains limited by staffing shortages and geographic disparities; and

WHEREAS, front-line VA personnel often lack standardized crisis response training, which is essential to safely manage mental health emergencies and ensure veterans in crisis receive appropriate, compassionate care; and

WHEREAS, although recent investments have improved aspects of VA mental health services, long-term progress requires sustained funding, staff recruitment and retention, and strategic outreach to underserved and high-risk populations; and

WHEREAS, the DOD and VA share a solemn obligation to provide comprehensive mental health care and rehabilitation for veterans facing post-service adjustment challenges; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to strengthen and expand suicide prevention efforts, enhance the capacity of mental health programs, and increase outreach to high-risk and underserved veteran populations; AND

BE IT FURTHER RESOLVED that DAV urges the implementation of mandatory crisis response training for all VA front-line personnel and security staff to ensure safe and effective intervention for veterans in mental health emergencies.



RESOLUTION NO. 313

Promote Health Equity by Addressing Social Determinants of Health

WHEREAS, veterans from historically underserved backgrounds—including racial and ethnic minorities, women, LGBTQ+ individuals, and veterans living in rural or low-income communities—have long experienced disparities in access to VA benefits and health care services; and

WHEREAS, equity in access to benefits, services and health outcomes is essential to ensure that all veterans receive the support they have earned through their military service; and

WHEREAS, social determinants of health—including health behaviors, economic conditions, education, social support and physical environment—are recognized as major contributors to overall health outcomes, often outweighing the influence of clinical care alone; and

WHEREAS, social determinants of health are defined as the conditions in which people are born, grow, live, work and age, shaped by broader economic, social and political systems; and

WHEREAS, the VA offers comprehensive programs such as disability compensation, housing assistance, caregiver support, education, vocational training and health care services that directly affect many of the social and behavioral determinants of health; and

WHEREAS, the Veterans Health Administration has established initiatives such as the Office of Health Equity to identify, monitor and reduce disparities in health care delivery and outcomes, yet systemic barriers continue to impact underserved veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to strengthen efforts to identify and eliminate barriers to equitable access to benefits and health services for historically underserved veterans; AND

BE IT FURTHER RESOLVED that DAV urges the VA to promote comprehensive, integrated strategies that address social and economic factors, health behaviors, and environmental conditions alongside personalized clinical care in order to improve health outcomes and eliminate disparities.



RESOLUTION NO. 315

Create a Three-Digit Number to Report Intimate Partner Violence

WHEREAS, military service, including deployment, transition stress, traumatic brain injury and mental health conditions, can strain personal relationships; and

WHEREAS, veterans with post-traumatic stress disorder (PTSD), depression, substance use disorders or brain injuries are at higher risk of experiencing or perpetrating aggression in intimate relationships; and

WHEREAS, the existing National Domestic Violence Hotline (800-799-7233) provides critical support, but long phone numbers can be difficult to recall during moments of crisis; and

WHEREAS, the creation of the 988 Suicide and Crisis Lifeline by the Department of Health and Human Services and the VA has demonstrated that a simple, easy-to-remember number improves access to care and saves lives; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and the Department of Health and Human Services to create a dedicated three-digit number for veterans to report and seek help for intimate partner violence to ensure fast and confidential support when it is needed most.



RESOLUTION NO. 318

Urge Comprehensive VA Research on Intergenerational Health Effects of Herbicide Exposure

WHEREAS, the National Academies of Sciences, Engineering and Medicine (NASEM), in its *Veterans and Agent Orange* series, found a “limited/suggestive” association between herbicide exposure during the Vietnam War and spina bifida in the children of male veterans; and

WHEREAS, a growing body of animal studies suggests that exposure to herbicides such as Agent Orange and its dioxin contaminants may induce epigenetic changes, which can be passed from parent to offspring; and

WHEREAS, NASEM found insufficient, inconsistent or statistically weak evidence regarding other birth defects and childhood diseases, including cancers, among the children of exposed veterans; and

WHEREAS, NASEM has repeatedly recommended further laboratory and epidemiological research into the potential for paternal herbicide exposure to cause adverse health outcomes in offspring, including studies focusing on mechanisms of epigenetic inheritance and health conditions that may emerge later in life; and

WHEREAS, many families of Vietnam veterans have reported congenital disabilities, developmental disorders and chronic conditions in their children and grandchildren, raising concern about possible intergenerational effects of toxic exposure; and

WHEREAS, affected families face ongoing challenges in securing recognition, diagnosis and support for conditions that may be linked to a veteran’s service-related chemical exposure; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to carry out the full scope of research recommended by NASEM, including laboratory and population-based studies, to evaluate the long-term health effects of herbicide exposure on the children and descendants of male Vietnam veterans.



RESOLUTION NO. 321

Support Waiver of Retirement Penalties to Encourage Return of Retired VA Health Professionals

WHEREAS, VA medical centers nationwide are facing critical shortages of trained nurses, physicians and clinical support personnel; and

WHEREAS, many recently retired VA health professionals are willing to return to service on a part-time or limited basis to help address workforce shortfalls; and

WHEREAS, current federal policies often reduce retirement annuities for retirees who return to federal employment, making reemployment financially disadvantageous; and

WHEREAS, this disincentivizes highly experienced professionals from returning to the VA, despite their expertise and willingness to serve; and

WHEREAS, the VA's ongoing staffing shortages are impairing the delivery of timely, quality care and placing additional strain on the remaining workforce; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to allow retired VA medical personnel to return to work without financial penalty; AND

BE IT FURTHER RESOLVED that DAV supports appropriate incentives and streamlined rehiring policies to encourage experienced retirees to rejoin the VA workforce and help close critical staffing gaps.



RESOLUTION NO. 322

Oppose Means Testing for VA Health Care Eligibility

WHEREAS, Public Law 104–262 requires veterans with a 0% service-connected disability rating to pass a means test before receiving care at VA facilities; and

WHEREAS, many of these veterans have relied on VA health care for years but now risk losing access solely because their income exceeds an arbitrary threshold; and

WHEREAS, this policy imposes unnecessary barriers and financial burdens on veterans whose service-connected conditions entitle them to VA care; and

WHEREAS, the administrative resources spent on means testing could be more effectively used to deliver timely, high-quality health care to veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes means testing for any service-connected disabled veteran, including those rated at 0%; AND

BE IT FURTHER RESOLVED that DAV urges Congress to place all service-connected disabled veterans in Priority Group 3 and to simplify VA eligibility rules to improve access and reduce administrative burdens.



RESOLUTION NO. 323

Support Mental Health Services for Families of Service-Disabled Veterans

WHEREAS, veterans returning from combat or hardship deployments are at increased risk for mental health conditions such as post-traumatic stress disorder (PTSD), depression and anxiety; and

WHEREAS, mental health conditions can also result from non-combat-related service injuries or illnesses, including chronic pain, traumatic brain injury, military sexual trauma and life-altering physical disabilities; and

WHEREAS, untreated mental health conditions—regardless of origin—can lead to serious consequences, including relationship breakdowns, financial hardship, homelessness and involvement with the criminal justice system; and

WHEREAS, the VA recognizes the critical role that families play in a veteran's recovery and provides counseling and support through Vet Centers and other programs; and

WHEREAS, Congress has authorized mental health services for eligible family members, including caregivers, spouses and dependents, to support veterans in their treatment and recovery;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the Secretary of Veterans Affairs to ensure that all enrolled veterans have access to comprehensive mental health care and that their families, including caregivers, spouses and dependents, can receive the counseling and support services authorized under law.



RESOLUTION NO. 324

Support Safe, Veteran-Centered Pain Management

WHEREAS, pain remains one of the most common reasons veterans seek medical care; and

WHEREAS, many veterans live with chronic pain resulting from traumatic injuries, service-related conditions or long-term illnesses; and

WHEREAS, chronic pain is associated with depression, anxiety and increased risk of suicide among veterans; and

WHEREAS, concerns about the risks of opioid misuse, addiction and overdose have influenced how the VA approaches pain management; and

WHEREAS, the VA continues to refine its policies to reduce reliance on opioids while promoting safer alternatives; and

WHEREAS, the VA employs a whole-health, interdisciplinary approach to pain management that emphasizes individualized, patient-centered care; and

WHEREAS, some veterans who have relied on opioid medications for long-term pain management may experience reduced access without adequate tapering or viable alternatives, which can lead to unmanaged pain and other serious health consequences; and

WHEREAS, access to treatments for opioid use disorder and overdose-reversal medications, such as naloxone, varies across VA facilities; and

WHEREAS, evidence-based, non-pharmacological therapies, including acupuncture, chiropractic care, yoga and massage, offer effective pain relief but are not consistently available to all veterans; and

WHEREAS, successful transitions away from opioid therapy require comprehensive support, education and continuity of care to prevent unnecessary suffering; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to establish a consistent, nationwide pain management strategy that emphasizes patient-centered care, integrates safe and compassionate alternatives to opioids, and ensures timely access to prescribed medications; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to update its clinical guidelines and policies to reflect current federal law and best practices for managing pain and controlled substances in a manner that prioritizes veteran safety, dignity and quality of life.



RESOLUTION NO. 326

Support Comprehensive VA Research Into Medical Cannabis

WHEREAS, although many states have legalized medical cannabis, federal law continues to classify cannabis as a Schedule I substance—indicating no accepted medical use and prohibiting its possession and use under federal regulations; and

WHEREAS, the ongoing conflict between state and federal cannabis laws raises public health and legal concerns, particularly for veterans receiving VA care, and is compounded by the lack of comprehensive, evidence-based knowledge regarding the health effects of cannabis; and

WHEREAS, a National Academies of Sciences, Engineering and Medicine report identified some therapeutic benefits of cannabis and cannabinoids—including pain reduction, relief from muscle spasticity associated with multiple sclerosis, and mitigation of chemotherapy-induced nausea and vomiting—while also highlighting potential risks such as impaired driving, mental health conditions and cannabis use disorder; and

WHEREAS, these findings are informative but not conclusive and underscore the urgent need for further rigorous clinical research to determine the safety, efficacy and appropriate use of cannabis and cannabis-derived products in treating veterans with service-connected conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports more comprehensive, scientifically rigorous research by the VA into the therapeutic benefits and potential risks of cannabis and cannabis-derived products for service-connected disabled veterans.



RESOLUTION NO. 327

Support Automatic VA Health Care Enrollment for Medically Retired Veterans, With Opt-Out Option

WHEREAS, some service members develop disabilities during active duty that impair their ability to serve, often resulting in medical retirement as determined by the Physical Evaluation Board; and

WHEREAS, the Transition Assistance Program (TAP) is intended to educate service members about their post-service benefits, including health care, yet the medical retirement and transition process remains complex and often confusing; and

WHEREAS, VA health care enrollment is currently presented as an opt-in process during TAP, placing the burden on the veteran and sometimes resulting in delays or gaps in care due to incomplete or delayed transfer of medical records from the DOD to the VA; and

WHEREAS, automatically enrolling medically retired veterans in VA health care at the time of separation would reduce administrative barriers, support continuity of care, and ensure timely and complete medical record transfers from the DOD to the VA; and

WHEREAS, while most medically retired veterans are likely to benefit from immediate enrollment, a voluntary opt-out provision should be available for those who choose not to participate; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports automatically enrolling medically retired veterans in VA health care at the time of separation, with the option to opt out.



RESOLUTION NO. 239

Support Enhancing CHAMPVA Benefits and Services

WHEREAS, the Civilian Health and Medical Program of the VA (CHAMPVA) helps cover health care costs for eligible family members of severely disabled or deceased veterans; and

WHEREAS, CHAMPVA beneficiaries include spouses, children and primary family caregivers of veterans who are permanently and totally disabled due to service-connected conditions, died from service-connected conditions or died while on active duty and are not otherwise eligible for TRICARE; and

WHEREAS, CHAMPVA beneficiaries often face substantial out-of-pocket costs, including deductibles and copayments, which can total thousands of dollars annually, placing a financial strain on families, particularly those managing chronic illnesses or long-term care needs; and

WHEREAS, CHAMPVA does not routinely cover essential health services such as dental, vision, chiropractic care, or long-term services and supports, limiting access to comprehensive care; and

WHEREAS, while some VA medical centers may provide CHAMPVA care through the CHAMPVA In-House Treatment Initiative (CITI), this care is only available when space permits and at the discretion of individual facilities, creating inconsistency and limited access; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports expanding CHAMPVA coverage to include dental, vision and long-term care services; eliminating copayments; and easing financial burdens on eligible beneficiaries who cannot access care through the CITI program; AND

BE IT FURTHER RESOLVED that DAV urges the VA to maximize access to the CITI program and prioritize equitable availability of care for CHAMPVA beneficiaries across all eligible VA medical centers.



RESOLUTION NO. 330

Support Expanded Long-Term Services

WHEREAS, the VA has long been a national leader in long-term services and supports (LTSS), pioneering models now widely used in the private sector, founding geriatrics as a medical specialty, and conducting landmark research on aging and chronic illness affecting veterans; and

WHEREAS, tens of thousands of service-connected disabled veterans rely on the VA for post-acute, institutional, and home- and community-based long-term care due to chronic, complex or terminal conditions; and

WHEREAS, the need for LTSS continues to grow as the veteran population ages and as more veterans experience long-term consequences of service-related injuries and illnesses; and

WHEREAS, the Veterans Millennium Health Care and Benefits Act (Public Law 106–117), enacted in 1999, requires the VA to provide noninstitutional LTSS to veterans with service-connected disabilities and those rated 50% or higher but limits access to institutional LTSS to those rated 70% or higher, creating disparities in care access; and

WHEREAS, the delivery of LTSS across VA medical centers is inconsistent, with decentralized planning and limited prioritization resulting in delays, care gaps and inequities; and

WHEREAS, the VA does not have statutory authority to pay for veterans to reside in community residential care settings such as assisted living facilities or adult foster homes, despite referring many veterans to these non-VA providers; and

WHEREAS, access to home- and community-based LTSS depends often on informal caregivers—primarily family or friends—whose capacity may be limited and who often receive insufficient support from the VA; and

WHEREAS, home- and community-based LTSS availability varies widely across the country, frequently leading to long waitlists and delayed services for eligible veterans; and

WHEREAS, the VA has not fully leveraged partnerships with State Veterans Homes to expand care options and capacity for veterans who require institutional or alternative LTSS; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to strengthen, standardize and expand access to long-term services and supports for all service-connected disabled veterans, regardless of disability rating; AND

BE IT FURTHER RESOLVED that DAV urges the VA to ensure every VA medical facility and health care network provides timely, comprehensive and equitable access to both institutional and noninstitutional LTSS for service-connected disabled veterans.



RESOLUTION NO. 336

Support Program of Comprehensive Assistance for Family Caregivers Eligibility Expansion to Include Veterans With Individual Unemployability

WHEREAS, the Program of Comprehensive Assistance for Family Caregivers (PCAFC), administered by the VA, provides critical support to caregivers of eligible veterans with serious service-connected disabilities who require in-person assistance with activities of daily living or supervision for safety; and

WHEREAS, a “serious injury” for PCAFC eligibility is defined as any service-connected disability that (1) is rated at 70% or more by VA or (2) is combined with other service-connected disabilities resulting in a total combined rating of 70% or more; and

WHEREAS, veterans who have been granted Individual Unemployability (IU)—also known as Total Disability based on Individual Unemployability (TDIU)—are considered totally disabled due to service-connected conditions that prevent them from securing or maintaining substantially gainful employment and are compensated at the 100% disability rate; and

WHEREAS, eligibility for IU requires either a single service-connected disability rated at 60% or higher or multiple service-connected disabilities with a combined rating of 70% or more, with at least one rated at 40%; and

WHEREAS, veterans granted IU based on a single 60% rating do not meet PCAFC’s definition of “serious injury” under current regulations, despite the VA’s determination that they are occupationally impaired and in need of compensation at the 100% rate; and

WHEREAS, this policy creates an inequity by excluding IU veterans from PCAFC solely based on their schedular rating, even though their level of disability, economic hardship and need for caregiver assistance may be equal to or greater than veterans with a 100% schedular rating; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA and the United States Congress to expand eligibility for PCAFC to include veterans who have been granted IU, including those whose eligibility is based on a single service-connected disability rated at 60%, recognizing their total occupational impairment and need for caregiver support.



Oppose the Practice of Tablet/Pill Splitting

WHEREAS, the practice of splitting tablets or pills is often employed to adjust dosages or reduce medication costs; and

WHEREAS, tablet splitting can result in uneven dosages and is especially dangerous for medications not designed to be split—such as extended-release formulations, capsules and coated tablets—potentially compromising their safety, efficacy and dosing accuracy; and

WHEREAS, the U.S. Food and Drug Administration (FDA) considers tablet splitting a “risky practice” and recommends it only be done when explicitly authorized in the medication’s professional prescribing information; and

WHEREAS, splitting tablets exposes the medication to air, moisture and heat, which may degrade its potency and effectiveness over time; and

WHEREAS, many veterans over the age of 60 face physical challenges such as arthritis, reduced dexterity or impaired vision, making it difficult or unsafe to split tablets accurately—especially when using outdated or poorly designed pill-splitting tools; and

WHEREAS, the National Association of Boards of Pharmacy (NABP) has adopted a resolution opposing mandated tablet splitting, citing concerns from health care professionals and patients regarding the safety and accuracy of this practice; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to prohibit mandatory tablet splitting and ensure it is only used when clinically necessary, guided by shared decision-making, and accompanied by clear education on risks and alternatives for veterans and caregivers; AND

BE IT FURTHER RESOLVED that VA health care providers and pharmacists should avoid recommending pill splitting unless explicitly supported by the medication’s prescribing information and clinically necessary and should instead prescribe medications in appropriate dosages to ensure safe and accurate administration; AND

BE IT FURTHER RESOLVED that VA patients should be educated about the potential risks of tablet splitting and advised to consult their health care provider before altering any medication regimen; AND

BE IT FURTHER RESOLVED that the VA, along with other health care organizations and policymakers, should promote the development and availability of medication formulations that meet diverse dosing needs without requiring patients to split tablets—enhancing both safety and adherence to prescribed therapies.



RESOLUTION NO. 338

Support Advancing Spinal Cord Injury Research and Care

WHEREAS, spinal cord injuries (SCIs) are catastrophic conditions affecting the central nervous system, often resulting in permanent loss of motor, sensory and autonomic function, with no known cure; and

WHEREAS, the VA estimates that tens of thousands of veterans live with SCIs, including both service-connected and non-service-connected cases, many of which stem from military service; and

WHEREAS, the VA provides specialized, lifelong care to tens of thousands of veterans with SCIs and related disorders each year, making it the largest single provider of spinal cord care in the United States; and

WHEREAS, SCIs commonly lead to serious secondary complications such as chronic pain, bladder and bowel dysfunction, pressure injuries, respiratory issues, infections, autonomic dysreflexia, spasticity, and serious mental health challenges including depression and anxiety; and

WHEREAS, national data consistently show that individuals with SCIs face significantly reduced quality of life, including high rates of unemployment after injury, resulting in long-term impacts on independence, community involvement and economic stability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and funding to advance spinal cord injury research focused on improving treatment options, restoring function, enhancing quality of life and honoring the commitment made to veterans living with these life-changing injuries.



RESOLUTION NO. 357

Support Equal and Timely VA Reimbursement for Emergency Care Services

WHEREAS, the VA currently requires emergency transportation claims under the Beneficiary Travel program to be submitted within 30 days of service; and

WHEREAS, this narrow submission window often results in denied claims when submissions are delayed, causing transportation vendors to shift the financial burden onto veterans; and

WHEREAS, veterans who rely on emergency ambulances or other transportation services for urgent, lifesaving care should not suffer financial hardship due to inconsistent or overly restrictive VA administrative deadlines; and

WHEREAS, other VA programs, such as the Veterans Community Care Program and Emergency Care Reimbursement Program, allow claims to be submitted within 180 days of service, which highlights a disparity in how emergency services are reimbursed; and

WHEREAS, aligning the submission deadline for emergency transportation invoices under the Beneficiary Travel program with the 180-day standard used for other VA emergency reimbursement programs would ensure consistency and reduce financial burdens on veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to extend the emergency transportation claims deadline under the Beneficiary Travel program from 30 to 180 days; AND

BE IT FURTHER RESOLVED that DAV urges the VA and Congress to ensure consistency across all emergency medical reimbursement policies; AND

BE IT FURTHER RESOLVED that DAV supports broader reforms to prevent veterans from facing financial hardship due to delayed billing or administrative inconsistencies related to emergency services funded by the VA.



RESOLUTION NO. 378

Support Improvements to the VA Beneficiary Travel Self-Service System and Reinstatement of Travel Reimbursement Kiosks

WHEREAS, the Veterans Health Administration implemented the Beneficiary Travel Self-Service System (BTSSS), a nationwide web-based platform introduced in 2016, to automate travel reimbursement, lower long-term costs and reduce improper payments; and

WHEREAS, in November 2020, the VA replaced travel reimbursement kiosks at VA medical facilities with BTSSS, requiring veterans to use the online system; and

WHEREAS, BTSSS has not fully met its intended goals, with many veterans experiencing technical difficulties, mapping inaccuracies due to reliance on Bing Maps and delays in claims processing; and

WHEREAS, the VA Office of Inspector General reported that the system's underperformance was partly due to insufficient input from veterans and veterans service organizations prior to rollout; and

WHEREAS, many veterans lack reliable internet access, necessary devices or familiarity with web-based systems, creating barriers to timely reimbursement; and

WHEREAS, delays in travel reimbursements place added financial strain on veterans, many of whom already face economic challenges; and

WHEREAS, the current system lacks real-time assistance from VA representatives to promptly resolve claim issues, causing unnecessary frustration; and

WHEREAS, prior travel reimbursement kiosks provided important, accessible alternatives for veterans who could not effectively use the online system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to enhance BTSSS by providing real-time support to assist veterans in resolving travel claim issues promptly and effectively; AND

BE IT FURTHER RESOLVED that DAV calls on the VA to reinstate travel reimbursement kiosks at all VA medical facilities to ensure equitable, timely and accessible travel reimbursement services for all veterans, regardless of their access to or comfort with digital technology.



RESOLUTION NO. 384

Ensure All Veterans Have Access to Health Care

WHEREAS, service members separating from the military often transition from comprehensive DOD medical coverage to no health care coverage at all; and

WHEREAS, providing immediate access to VA health care services following discharge—even for a limited period—would help facilitate a smoother transition to civilian life; and

WHEREAS, lack of timely access to health care contributes to adverse outcomes, including worsening physical and mental health conditions, and increases the risk of veterans falling through gaps in the health care safety net; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports ensuring all honorably discharged military service personnel—including those from the regular active-duty, Reserve and National Guard components—be eligible to receive VA health care services immediately upon discharge from military service; AND

BE IT FURTHER RESOLVED that if a veteran exceeds the VA's current means-testing threshold, reasonable copayments may be applied where necessary to ensure access without undue financial burden.



RESOLUTION NO. 386

Support Access to Routine and Specialized Obstetric and Gynecological Care for Military Women and Women Veterans

WHEREAS, women comprise approximately 18% to 20% of the total active-duty military force; and

WHEREAS, military women are often stationed in geographically isolated areas within the continental United States (CONUS) and overseas, limiting access to consistent and specialized health care; and

WHEREAS, ensuring timely and comprehensive obstetric and gynecological care—including prenatal, maternity, postpartum, fertility and preventive gynecological services—is essential for the health, readiness and retention of military women; and

WHEREAS, barriers to care such as geographic distance, provider shortages and out-of-pocket costs disproportionately affect access to women's health care services for military women and women veterans; and

WHEREAS, providing routine and complex obstetric and gynecological care at no additional cost through military treatment facilities (MTFs) and VA-approved community care providers promotes equity, operational readiness and quality of life for military women and women veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the DOD and VA to ensure that military women and women veterans have access to comprehensive obstetric and gynecological care, including pregnancy-related services and gynecological screenings, at no additional cost through MTFs and VA-approved providers.



RESOLUTION NO. 397

Protect Veterans' VA Benefits When Participating in State-Approved Medical Marijuana Programs

WHEREAS, the federal classification of marijuana as a Schedule I controlled substance conflicts with many states' legalization of medical marijuana, creating a complex legal and regulatory environment that impacts veterans' access to care; and

WHEREAS, research and veteran patient feedback indicate that medical marijuana can be an effective treatment option for certain conditions prevalent among veterans, including chronic pain, post-traumatic stress disorder and other mental health disorders; and

WHEREAS, VA policy currently restricts providers from recommending medical marijuana, which limits their ability to offer comprehensive, patient-centered care in states where it is legal; and

WHEREAS, open communication and trust between veterans and their VA providers are essential for effective treatment and improving health outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to ensure its doctors and health care providers can fully support veterans using state-approved medical marijuana, including discussing, documenting and treating accordingly; AND

BE IT FURTHER RESOLVED that DAV supports allowing VA providers to make medical recommendations and treatment adjustments related to marijuana use without risking veterans' eligibility for VA benefits.



RESOLUTION NO. 413

Support Accessible VA Communication for Visually Impaired Veterans Via Telephone

WHEREAS, individuals with disabilities are entitled to equal access and nondiscrimination under federal laws that govern public services; and

WHEREAS, the VA, as a federal agency serving millions of veterans, has a legal and moral obligation to provide accommodations that ensure all veterans, including those with disabilities, can access its programs and services independently; and

WHEREAS, telephone communication remains a critical method for veterans to access benefits, schedule appointments and obtain important information from the VA; and

WHEREAS, visually impaired veterans often experience significant difficulties when navigating automated telephone systems that rely primarily on keypad inputs, which can lead to frustration, delay or the need for assistance from others; and

WHEREAS, requiring visually impaired veterans to depend on others to navigate telephone systems compromises their independence, privacy and dignity; and

WHEREAS, accessible telephone communication options, such as voice recognition systems, direct operator assistance or other adaptive technologies, can significantly improve access and quality of service for visually impaired veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to establish and enforce a consistent, nationwide policy requiring all VA facilities, offices and call centers to provide accessible telephone communication options that fully meet the needs of visually impaired veterans.



RESOLUTION NO. 414

Support Timely VA Payments for Purchased Care and Protection From Financial Penalties

WHEREAS, the VA is authorized to provide a comprehensive range of health care services to enrolled service-connected veterans, including preventive, primary, specialty, mental health and rehabilitative care; and

WHEREAS, Congress has expanded veterans' access to care through legislation such as the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146) and the VA MISSION Act of 2018 (Public Law 115–182), authorizing the VA to purchase care from non-VA community providers; and

WHEREAS, VA spending on purchased care has steadily increased to meet the growing health care needs of veterans; and

WHEREAS, delays in VA payments to community providers have resulted in veterans receiving inaccurate or late bills and copayment notices—sometimes long after care such as emergency services or transportation was delivered; and

WHEREAS, such payment delays can cause community providers to pursue collections or report veterans to credit agencies, potentially damaging veterans' credit and placing an unfair financial burden on them; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to strengthen its administrative processes to ensure timely payment to all non-VA community providers; AND

BE IT FURTHER RESOLVED that DAV calls on Congress to pass legislation requiring the VA to reimburse or require providers to forgive any copayments billed over 180 days after care is delivered, including emergency care and transportation; AND

BE IT FURTHER RESOLVED that DAV supports legislation to protect veterans from credit damage and collections caused by delayed or incomplete VA payments to community providers.



RESOLUTION NO. 421

Support VA Research on Suicide Prevention for LGBTQ+ Veterans

WHEREAS, LGBTQ+ veterans are more likely to experience suicidal ideation and attempts than their cisgender and heterosexual peers; and

WHEREAS, individuals who identify as LGBTQ+ face unique physical and mental health challenges that may contribute to increased suicide risk; and

WHEREAS, LGBTQ+ veterans experience higher rates of military sexual trauma, HIV/AIDS, intimate partner violence, substance use and tobacco use—each of which are known risk factors for suicide; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA in expanding research on suicide prevention among LGBTQ+ veterans and translating that research into culturally competent clinical interventions and support programs.



RESOLUTION NO. 422

Support Research on Early-Onset Menstrual Disorders and Hysterectomies

WHEREAS, an increasing number of women veterans report menstrual disorders following their military service, indicating a need to understand underlying causes; and

WHEREAS, such menstrual disorders can result in early hysterectomies, raising concerns about potential links to toxic exposures experienced during military service; and

WHEREAS, research specifically focused on women's health issues—particularly menstrual disorders and early hysterectomy incidence in younger women veterans aged 30 to 45—remains limited and requires significant expansion; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls for increased and targeted research into early-onset menstrual disorders and hysterectomy symptoms among women veterans.



RESOLUTION NO. 477

Support Comprehensive VA Health Care and Funding Reform

WHEREAS, DAV believes every veteran has earned timely, high-quality health care through the VA in recognition of their service, and when VA care is not readily available, community care must be delivered through coordinated, high-value networks; and

WHEREAS, the Veterans Health Administration (VHA) is the nation's largest federal health care provider, a leader in medical research and a vital training ground for clinical professionals, yet insufficient and inconsistent funding too often limits access to care and services veterans have been promised; and

WHEREAS, the VA must be equipped to meet the diverse needs of all enrolled veterans by ensuring health care quality and safety; expanding telehealth; and preserving expertise in specialized care such as traumatic brain injury, spinal cord injury, blindness, mental health, amputations and long-term care while providing culturally competent and gender-specific care for women and minority veterans; and

WHEREAS, quality care depends on modernized human resources policies to recruit and retain qualified professionals; robust veteran-focused research and innovation; and reliable delivery of supplies, prostheses and medications for service-connected conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation that ensures comprehensive VA health care, full and sustained funding, and the continued ability of the VA to deliver world-class care to all veterans who rely on its services.



RESOLUTION NO. 478

Support Reform of VA Community Nursing Home Eligibility Rules

WHEREAS, current VA policy for community nursing home care restricts eligibility to veterans with a single or combined service-connected disability rating of 70% or higher or those with a single 60% rating and Total Disability based on Individual Unemployability (TDIU), excluding many veterans with multiple severe but lower-rated service-connected conditions; and

WHEREAS, this framework does not account for the combined impact of multiple disabilities that share a common cause, which together can create the same or greater functional impairment as a single high-rated disability; and

WHEREAS, failing to consider common etiology when determining eligibility results in veterans with serious service-related conditions being denied access to the long-term care they require, despite significant impairments in performing essential activities of daily living (ADLs); and

WHEREAS, these restrictions increase the burden on family caregivers, contribute to caregiver burnout, and lead to higher VA costs over time due to increased emergency care and preventable hospitalizations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to revise its community nursing home eligibility policy to ensure that veterans with multiple service-connected conditions that collectively impair independence or daily functioning are eligible for VA-purchased community nursing home care.



RESOLUTION NO. 481

Support Section 1151, Negligence and Malpractice Protections for Veterans Receiving VA-Purchased Care

WHEREAS, the VA serves as the primary health care provider for millions of wartime- and service-disabled veterans; and

WHEREAS, under section 1151, title 38, United States Code, veterans may receive compensation for additional disability or death caused by negligence in VA-provided care; and

WHEREAS, the VA MISSION Act of 2018 (Public Law 115–182) expanded veterans’ access to care through the VA’s community care network of non-VA providers; and

WHEREAS, veterans receiving care paid for by the VA through community providers under VA-purchased care do not currently have the same legal protections or compensation rights under section 1151 for injuries resulting from negligence or malpractice, unlike those treated directly by VA facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to pass legislation extending section 1151 protections to veterans receiving care through the VA’s community care network, ensuring equal accountability and justice for all veterans regardless of where they are treated.



RESOLUTION NO. 482

Support Research on Health Risks From Plastic Water Bottle Chemical Exposure in Service Members and Veterans

WHEREAS, according to the October 2021 report by the National Toxicology Program, plastic disposable water bottles can leach bisphenol A and other chemicals into drinking water when exposed to heat over time; and

WHEREAS, Johns Hopkins University researcher Dr. Rolf Halden has explained that phthalates—chemicals commonly found in plastics—are environmental contaminants that can act as endocrine disruptors, exhibiting hormone-like effects in humans and animals; and

WHEREAS, plastic disposable water bottles were widely used by U.S. military personnel in extreme-temperature environments such as Iraq and Afghanistan; and

WHEREAS, exposure to chemicals leached from heated plastics has been associated in scientific literature with potential long-term health effects, including increased cancer risk; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to authorize additional research by the National Academy of Sciences or other qualified institutions to study the long-term health effects, including cancer risks, associated with exposure to heated plastics and plastic water bottles.



RESOLUTION NO. 495

Support Rights and Benefits for Native American and Alaska Native Veterans

WHEREAS, Native Americans have served in the armed forces at higher rates than any other racial or ethnic group, and many return to remote tribal communities where poverty, poor transportation and long distances to VA facilities create significant barriers to accessing earned benefits; and

WHEREAS, the VA Office of Tribal Government Relations has identified challenges for Native American and Alaska Native veterans, including limited transportation, housing, employment and mental health services; and

WHEREAS, many VA clinical providers lack cultural competency regarding Native American and Alaska Native traditions, creating additional barriers to care; and

WHEREAS, the VA and Indian Health Service (IHS) signed a Memorandum of Understanding (MOU) to coordinate care, but full implementation has been delayed, leaving tribal governments and veterans uninformed about their rights and benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and IHS to fully implement the MOU, ensure leadership accountability, and deliver the services Native American and Alaska Native veterans have earned and deserve.



RESOLUTION NO. 508

Support Adequate Funding for VA Readjustment Counseling and Vet Centers

WHEREAS, Congress established the Readjustment Counseling Service in 1979 to provide mental health support to combat veterans; and

WHEREAS, the first Vet Center opened in 1980 to serve Vietnam veterans with post-traumatic stress disorder (PTSD) and other combat-related conditions; and

WHEREAS, today's national network of over 300 Vet Centers, over 80 mobile units and 19 outstations offers vital services to veterans and their families, including counseling for PTSD, military sexual trauma, reintegration challenges, suicide prevention, and family and bereavement support; and

WHEREAS, Vet Centers have successfully supported veterans of all major conflicts, including World War II, Korea, Vietnam, the Persian Gulf, Iraq and Afghanistan; and

WHEREAS, Vet Centers lead VA mental health programs in veteran-to-veteran peer counseling by employing trained veterans with lived experience to support those facing post-deployment mental health challenges; and

WHEREAS, Vet Centers also coordinate peer retreats, offering both gender-specific and mixed-gender group support to enhance community and recovery; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, commends the Readjustment Counseling Service and its Vet Centers and urges Congress to provide sufficient and sustained funding to meet rising demand, expand outreach to underserved veterans, and support continued innovation in peer-based counseling and mental health services.



RESOLUTION NO. 509

Support Submission of Completed Compensation and Pension Examinations Into VA Medical Records

WHEREAS, the VA requires Compensation and Pension (C&P) examinations as part of the disability claims process for veterans; and

WHEREAS, the VA relies on both VA clinicians and private medical contractors to conduct these C&P examinations; and

WHEREAS, C&P examinations include physical assessments and depend significantly on the veteran's own account of symptoms, conditions and military experiences to ensure accurate evaluations that guide benefits decisions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges that all completed C&P examinations—whether conducted by the VA or private contractors—be submitted into the veteran's VA medical record to promote transparency and continuity of care.



RESOLUTION NO. 510

Support Strengthening Security at VA Health Care Facilities

WHEREAS, VA Office of Inspector General reports have documented high vacancy rates—averaging around one-third—in police service positions across VA medical centers, severely undermining facility security; and

WHEREAS, these reports have also identified significant security deficiencies, including lack of security presence at many publicly accessible entrances and nonfunctional or unmonitored security cameras; and

WHEREAS, veterans receiving care at VA medical centers have experienced fatal incidents related to inadequate security and insufficient crisis response, particularly involving mental health crises; and

WHEREAS, clinicians at VA facilities have raised safety concerns and requested enhanced security measures such as metal detectors and increased staffing to better protect veterans and staff; and

WHEREAS, these ongoing challenges underscore the urgent need to improve physical security, fill staffing shortages and enhance crisis response capabilities at VA health care facilities; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to:

- Fully staff VA police and security officer positions to appropriate levels;
- Increase training in de-escalation techniques and mental health crisis intervention;
- Support physical security upgrades, including installation of metal detectors and improved access control; and
- Fund modernization of surveillance systems and ensure adequate staffing to monitor and respond to security threats in real time.



RESOLUTION NO. 528

Support Affordable, Rent-Controlled Assisted Living

WHEREAS, veterans with service-connected disabilities or low incomes often face significant challenges accessing long-term housing that meets both their medical and financial needs; and

WHEREAS, while the VA administers several housing programs, it currently lacks a dedicated nationwide initiative offering rent-controlled assisted-living options tailored to the unique needs of aging or disabled veterans and their spouses; and

WHEREAS, the absence of affordable assisted-living alternatives exacerbates housing instability and places added strain on the VA health care system and family caregivers; and

WHEREAS, coordinated federal and state action is critical to addressing systemic barriers to long-term housing stability for vulnerable veteran populations, including those transitioning from homelessness, institutional care or incarceration; and

WHEREAS, a nationwide rent-controlled assisted-living program would prioritize service-connected and low-income veterans and allow greater access to safe, stable housing integrated with VA case management, health care coordination, employment support and benefits counseling; and

WHEREAS, such a program should cap rental costs at no more than 30% of adjusted gross income, exclude VA disability compensation and pensions from income calculations, and follow fair market rent guidelines with appropriate local exemptions; and

WHEREAS, implementation would require the VA to collaborate with state VA agencies to identify suitable properties for conversion, develop long-term project-based rental agreements, and establish oversight mechanisms to ensure equitable resource distribution and compliance with eligibility standards; and

WHEREAS, dedicated federal appropriations and support for public-private partnerships would help reduce development costs and leverage available housing tax credits, ensuring long-term program sustainability; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation establishing a national rent-controlled assisted-living housing initiative for veterans with service-connected disabilities, low-income veterans and eligible spouses; AND

BE IT FURTHER RESOLVED that DAV urges Congress to direct the VA to report annually on program enrollment, geographic reach, and measurable outcomes related to housing stability and veteran health.



RESOLUTION NO. 585

Support Naming the VA Mare Island Clinic in Vallejo, California, as the Delphine Metcalf-Foster VA Clinic

WHEREAS, Delphine Metcalf-Foster, a lifelong resident of Vallejo, California, is a retired first sergeant in the U.S. Army Reserve, a disabled veteran of Operation Desert Storm and a recipient of the Bronze Star Medal; and

WHEREAS, she is a life member of the American Legion, Veterans of Foreign Wars and DAV, with a long-standing record of service to veterans, their families and survivors; and

WHEREAS, Delphine Metcalf-Foster made history as the first African American woman to serve as Commander of the DAV Department of California and later DAV National Commander, representing the organization nationally from 2017 to 2018; and

WHEREAS, she has served on the VA Advisory Committee on Women Veterans and the VA Research Advisory Committee on Gulf War Veterans' Illnesses, contributing to over 60 policy improvements in women veterans' health care; and

WHEREAS, she has testified before Congress to support stronger outreach, health care and services for women veterans and all who have served; and

WHEREAS, her leadership has been formally recognized by the Department Commanders of the American Legion, Veterans of Foreign Wars and DAV, as well as the California State Commanders Veterans Council, the state's recognized coalition of major veterans service organizations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports naming the Veterans Affairs Mare Island Clinic in Vallejo, California, as the Delphine Metcalf-Foster VA Clinic.



RESOLUTION NO. 586

Support Greater VA Collaboration With Fisher House Foundation

WHEREAS, Fisher House Foundation provides free lodging for families of veterans and service members receiving care at VA and military medical centers, allowing loved ones to remain close during a veteran's treatment and recovery; and

WHEREAS, family presence and support play a vital role in the healing process and long-term well-being of ill and injured veterans; and

WHEREAS, alternative accommodations such as community hotels are often cost-prohibitive and may pose safety concerns for families during times of medical crisis; and

WHEREAS, Fisher Houses operate at no cost to the VA or to the families they serve, relying entirely on public and private donations for construction and operation; and

WHEREAS, DAV strongly believes that high-quality care for veterans must include family support and education as part of the treatment environment; and

WHEREAS, not all VA medical centers currently have a Fisher House on campus, and some facilities have not yet partnered with the Foundation to establish one; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to actively cooperate with the Fisher House Foundation, including in its fundraising and expansion efforts, so that more VA medical centers can provide this critical support to the families of veterans receiving care.



RESOLUTION NO. 588

Ensure Full Accessibility of VA Facilities, Programs and Information

WHEREAS, the Americans with Disabilities Act (ADA) of 1990 (Public Law 101–336) provides a clear mandate to eliminate discrimination and promote full participation for individuals with disabilities in employment, commerce and government services, including health care; and

WHEREAS, the ADA requires that new construction adhere to barrier-free design standards and mandates reasonable modifications to existing facilities to ensure access for individuals with disabilities, including those who use wheelchairs or service animals; and

WHEREAS, some VA health care facilities, services and medical equipment remain inaccessible for veterans with mobility disabilities and those accompanied by service dogs, creating unnecessary barriers to timely and appropriate care; and

WHEREAS, section 504 of the Rehabilitation Act of 1973 (Public Law 93–112) requires that individuals with disabilities have equal access to all federal benefits and services, including the availability of printed and electronic materials in accessible formats; and

WHEREAS, recent evaluations have shown that only a small percentage of VA websites fully comply with section 508 of the Rehabilitation Act, which sets accessibility standards for federal electronic and information technology used by individuals with visual or other impairments; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress and the VA to ensure that all VA facilities, programs, services, digital platforms and information resources are fully accessible to veterans with disabilities, including those with physical, sensory, cognitive and mental health impairments, in compliance with all federal disability access laws and standards.



RESOLUTION NO. 589

Support Expansion of VA Gerofit (Geriatrics and Extended Care Fitness) Programs

WHEREAS, the Veterans Health Administration (VHA) is the nation's largest integrated health care system, delivering care at 170 medical centers and over 1,190 outpatient clinics across the country; and

WHEREAS, VHA operates Geriatric Research, Education and Clinical Centers (GRECCs) to support the unique health and wellness needs of aging veterans; and

WHEREAS, as part of this mission, VHA offers the Gerofit program at 33 facilities in 21 states, providing personalized, supervised exercise plans that have been shown to improve physical function, mental health and overall well-being for senior veterans; and

WHEREAS, despite its documented success, the Gerofit program remains unavailable in 29 states and at over 130 VHA facilities, leaving millions of older veterans without access to this proven health intervention; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress and the VA to expand the Gerofit program to additional VHA facilities nationwide, ensuring equitable access to this essential program for all eligible senior veterans.



RESOLUTION NO. 605

Support Nursing Students Volunteering in Veteran Nursing Homes

WHEREAS, many Veteran Nursing Homes across the United States currently have nursing staff vacancies that result in qualified veterans being placed on waiting lists for long-term care; and

WHEREAS, staffing shortages at these facilities threaten the quality of care, delay timely admissions and increase the burden on remaining nursing staff, impacting veterans who have earned access to long-term care services; and

WHEREAS, the VA currently provides extensive nursing training pathways, including paid clinical internships such as VA-STEP (Student Trainee Experience Program) for nursing students and yearlong nurse residency programs (e.g., Post-Baccalaureate Registered Nurse and Nurse Practitioner residencies), to train and transition new graduates into VA practice; and

WHEREAS, nursing students nationwide could be encouraged to volunteer to fill these vacant nursing positions at Veteran Nursing Homes with incentives such as academic credit toward their graduation requirements and valuable volunteer experience working directly with veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and programs that allow and encourage nursing students across the country to volunteer in vacant nursing positions at Veteran Nursing Homes to reduce waiting lists and provide veterans with the long-term care they need and deserve.



RESOLUTION NO. 608

Support to Allow Disabled Veterans to Use Tax-Free IRA Funds for Continuing Care Retirement Community Entrance Fees

WHEREAS, service-disabled veterans often face more complex health conditions due to injuries and illnesses incurred during military service, and access to continuing care retirement communities (CCRCs) can provide significant health and quality-of-life benefits; and

WHEREAS, CCRCs offer a continuum of care—medical, supportive services and residential accommodations—that can enhance stability, independence and long-term wellness for veterans while also freeing up space in VA medical centers and State Veterans Homes for those in need of more acute care; and

WHEREAS, veterans living in CCRCs may receive more consistent preventive care and experience fewer health crises, potentially reducing long-term federal health care expenditures; and

WHEREAS, the high cost of CCRC entrance fees—often hundreds of thousands of dollars—poses a financial barrier for many service-disabled veterans, and allowing tax-free withdrawals from traditional Individual Retirement Accounts (IRAs) could make such care more accessible; and

WHEREAS, a service-disabled veteran in a 20% tax bracket could save approximately \$60,000 in federal income tax on a \$300,000 CCRC entrance fee if such withdrawals were tax-exempt; and

WHEREAS, current federal law allows qualified charitable distributions from IRAs to be made tax-free, and creating a similar exemption for CCRC entrance fees for disabled veterans would align with existing policy principles and likely garner bipartisan support; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports legislation to allow service-disabled veterans to withdraw funds from traditional IRAs, without tax penalty, to pay for entrance fees to CCRCs.



RESOLUTION NO. 634

Support Inclusion of Mental Health Residential Treatment in VA Total Disability Compensation Eligibility

WHEREAS, millions of veterans suffer from chronic mental health disabilities incurred during or as a result of military service; and

WHEREAS, the VA offers inpatient domiciliary care through the Mental Health Residential Rehabilitation Treatment Program (MH RRTP) for these disabilities; and

WHEREAS, the VA compensates veterans rated totally disabled when hospitalized for extended periods; and

WHEREAS, veterans receiving treatment in MH RRTP often lose income due to inability to pursue their occupations during inpatient care, which can discourage them from seeking necessary mental health treatment; and

WHEREAS, prior to October 2018, the VA compensated qualifying veterans for total disability during MH RRTP treatment but subsequently ceased this practice; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports amending regulations to explicitly include MH RRTP domiciliary care in the definition of VA health care treatment that establishes eligibility for payment of compensation for total disability.



RESOLUTION NO. 635

Protect Dual Health Care Access for Medically Retired Veterans

WHEREAS, military medically retired veterans were promised and have earned lifetime health care through the DOD upon completion of their required military service; and

WHEREAS, these veterans are separately entitled to health care through the VA, providing them with dual eligibility to access comprehensive care tailored to their unique needs; and

WHEREAS, dual eligibility allows medically retired veterans to obtain the best possible services from both systems without unnecessary duplication of costs; and

WHEREAS, entitlement to care in one system does not negate or justify restricting entitlement in the other, as each system offers distinct benefits and resources; and

WHEREAS, restricting or limiting access to either DOD or VA health care would compromise the promises made to medically retired veterans, impair their ability to receive high-quality care, and undermine recognition of their sacrifices and service; and

WHEREAS, collaboration and coordination between the DOD and VA can enhance the efficiency and effectiveness of health care delivery for medically retired veterans; and

WHEREAS, enrollment in VA or DOD health care—particularly for service-connected disabled veterans—should never create barriers or restrictions to access benefits from either system; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any legislative or policy action that restricts or diminishes health care eligibility for medically retired veterans in either the DOD or VA health care systems; AND

BE IT FURTHER RESOLVED that DAV urges Congress to enact and uphold clear protections guaranteeing medically retired veterans unrestricted access to both DOD and VA health care systems; AND

BE IT FURTHER RESOLVED that DAV advocates for enhanced cooperation between the VA and DOD to maximize the benefits of both health care systems, ensuring seamless, barrier-free access to care for medically retired veterans.



RESOLUTION NO. 636

Support VA Oversight and Facility Policy for Service Dog Access

WHEREAS, service dogs are an essential part of the lives of many veterans with physical or mental health conditions, including post-traumatic stress disorder (PTSD), mobility impairments and other disabilities; and

WHEREAS, to be recognized as a service dog, the animal must be individually trained to perform specific tasks that directly relate to the veteran's disability; and

WHEREAS, improperly trained or misrepresented animals brought into VA medical centers or community-based outpatient clinics can pose a safety risk to veterans, staff and legitimate service dog teams; and

WHEREAS, veterans and their service dogs should be able to safely access VA facilities without interference or risk from untrained animals or pets misrepresented as service animals; and

WHEREAS, greater oversight, including consistent policy enforcement and staff education on service dog access, would improve the safety and functionality of VA facilities for all veterans; and

WHEREAS, a designated VA Service Dog Champion at each facility could help implement policy, educate staff and veterans, and ensure consistent application of service dog access standards; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the VA creating an oversight structure, including designation of a Service Dog Champion, to ensure that only qualified service dog teams are permitted in VA medical facilities and clinics, ensuring the safety and integrity of services for veterans with disabilities who rely on service dogs.



RESOLUTION NO. 637

Support Adequate Funding for VA Medical and Prosthetic Research Programs

WHEREAS, robust VA medical and prosthetic research is vital for restoring health, developing new treatments and improving the understanding of illnesses affecting veterans; and

WHEREAS, VA research addresses critical war-related injuries, diseases that disproportionately affect veterans and mental health conditions such as post-traumatic stress disorder (PTSD); and

WHEREAS, VA researchers have achieved national and global recognition for advancing health care for veterans and the general population; and

WHEREAS, many VA researchers also serve as clinicians and educators, enhancing the quality of care delivered to veterans; and

WHEREAS, VA research is guided by rigorous ethical and scientific standards; and

WHEREAS, the VA Rehabilitation Research and Development and Translation pioneers technologies that improve the lives of disabled veterans; and

WHEREAS, the VA research budget—though relatively small compared to National Institutes of Health and DOD research funding—faces significant challenges due to funding shortfalls and outdated infrastructure; and

WHEREAS, modern biomedical research requires significant investments in scientific computing, data systems and access to high-quality electronic health record data; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports adequately funding the VA Medical and Prosthetic Research Program to address infrastructure and information technology deficits and to continue its vital work in improving the lives of wounded, injured and ill veterans.



RESOLUTION NO. 638

Support Equitable Access to VA Benefits and Services for Veterans From All Backgrounds

WHEREAS, veterans from racial and ethnic minority backgrounds make up a significant and growing portion of the overall veteran population; and

WHEREAS, the Veterans Benefits Administration (VBA) has not consistently provided disaggregated data to demonstrate equitable access to benefits and services for racial and ethnic minority veterans, despite long-standing recommendations by the Advisory Committee on Minority Veterans; and

WHEREAS, the Veterans Health Administration has reported higher rates of service connection and greater utilization of mental health and substance use disorder services among minority veterans, but disparities in diagnoses and outcomes between white and minority veterans remain insufficiently understood; and

WHEREAS, disparities in health care access and outcomes persist across the VA system, driven in part by social and behavioral determinants of health, including financial and nonfinancial barriers, that adversely affect racial and ethnic minority veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges VBA to routinely collect and publicly report data on applications, utilization, adjudication outcomes and program completion by veterans, disaggregated by racial, ethnic and gender demographics; AND

BE IT FURTHER RESOLVED that DAV urges the VA to take meaningful action to address social and behavioral determinants of health and remove systemic barriers to equitable care and benefits for racial and ethnic minority veterans.



RESOLUTION NO. 639

**Encourage VA Voluntary Service Program Managers to Submit Nominations for DAV
Volunteer of the Year**

WHEREAS, DAV established the Volunteer of the Year award program to recruit, retain and recognize volunteers serving disabled veterans in VA facilities and local communities; and

WHEREAS, the award honors outstanding DAV and DAV Auxiliary members who dedicate their time and energy to disabled veterans through VA Voluntary Service (VAVS) programs; and

WHEREAS, DAV annually solicits nominations from VA Voluntary Service program managers but continues to receive few responses; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly encourages each VA Voluntary Service program manager to nominate deserving DAV and Auxiliary members for this prestigious award in recognition of their dedication and service to veterans.



RESOLUTION NO. 640

Support VA Research and Access to Psychedelic Therapies for PTSD and TBI

WHEREAS, post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) affect millions of veterans, often resulting in severe impairments in daily functioning and quality of life; and

WHEREAS, traditional treatments for PTSD and TBI have proven insufficient for many veterans, with only two U.S. Food and Drug Administration (FDA)-approved PTSD medications introduced over two decades ago and limited therapeutic innovation since then; and

WHEREAS, psychedelic-assisted therapies—including those using methylenedioxymethamphetamine (MDMA) and psilocybin—have demonstrated potential in significantly reducing PTSD symptoms in clinical trials and have been granted *breakthrough therapy* designation by the FDA; and

WHEREAS, the VA has initiated its first clinical trials involving psychedelic compounds in decades, but further research and expanded access are necessary to determine their safety, efficacy and applicability for veteran-specific conditions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation requiring the VA to accelerate and expand research into psychedelic-assisted therapies and, if proven safe and effective, to provide access to such treatments for veterans suffering from PTSD and traumatic brain injury.



RESOLUTION NO. 641

Support Integration of DOD Medical Innovations Into VA Health Care

WHEREAS, active-duty service members sustain numerous injuries, illnesses and diseases, many of which make them eligible for VA benefits and health care after military service; and

WHEREAS, DOD research and treatment initiatives improve health outcomes for service members and support their transition to VA health care; and

WHEREAS, the DOD is advancing important initiatives to treat conditions such as traumatic brain injury, mental health challenges, toxic exposures and the development of advanced prostheses; and

WHEREAS, these DOD innovations play a pivotal role in improving long-term health outcomes for service members as they transition to veteran status; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to advance DOD medical research and innovation that improves outcomes for future service-disabled veterans; AND

BE IT FURTHER RESOLVED that DAV supports stronger coordination between the DOD and VA to ensure new treatments and technologies are effectively carried over as service members transition to VA care; AND

BE IT FURTHER RESOLVED that DAV urges the VA to adopt and implement proven DOD-developed medical innovations to improve long-term health outcomes for veterans.



RESOLUTION NO. 642

Support Expanding Travel and Lodging Reimbursements in the VA Foreign Medical Program

WHEREAS, the VA Foreign Medical Program (FMP) does not currently provide reimbursement for travel or lodging for service-connected veterans who require medical treatment unavailable within a reasonable distance or time frame from their country of residence, necessitating travel to another foreign country that can deliver the required care; and

WHEREAS, service-connected veterans enrolled in the FMP often require transportation and lodging for treatment of certain service-connected conditions—such as multiple-dose cancer therapies and outpatient surgical procedures—that require recovery periods exceeding 24 hours before returning home is medically appropriate; and

WHEREAS, some veterans require comprehensive caregiver assistance for activities of daily living while receiving such treatment abroad, and caregiver travel and lodging expenses should also be eligible for reimbursement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to provide travel and lodging reimbursements to service-connected disabled veterans enrolled in the FMP and, when medically appropriate, to their caregivers, for treatment of service-connected conditions that require extended medical care or delays in travel due to medical necessity, including cancer therapies and surgical procedures with post-treatment recovery exceeding 24 hours.



RESOLUTION NO. 643

Support Inclusion of Qualified Nonfamilial Caregivers

WHEREAS, veterans who are permanently and totally disabled and receive compensation often encounter difficulties in maintaining their households due to physical limitations and lack of familial support; and

WHEREAS, many veterans reside in permanent living situations that may be contraindicated for their overall well-being and safety, exacerbating the challenges they face in performing essential household chores; and

WHEREAS, it is imperative to expand support services to ensure these veterans receive adequate assistance with daily tasks, enhancing their quality of life; and

WHEREAS, the current VA Caregiver Rule does not include provisions for nonfamilial caregivers for disabled veterans receiving compensation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, encourages the VA to enhance the Caregiver Rule to include eligibility for nonfamilial caregivers for veterans who are permanently and totally disabled, receive compensation, and reside in permanent living situations that are contraindicated for their well-being and safety; AND

BE IT FURTHER RESOLVED that eligible veterans under this enhancement shall be provided with a nonfamilial caregiver to assist with labor-intensive household chores, including but not limited to laundry, cleaning and yard work; AND

BE IT FURTHER RESOLVED that the VA should establish clear guidelines and procedures for determining eligibility, assessing the need for caregiver assistance and assigning appropriate nonfamilial caregivers; AND

BE IT FURTHER RESOLVED that the VA should ensure nonfamilial caregivers receive adequate training, support and compensation for their services, commensurate with the level of care required; AND

BE IT FURTHER RESOLVED that the VA should prioritize prompt implementation of this enhancement to ensure timely assistance for eligible veterans in need; AND

BE IT FURTHER RESOLVED that the VA should regularly review and assess the effectiveness of this enhancement in meeting the needs of disabled veterans and their nonfamilial caregivers and adjust as necessary.



RESOLUTION NO. 645

Support Strengthening the VHA Workforce to Meet Veterans' Health Needs

WHEREAS, staffing shortages across critical clinical and support positions in the Veterans Health Administration (VHA)—combined with ongoing attrition and rising demand for veterans health care—impede the delivery of timely, high-quality, veteran-centric medical services, necessitating proactive and sustained strategies to recruit and retain health care professionals; and

WHEREAS, nursing professionals—including licensed practical nurses (LPNs), certified nursing assistants (CNAs), and registered nurses—provide most hands-on, day-to-day care and are essential to delivering high-quality, veteran-centric services across all VHA settings; and

WHEREAS, mental health professionals—such as psychiatrists, psychologists, licensed clinical social workers and other behavioral health specialists—are vital to addressing the mental health needs of veterans, including those with post-traumatic stress disorder, depression and substance use disorders; and

WHEREAS, primary care providers, including family medicine and internal medicine physicians, along with specialty medical staff such as surgeons, anesthesiologists, cardiologists, oncologists and neurologists, play a pivotal role in managing veterans' overall health, chronic conditions and complex medical needs; and

WHEREAS, rehabilitation therapists—including physical therapists, occupational therapists and speech-language pathologists—collaborate with diagnostic and support staff, such as medical technologists, radiologic technologists and laboratory technicians, to aid in recovery, enhance functionality, and ensure timely and accurate diagnoses; and

WHEREAS, emergency care staff, including emergency medicine physicians, trauma nurses and paramedics, along with clinical pharmacists and other allied health professionals, are essential to providing lifesaving care, urgent medical treatment, and safe and effective medication management, particularly for veterans with complex and acute health care needs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the continuation and expansion of aggressive recruiting strategies to fill all clinical care and support vacancies across the VHA health care system; AND

BE IT FURTHER RESOLVED that DAV urges the VA to fully utilize all levels of its clinical workforce—including licensed, certified and auxiliary health care professionals—as a standard practice to optimize veteran-centered medical services and address staffing challenges effectively whenever they arise.



RESOLUTION NO. 646

Support Pilot Programs Assessing the Effectiveness of Post-Traumatic Growth

WHEREAS, a significant portion of veterans from all combat eras experience the chronic effects of post-traumatic stress disorder (PTSD); and

WHEREAS, without effective treatment, PTSD is associated with significant adverse consequences such as substance use disorders, family dissolution, unemployment, homelessness, involvement in the justice system and suicide; and

WHEREAS, the VA has developed effective programs for addressing the chronic needs of most veterans struggling with PTSD through trauma exposure-based therapies and pharmaceutical interventions; and

WHEREAS, the VA is an acknowledged world leader in the development of effective PTSD treatments and continues to explore promising interventions; and

WHEREAS, despite the VA's use of evidence-based treatment protocols, many veterans discontinue traumatic exposure therapies prematurely, and a significant number continue to struggle with symptoms; and

WHEREAS, post-traumatic growth (PTG) emphasizes building resilience by encouraging veterans to adopt new belief systems that help them cope, problem-solve and find meaning in life after trauma; and

WHEREAS, certain PTG-based programs—such as the U.S. Army's Comprehensive Soldier Fitness initiative, including Master Resilience Training, and the Boulder Crest Warrior PATHH program—have been associated with improved psychological health and sustained well-being; and

WHEREAS, these programs are often delivered by trained peer counselors, many of whom are veterans in recovery from PTSD themselves; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to develop a pilot program to assess the effectiveness of standardized PTG programs in achieving long-term health outcomes for veterans with treatment-resistant or complex PTSD.



RESOLUTION NO. 647

Support Equitable and Consistent Access to VA Transportation

WHEREAS, many disabled veterans face mobility challenges due to service-connected disabilities, which limit their access to VA health care and services; and

WHEREAS, the VA operates transportation programs such as the Veterans Transportation Service and the Beneficiary Travel program, but these programs often fail to fully meet the transportation needs of service-connected disabled veterans; and

WHEREAS, inconsistent eligibility criteria and unclear policies regarding special mode transportation—such as wheelchair-accessible vans—create barriers to accessing timely VA care; and

WHEREAS, programs like the Highly Rural Transportation Grant serve only select geographic areas, leaving significant gaps in transportation access for veterans outside those designated regions;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to implement a comprehensive, consistent transportation policy that simplifies and expands access for all service-connected veterans, ensuring timely and equitable access to VA health care services.



RESOLUTION NO. 648

Support Increasing Veterans' Access at VA Facilities by Extending Coverage on Weekdays and Weekends

WHEREAS, the Veterans Health Administration (VHA) is committed to providing quality care for eligible veterans when they want and need care and has made progress in improving access to health care services as the needs and preferences of the veteran patient population evolve; and

WHEREAS, VHA Directive 1231(4) requires VA medical centers and community-based outpatient clinics treating over 10,000 unique veterans per fiscal year to provide access to a minimum of four extended clinic hours per week in both primary care and mental health clinics and at least one extended clinic hour per month for women's health services, increasing access to care beyond regular business hours; and

WHEREAS, regular business hours for VHA services are 8:00 a.m. to 4:30 p.m. Monday through Friday, but offering extended operating hours—including urgent care services available through VA medical centers and in-network community providers during evenings and weekends—could ease the burden on service-connected disabled veterans who must balance family, employment, community obligations and other commitments while ensuring timely treatment for non-life-threatening conditions outside of standard business hours; and

WHEREAS, local data, including direct feedback from service-connected veterans, should be used to determine which extended hours would best meet the needs of each facility's enrolled veteran population; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to implement extended operating hours at VHA health care facilities, based on local access data and veteran feedback, for services such as primary care, specialty care, mental health care and urgent care, to ensure veterans have increased access to comprehensive services beyond regular business hours; AND

BE IT FURTHER RESOLVED that DAV urges the VA to ensure adequate staffing, resources and support services—such as laboratory, radiology, pharmacy and urgent care—are available during extended hours to support the full continuum of care; AND

BE IT FURTHER RESOLVED that DAV encourages the VA to regularly evaluate the effectiveness of extended operating hours using veteran feedback and utilization data, adjusting as necessary to optimize access, efficiency and patient satisfaction; AND

BE IT FURTHER RESOLVED that DAV supports the implementation of outreach programs to inform veterans about the availability of extended hours and services, increasing awareness and utilization of these resources.



RESOLUTION NO. 649

Provide Beneficiary Travel Benefits for Unscheduled Visits to Receive Care From the VA

WHEREAS, timely access to clinical care is essential for patient-centered care, especially for veterans with acute medical, psychiatric or minor injuries requiring urgent, unscheduled treatment; and

WHEREAS, VA facilities have implemented local policies to provide care to veterans on a “drop-in” basis without scheduled appointments but often fail to properly document these encounters, which can result in the denial of travel benefits for eligible service-connected veterans; and

WHEREAS, the VA MISSION Act of 2018 (Public Law 115–182) provides eligible veterans with access to urgent care through contracted community providers, but travel reimbursement for such visits under the Beneficiary Travel program is typically limited to one-way travel, as urgent care visits are classified as unscheduled; and

WHEREAS, VA travel benefits under section 111, Title 38, United States Code, are intended to reimburse eligible veterans for the cost of transportation to and from VA or VA-authorized health care, yet current VA policy restricts round-trip reimbursement in cases of unscheduled visits, including urgent care; and

WHEREAS, partial reimbursement contradicts the intended purpose of the benefit by imposing an unfair financial burden on veterans who seek medically necessary unscheduled care; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress and the VA to revise beneficiary travel regulations to provide full round-trip travel reimbursement for veterans receiving unscheduled care at VA or VA-authorized facilities.



RESOLUTION NO. 650

Ensure Quality and Timely Access in the VHA and Veterans Community Care Programs

WHEREAS, Congress established the Veterans Community Care Program (VCCP) under the VA MISSION Act of 2018 (Public Law 115–182) to ensure timely access to quality care when veterans cannot be treated directly through the VA; and

WHEREAS, VCCP providers are part of the VA's integrated, high-performing network and are expected to meet the same standards as VA facilities, which maintain national accreditation through programs such as the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities; and

WHEREAS, the VA and the DOD jointly develop and update clinical practice guidelines for conditions common to veterans and service members, including post-traumatic stress disorder, substance use disorders, traumatic brain injury and diabetes; and

WHEREAS, the VA uses industry-standard metrics, such as Centers for Medicare & Medicaid Services (CMS) measures and the Healthcare Effectiveness Data and Information Set, to assess quality and timeliness, while VA medical centers publicly report wait time data for primary, specialty and mental health care; and

WHEREAS, many private sector providers participating in the VCCP do not engage in national quality reporting, fail to provide transparent outcome or access data, and are often evaluated only against limited CMS regional benchmarks that may not reflect veterans' needs or VCCP-specific performance; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to improve real-time access to quality and timeliness measures to support continuous improvement and accountability across its health care delivery system; AND

BE IT FURTHER RESOLVED that Congress must require the VA to include enforceable quality and access benchmarks in all VCCP contracts, ensuring that private providers are held to the same standards as VA facilities and are verified through state and national licensure and accreditation databases; AND

BE IT FURTHER RESOLVED that VCCP providers be required to participate annually in VA-led training on available veteran-specific resources and clinical guidelines related to conditions associated with military service.



RESOLUTION NO. 652

Support VA Dental Coverage for Oral Health Conditions Caused by Service-Connected Disabilities

WHEREAS, oral health is vital to the overall well-being of veterans and is a key component of comprehensive health care; and

WHEREAS, the VA currently provides outpatient dental services primarily to veterans who are 100% service-connected disabled; have a service-connected dental condition; are former prisoners of war; or meet specific eligibility criteria under section 1712, title 38, United States Code, and section 17.161, title 38, Code of Federal Regulations; and

WHEREAS, veterans with service-connected disabilities or their treatments—such as prescribed medications, radiation therapy or mental health conditions like PTSD—may develop secondary dental conditions, including tooth decay, periodontal disease, bruxism or temporomandibular joint (TMJ) disorders; and

WHEREAS, current VA dental policy does not cover treatment for these non-service-connected conditions, even when they are clearly linked to service-connected disabilities or their medically necessary treatments; and

WHEREAS, lack of access to timely dental care may lead to irreversible damage such as tooth loss, bone loss and systemic health complications, especially among veterans who are otherwise enrolled in VA health care but ineligible for dental benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to expand VA dental care eligibility to include treatment for non-service-connected dental conditions that are caused or aggravated by service-connected disabilities or their treatments; AND

BE IT FURTHER RESOLVED that DAV urges the VA to expand research into the links between oral and systemic health, including interdisciplinary studies on the impact of service-related health conditions and their treatments on oral health.



RESOLUTION NO. 653

Strengthen and Protect the VA Health Care System

WHEREAS, the VA health care system is a critical safety net and trusted source of care for millions of enrolled veterans, including those with service-connected injuries and illnesses who rely on the VA for comprehensive and coordinated treatment; and

WHEREAS, the VA provides specialized services—including polytrauma care, prostheses, spinal cord injury treatment, post-traumatic stress disorder and mental health services, toxic-exposure care under the PACT Act (Public Law 117–168), and care for conditions related to military sexual trauma—that are unmatched in scope and quality by most private sector providers; and

WHEREAS, independent studies have consistently shown that VA health care is of equal or better quality and lower cost than care delivered in the private sector, with veterans reporting high satisfaction with the quality, experience and outcomes of VA care; and

WHEREAS, the VA MISSION Act (Public Law 115–182) reinforced the VA’s role as the primary provider and coordinator of veterans’ care while permitting the use of community care networks when medically necessary, especially in underserved or rural areas; and

WHEREAS, rising demand for services—including through expanded eligibility under the PACT Act—requires Congress to provide timely and sufficient funding to sustain and expand the VA’s workforce, facilities, infrastructure and clinical capabilities, especially in regions experiencing shortages; and

WHEREAS, proposals to outsource or privatize core elements of VA health care threaten to fragment care; reduce veteran-specific expertise; and diminish the VA’s role in advancing medical research, clinician training and veteran-centered innovations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls upon Congress and the Administration to ensure that the VA health care system remains the primary provider and coordinator of care for enrolled veterans while leveraging community care to close gaps in access when necessary; AND

BE IT FURTHER RESOLVED that DAV urges robust and timely federal investment in VA health care infrastructure, workforce expansion, and modernization efforts to meet current and future demand—particularly in rural, remote and underserved areas; AND

BE IT FURTHER RESOLVED that DAV opposes any effort, proposal or recommendation—whether legislative, regulatory or administrative—that would erode, weaken or dismantle the VA health care system, including its medical education, clinical research or specialized care programs vital to veterans.



RESOLUTION NO. 654

Support Top Priority Access for Service-Disabled Veterans

WHEREAS, the VA Veterans Health Administration (VHA) has issued national directives and policies—such as VHA Directive 1039 (Priority for Outpatient Medical Services) and VHA Directive 1005 (Enrollment and Eligibility)—affirming its commitment to provide *priority access* to hospital care and medical services for veterans with any service-connected disabilities, regardless of their assigned disability rating, unless compelling medical circumstances warrant otherwise; and

WHEREAS, many VA facilities are currently challenged in fulfilling this mandate due to resource constraints, workforce shortages and rising demand, which has in some regions outpaced capacity due to increasing patient workload and the complexity of care required; and

WHEREAS, DAV continues to receive complaints from service-connected veterans reporting delays, denial of priority or confusion about access policies, despite existing national directives intended to ensure timely and prioritized care; and

WHEREAS, sometimes, inadequate local or network resources have led VA medical centers to establish wait lists, delay care or use community care referrals, which can result in rationed or inconsistent access for service-connected veterans—absent compelling medical reasons to prioritize other clinical cases; and

WHEREAS, the VA is actively pursuing modernization efforts aimed at realigning, expanding and integrating care delivery—through initiatives such as the VA Health Care System Realignment (AIR Commission process, later paused), the MISSION Act, and proposed reforms to consolidate and standardize community care access—intended to improve transparency, efficiency, accountability and responsiveness to veterans’ evolving needs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports strict enforcement by VHA leadership, including Veterans Integrated Service Network directors and local medical center directors, of all governing policies that guarantee service-connected veterans priority access to VA care, unless compelling medical reasons justify alternate prioritization.





Employment, Education and Training

RESOLUTION NO. 18

Support Expanding Educational Benefits to Dependents of Veterans Rated 70% or Higher

WHEREAS, the Survivors' and Dependents' Educational Assistance (DEA) program currently provides up to 36 months of education and training benefits, including tuition assistance, on-the-job training, apprenticeships, and licensing or certification test reimbursement, to dependents of veterans who are permanently and totally disabled due to service-connected conditions or who have died as a result of such conditions; and

WHEREAS, veterans rated at 70%, 80% or 90% for service-connected disabilities experience significant physical and economic burdens, including reduced earning capacity, higher medical expenses and limited employment opportunities, that often impair their ability to financially support their dependents' pursuit of higher education or vocational training, despite not meeting the statutory designation of permanent and total disability; and

WHEREAS, veterans rated 100%, though not deemed permanently and totally disabled, often face significant earning limitations and increased medical expenses that hinder their dependents' access to higher education or vocational training; and

WHEREAS, veterans granted Total Disability based on Individual Unemployability (TDIU) cannot work due to the severity of their conditions, yet their dependents remain ineligible for DEA benefits unless the veteran is also rated as permanent and total; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to enact legislation expanding DEA eligibility to include dependents of veterans rated 70% or higher, including those with TDIU status, regardless of permanent and total designation.



RESOLUTION NO. 65

Support Licensure and Certification of Active-Duty Service Personnel

WHEREAS, the DOD provides high-quality vocational training to service members, much of which is not recognized for civilian certification or licensure; and

WHEREAS, many veterans cannot transition into equivalent civilian careers due to a lack of recognized credentials, even though their military training and experience often match or exceed civilian standards and could qualify as continuing education credits; and

WHEREAS, DOD coordination with states, unions and certifying bodies could expand training programs to meet civilian licensure requirements and allow service members to take equivalency exams in their state of residence; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation eliminating employment barriers for transitioning service members by aligning military training with civilian certification and licensure standards; AND

BE IT FURTHER RESOLVED that DAV urges Congress to establish a clear, coordinated process through collaboration with the Administration, DOD, VA, Department of Labor, state governments, employers, trade unions and licensing entities to ensure military-acquired skills are recognized in the civilian workforce.



RESOLUTION NO. 105

Support Women Veterans' Employment Programs

WHEREAS, women are the fastest-growing segment of the veteran population, resulting in a rising demand for employment and training services tailored to their specific needs; and

WHEREAS, due to the distinct challenges they face after military service, many women veterans remain unaware of the specifically tailored employment and training resources available to them through state workforce agencies and are therefore less likely than their male counterparts to access these critical services; and

WHEREAS, women veterans experience higher unemployment rates than their male veteran counterparts and face ongoing challenges accessing employment and training programs designed to meet their unique needs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to enact and fund programs specifically designed to support women veterans, especially those with service-connected disabilities, by improving access to employment assistance through the national labor exchange system and training opportunities; AND

BE IT FURTHER RESOLVED that DAV calls on Congress and federal agencies to provide specialized training for all workforce development professionals, including staff at state workforce agencies, American Job Centers and VA-affiliated programs, to ensure equitable, gender-responsive delivery of career services that address the unique barriers faced by women veterans and improve their representation in meaningful employment.



RESOLUTION NO. 106

Support Eliminating Time Limit for Veteran Readiness and Employment Benefits

WHEREAS, many service-disabled veterans are not informed of their entitlement to Veteran Readiness and Employment (VR&E) benefits at the time they are awarded service connection for disabilities; and

WHEREAS, initial disability ratings may be too low to qualify veterans for VR&E benefits, but as their conditions worsen over time, their need for these services increases; and

WHEREAS, current law limits eligibility for VR&E benefits to within 12 years from a veteran's discharge or release from active duty, which may unfairly restrict access to necessary services for many veterans, especially those discharged before January 1, 2013; and

WHEREAS, the VA places no time limit on when a veteran can file a disability claim or request increased benefits, highlighting an inconsistency in eligibility rules for VR&E services; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to eliminate the 12-year eligibility limitation for VR&E benefits, ensuring that all service-disabled veterans have unrestricted access to the rehabilitation and employment services they have earned, regardless of their discharge date.



RESOLUTION NO. 118

Support Fraud Prevention of Service-Disabled Veteran-Owned Small Business Program

WHEREAS, the Service-Disabled Veteran-Owned Small Business (SDVOSB) program has been vulnerable to fraud and abuse, allowing ineligible companies to receive millions of dollars in contracts; and

WHEREAS, in June 2024, the Small Business Administration (SBA) implemented the Veteran Small Business Certification (VetCert) program, which ensures only verified SDVOSBs can compete for set-aside and sole-source federal contracts; and

WHEREAS, the SBA conducts periodic reviews and audits to ensure ongoing compliance with program requirements and can revoke certifications if businesses are noncompliant or if fraudulent activity is detected; and

WHEREAS, legitimate SDVOSBs should receive the contracts they rightfully deserve, while companies that commit fraud must be aggressively prosecuted, suspended, debarred or otherwise held fully accountable; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and policies that enhance fraud prevention and enforcement efforts within the SDVOSB program, including increased oversight, investigation and compliance resources; AND

BE IT FURTHER RESOLVED that DAV urges the SBA to conduct regular and more frequent audits under the VetCert program to detect and deter fraud and to ensure that only qualified SDVOSBs benefit from the opportunities set aside for them.



RESOLUTION NO. 177

**Support Prompt Payment of Contracts to Service-Disabled Veteran-Owned
Small Businesses**

WHEREAS, the preferential contract program for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) should assist those that hire disabled veterans; and

WHEREAS, SDVOSBs face issues with delayed and nonpayment of contracts; and

WHEREAS, formal complaints about these issues can lead to rejection from future contracts or the threat of being put out of business; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports immediate payment of completed SDVOSB contracts and an independent investigation into inappropriate tactics used against them.



RESOLUTION NO. 178

Support Strengthening Federal Contracting Goals for Service-Disabled Veteran-Owned Small Businesses

WHEREAS, the VA Office of Small and Disadvantaged Business Utilization continues to support Veteran-Owned Small Businesses (VOSBs) and service-disabled veteran-owned small businesses (SDVOSBs); and

WHEREAS, the Small Business Administration maintains a centralized database of businesses that are at least 51% veteran-owned and certified through the Veteran Small Business Certification (VetCert) program, providing federal agencies with a tool to help meet the 5% contracting goal for SDVOSBs; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on all government agencies to meet the set-aside goals for SDVOSBs each fiscal year and that Congress should make set-asides mandatory and require underperforming agencies to make up shortfalls in the subsequent fiscal year; AND

BE IT FURTHER RESOLVED that Congress should enforce penalties for misrepresentation of VOSBs or SDVOSBs for at least five years.



RESOLUTION NO. 179

**Support Strengthening and Safeguarding Education and Employment Benefits for
Service-Disabled Veterans and Their Survivors**

WHEREAS, the VA's Veteran Readiness and Employment (VR&E) and Chapter 35 benefits are crucial for service-disabled veterans and their survivors; and

WHEREAS, the VA's VetSuccess on Campus (VSOC) program provides critical education and career support to student veterans with service-connected disabilities and should be expanded to reach more institutions, particularly in rural and underserved areas; and

WHEREAS, Chapter 35 and VR&E benefits must be protected from budget cuts and fraud; and

WHEREAS, Chapter 35 benefits should be strengthened to prevent financial burdens for survivors and dependents attending school; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to improve and protect the VA's education and employment benefits for service-disabled veterans and their survivors.



RESOLUTION NO. 180

Support Eliminating the Time Limitations on Survivors' and Dependents' Educational Assistance Benefits

WHEREAS, VA Dependency and Indemnity Compensation (DIC) is a tax-free benefit for eligible survivors of service members and veterans who died from service-related injuries or diseases, requiring evidence of death during active duty or from a service-connected illness or injury or a totally disabling service-connected condition for a specified period; and

WHEREAS, Survivors' and Dependents' Educational Assistance (DEA) provides education benefits to eligible dependents of veterans who are permanently and totally disabled due to a service-connected condition, or who died as a result of a service-connected condition; and

WHEREAS, modern medical advances have increased survival rates for veterans who have been deemed permanently and totally disabled, many of whom are young and whose spouses face significant caregiving and educational challenges; and

WHEREAS, the educational and career advancement of spouses of veterans who have been deemed permanently and totally disabled is often delayed due to caregiving responsibilities and financial burdens, limiting their ability to fully use DEA benefits within the current 10-year time frame; and

WHEREAS, extending access to educational benefits beyond the 10-year delimiting date would support military families' long-term stability and well-being by providing flexibility for spouses to pursue education and contribute to the workforce when they are ready; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to eliminate the 10-year limitation on DEA benefits for eligible spouses, ensuring continuous access to education benefits without time restrictions.



RESOLUTION NO. 181

Support Federal Tax Credit for Sustainable Technology Sector

WHEREAS, Congress has enacted and supported employment promotion programs for service-disabled veterans such as the Work Opportunity Tax Credit (WOTC) and large-scale infrastructure investments like the Infrastructure Investment and Jobs Act (Public Law 117–58), demonstrating a commitment to expanding veteran workforce participation; and

WHEREAS, sustainable technologies represent a booming sector of the American economy, offering significant potential for long-term employment opportunities and national benefit; and

WHEREAS, veterans bring unique skills, training and discipline that make them strong candidates for careers in renewable energy, clean transportation, energy efficiency and other sustainability-focused fields; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to establish a federal tax credit program specifically for employers who hire veterans into jobs within the sustainable technology sector, building upon the model of the WOTC and aligned with national efforts to strengthen both the economy and the environment.



RESOLUTION NO. 182

Support Reducing Certification Barriers for Veteran-Owned Small Businesses in Federal Technology Contracting

WHEREAS, Veteran-Owned Small Businesses (VOSBs) and Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) play a critical role in driving innovation, creating jobs and supporting national security; and

WHEREAS, federal agencies such as the DOD and VA often require costly certifications such as Cybersecurity Maturity Model Certification, International Organization for Standardization certifications and Capability Maturity Model Integration for technology contracts; and

WHEREAS, the significant expenses associated with obtaining these certifications create a disproportionate financial burden on VOSBs and SDVOSBs, limiting their ability to compete effectively; and

WHEREAS, these barriers hinder the purpose of federal programs intended to promote veteran entrepreneurship and increase veteran participation in federal procurement; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports federal measures to reduce certification barriers for VOSBs and SDVOSBs by establishing grant or reimbursement programs, enabling phased compliance, expanding mentorship and teaming opportunities, enhancing technical assistance, and allowing waivers or alternatives based on business size and resources; AND

BE IT FURTHER RESOLVED that DAV urges federal agencies to streamline certification requirements to ensure they do not unintentionally exclude VOSBs and SDVOSBs from competing in the federal technology marketplace.



RESOLUTION NO. 183

Support Increasing Sole-Source Award Thresholds for Service-Disabled Veteran-Owned Small Businesses and Veteran-Owned Small Businesses

WHEREAS, veterans make up a significant portion of the population but remain underrepresented in business ownership; and

WHEREAS, Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and Veteran-Owned Small Businesses (VOSBs) face a competitive disadvantage in federal contracting due to the lowest sole source award thresholds among all federal small business programs, as documented in Congressional Research Service Report IF12853; and

WHEREAS, these lower thresholds restrict access to multiyear federal contracts, particularly in sectors where SDVOSBs and VOSBs have demonstrated strong performance, such as defense, infrastructure, health and innovation; and

WHEREAS, SDVOSBs and VOSBs represent a distinct group of entrepreneurs who have served their country under risk and sacrifice and deserve equitable access to economic opportunity; and

WHEREAS, raising the sole source threshold would support federal supply chain resilience, promote veteran reintegration into the workforce and reflect the nation's commitment to those who served; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to raise the sole-source award threshold for SDVOSBs and VOSBs, ensuring parity, opportunity and meaningful recognition of veterans' contributions.



RESOLUTION NO. 228

Support Coordinated Vocational Rehabilitation Services for Service-Disabled Veterans

WHEREAS, service-disabled veterans often face complex barriers to employment, education and independent living that require individualized support from trained professionals; and

WHEREAS, the VA administers the Veteran Readiness and Employment (VR&E) program to help service-disabled veterans prepare for, secure and sustain meaningful employment or achieve independent living goals; and

WHEREAS, the VA also operates and partners with various vocational rehabilitation services and providers outside the Chapter 31 program, such as the Department of Labor, community rehabilitation providers or state vocational rehabilitation agencies, that contribute to employment readiness, career counseling, transitional support and community-based rehabilitation; and

WHEREAS, these programs often function independently, which can lead to fragmented service delivery and missed opportunities to coordinate resources and expertise; and

WHEREAS, increased coordination and collaboration between the VR&E program and other VA-affiliated vocational rehabilitation resources would improve service delivery; reduce duplication; close service gaps; and ensure service-disabled veterans receive timely, individualized and effective rehabilitation planning; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA to establish formal coordination between the VR&E program and all other VA-affiliated vocational rehabilitation services and providers, in order to deliver seamless, veteran-centered rehabilitation and employment support to service-disabled veterans.



RESOLUTION NO. 344

Support Staffing Levels of the Veteran Readiness and Employment Service

WHEREAS, the Veteran Readiness and Employment (VR&E) service prepares service-disabled veterans for suitable employment or provides independent-living services to those veterans with disabilities severe enough to render them unemployable; and

WHEREAS, successful transition of service-disabled veterans into meaningful employment relies heavily on the VA's ability to deliver vocational rehabilitation and employment services promptly and effectively, yet current demands and expectations exceed VR&E's capacity to effectively deliver a full continuum of comprehensive programs; and

WHEREAS, the VR&E program continues to face nationwide staffing shortages that cause delays in delivering timely rehabilitation opportunities; and

WHEREAS, these shortages contribute to widespread delays and reduced service quality as the number of veterans seeking career development, employment and rehabilitation services grows;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports strengthening VR&E by increasing staffing and funding to improve timely, effective workforce transitions.



RESOLUTION NO. 346

Support Improving, Reforming and Monitoring the Mandatory Transition Goals, Plans, Success Program

WHEREAS, the VOW to Hire Heroes Act of 2011 (Public Law 112–56) provides comprehensive transition assistance benefits and services for separating service members and their spouses and renames the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) as the Transition Goals, Plans, Success (GPS) program; and

WHEREAS, the transition from military service to civilian life is often difficult for veterans, who must overcome obstacles to securing meaningful employment, pursuing education or starting businesses to provide for themselves and their families; and

WHEREAS, the Transition GPS program—mandatory for most active-duty personnel—was expanded from five to seven or more days to enhance counseling and guidance, requires regular review of training methods and participant feedback, and has helped many separating service members successfully enter the civilian workforce; and

WHEREAS, Reserve members called to active duty may require additional resources to improve career and employment opportunities and to consider alternative career paths; and

WHEREAS, participation by DAV and other veterans service organizations (VSOs) in Transition GPS workshops is essential to ensure service members understand their earned benefits and receive free assistance and representation during their transition; and

WHEREAS, the current Transition GPS program does not fully address the unique needs of service members transitioning after deployment within one year of discharge, nor does it provide sufficient follow-up to improve long-term outcomes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to reform and enhance the Transition GPS program by creating new services to better meet the evolving needs of transitioning service members; AND

BE IT FURTHER RESOLVED that DAV urges Congress to exercise strong oversight of the Transition GPS program, including its workshops, training methods, service delivery and evaluation of participant feedback; AND

BE IT FURTHER RESOLVED that DAV supports continued and expanded involvement of VSOs in Transition GPS workshops to ensure the program’s effectiveness and to provide follow-up on employment outcomes for participants.



RESOLUTION NO. 347

Support Strengthening and Protecting Service-Disabled Veteran-Owned Small Businesses

WHEREAS, the federal government's support for Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) plays a critical role in helping disabled veterans transition to civilian life by promoting economic opportunity and long-term financial independence; and

WHEREAS, the Veterans Entrepreneurship and Small Business Development Act of 1999 (Public Law 106–50) established a government-wide goal for federal agencies to award at least 3% of prime and subcontracting dollars to SDVOSBs each year, and agencies continue to face challenges in consistently meeting this target; and

WHEREAS, the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109–461) created the Veterans First Contracting Program, which gives verified Veteran-Owned Small Businesses (VOSBs) and SDVOSBs contracting priority within the VA, recognizing the importance of veteran entrepreneurship in advancing VA's mission; and

WHEREAS, although SDVOSBs have received billions in federal contract awards in recent years, stronger protections and accountability are needed to ensure that only eligible, veteran-owned firms benefit from these programs; and

WHEREAS, misrepresentation or abuse of SDVOSB and VOSB programs undermines the integrity of set-aside contracting and reduces opportunities for legitimately owned and operated veteran small businesses; and

WHEREAS, the continued success and expansion of SDVOSB programs directly supports the economic well-being of disabled veterans and their families; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation that strengthens and protects SDVOSB programs across the federal government by enforcing verification standards, increasing oversight and accountability, and ensuring veteran entrepreneurs receive the opportunities they have earned.



RESOLUTION NO. 358

Support Establishing an Economic Opportunity Administration Within the VA

WHEREAS, veterans education, employment, housing and transition programs are spread across multiple offices within the VA, reducing coordination and oversight of these critical services; and

WHEREAS, the VA was created to consolidate and streamline delivery of veterans benefits and services, yet economic opportunity programs have become fragmented, leading to inefficiencies and diminished effectiveness; and

WHEREAS, the long-term economic success of veterans, through career training, employment and education, is directly tied to their overall well-being and requires focused leadership and resources within the VA; and

WHEREAS, a dedicated Economic Opportunity Administration, led by an Under Secretary, would ensure strong oversight and accountability for programs such as Veteran Readiness and Employment (VR&E), the Post-9/11 GI Bill, home loan guarantees, and transition services; and

WHEREAS, despite an increasing workload from more veterans becoming eligible as the compensation backlog decreases, programs like VR&E have faced stagnant or reduced budgets; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on Congress to fully establish and appropriately fund the Economic Opportunity and Transition Administration within the VA, led by a confirmed Under Secretary, to ensure that veterans and their families receive the full measure of support in education, employment, housing and transition services they have earned.



RESOLUTION NO. 398

Support Restoring Education and Vocational Benefits Lost Due to National Emergencies

WHEREAS, all educational and vocational programs administered by the VA have an established number of months of potential eligibility; and

WHEREAS, these benefits should support college, university or trade school education that prepares veterans and their families for meaningful employment and self-sufficiency; and

WHEREAS, national emergencies, including public health crises or natural disasters, can disrupt instruction, reduce academic quality, and limit student access to necessary counseling and support services; and

WHEREAS, many veterans and their dependents experienced extended delays and disruptions due to the COVID-19 pandemic, including school closures, limited class availability, delayed certifications, and personal health or caregiving responsibilities, hindering their ability to enroll in or complete their programs of study within standard benefit timelines; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation directing the VA to exclude any semester or quarter interrupted by a declared national emergency from being counted against a veteran's or dependent's total entitlement to VA education or vocational rehabilitation benefits until Congress determines educational stability has been restored; AND

BE IT FURTHER RESOLVED that DAV supports extending any applicable delimiting date, including limits based on the dependent's age, by one full academic term for each term impacted by a national emergency; AND

BE IT FURTHER RESOLVED that DAV supports an extension that allows adequate time for veterans hindered by the COVID-19 pandemic to enroll in and complete their program of studies for all VA educational programs.



RESOLUTION NO. 416

Support Removing Time Restrictions to Transfer Post-9/11 GI Bill to Eligible Dependents

WHEREAS, current law provides restrictive rules and regulations limiting the transfer of education benefits to a qualifying dependent of a veteran; and

WHEREAS, veterans entitled to the Post-9/11 GI Bill who did not transfer benefits to qualifying dependents through the Defense Enrollment Eligibility Reporting System before separating from service can no longer transfer these benefits to new dependents; and

WHEREAS, this restriction prevents veterans from transferring education benefits to new spouses, adopted children or other qualifying dependents not initially listed; and

WHEREAS, allowing veterans to transfer Post-9/11 GI Bill benefits to any qualifying dependent at any time would respect the veteran's intent and fully honor the earned benefits; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to remove restrictions and allow transfer of Post-9/11 GI Bill benefits to any qualifying dependent at any time.



RESOLUTION NO. 423

Support Strengthening Work Opportunity Tax Credits and Incentives

WHEREAS, the Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers for hiring and employing individuals from certain targeted groups, including disabled veterans, and encourages employment opportunities for those who have served; and

WHEREAS, the WOTC offers a credit equal to 40% of up to \$6,000 in wages paid during an employee's first year, provided the individual is certified as a member of a targeted group and works at least 400 hours for the employer; and

WHEREAS, the WOTC was extended in September 2021 and will expire December 31, 2025; and

WHEREAS, a 2021 RAND Corporation study, titled *The Work Opportunity Tax Credit and Veteran Employment*, found that the WOTC increased employment rates for qualified veterans by approximately 2% and raised their wage income by nearly 40%; and

WHEREAS, veterans with service-connected disabilities deserve meaningful and sustained employment opportunities across diverse career fields; and

WHEREAS, maintaining and improving incentives for employers to hire and retain veterans supports veterans' long-term economic stability and well-being; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to make permanent the WOTC; AND

BE IT FURTHER RESOLVED that DAV supports the development of additional tax credit and incentive programs to encourage employers to hire and retain disabled veterans across all regions and industries.



RESOLUTION NO. 428

Support Reducing Barriers to Employment, Education and Access to Benefits

WHEREAS, pursuing education and seeking gainful employment to support themselves and their families becomes a top priority for many veterans transitioning from military to civilian life; and

WHEREAS, veterans may not be fully aware of the range of benefits they have earned or may face unnecessary challenges in accessing those benefits and the support systems designed to help them succeed; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports programs, policies and legislation that identify and remove barriers to employment, education and full access to benefits for service-disabled veterans.



RESOLUTION NO. 529

Support Extension of VR&E Counseling and Placement Services Beyond 48 Months

WHEREAS, section 3105, title 38, United States Code, limits entitlement under the Veteran Readiness and Employment (VR&E) program to 48 months of services; and

WHEREAS, the VA may authorize extensions beyond 48 months when determined necessary to help a service-disabled veteran achieve a vocational rehabilitation or independent living goal; and

WHEREAS, veterans with significant service-connected disabilities may face complex barriers to employment that require extended time and tailored support for successful transition into the workforce; and

WHEREAS, additional months of counseling, placement and follow-up services can be critical to ensuring veterans secure and sustain meaningful employment consistent with their rehabilitation plans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the VA and Congress to ensure service-disabled veterans may receive up to 24 additional months of counseling and placement services under the VR&E program, when determined necessary, in order to support long-term rehabilitation success and employment retention.



RESOLUTION NO. 592

Support Simplifying the Verification Process for the Veterans First Contracting Program

WHEREAS, the Veterans First Contracting Program prioritizes awarding contracts and subcontracts to Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and Veteran-Owned Small Businesses (VOSBs), ensuring they can fully participate in the VA contracting process; and

WHEREAS, the program provides specific procurement set-asides and sole sourcing opportunities within the VA, ensuring veterans receive dedicated opportunities within the VA's procurement process; and

WHEREAS, some illegitimate companies have received contracts through the Veterans First Contracting Program; and

WHEREAS, the VA's current verification process requires extensive documentation, is complex to navigate and is time-consuming; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, recommends the VA simplify its verification process for SDVOSBs and VOSBs interested in participating in the VA's Veterans First Contracting Program while maintaining protections against awarding contracts to non-legitimate companies.



RESOLUTION NO. 593

Support Improving and Reforming Federal Programs Targeting Entrepreneurship

WHEREAS, federal programs to assist Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) and veteran self-employment have been established, but many are outdated; and

WHEREAS, the VA's Veteran Readiness and Employment (VR&E) program, on average, provides education and employment services to hundreds of thousands of eligible disabled veterans per year; and

WHEREAS, VR&E includes a self-employment track, but eligibility is limited to veterans with the most severe service-connected disabilities who require homebound training or self-employment, resulting in low participation in this track; and

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

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the Secretary of the VA coordinating with other federal agencies and programs that focus on service-disabled veteran entrepreneurship.



RESOLUTION NO. 655

Support Reforms in the Small Business Administration's Small Business Loan and Benefit Processes for Service-Disabled Veteran Entrepreneurs

WHEREAS, the Small Business Administration (SBA) provides a range of support services, financial products and contracting advantages designed to assist service-disabled veterans in launching and growing small businesses; and

WHEREAS, service-disabled veteran entrepreneurs often face unique barriers, including limited transparency in eligibility criteria, unclear credit requirements and inconsistent underwriting standards from SBA-partnered lenders that restrict access to the full benefits from SBA programs; and

WHEREAS, programs such as Veterans Business Outreach Centers (VBOCs) and Boots to Business programs support transitioning service members and veterans through entrepreneurship, including loan application training and guidance on obtaining a Veteran-Owned Small Business certification; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation and regulatory reforms to eliminate barriers that limit access to SBA loan programs and benefits for service-disabled veteran entrepreneurs; AND

BE IT FURTHER RESOLVED that DAV urges the SBA to ensure that all loan applications and veteran business certification processes clearly outline available resources, eligibility requirements and points of contact, improving transparency and access for service-disabled veteran small business owners.



RESOLUTION NO. 657

Support Employment Protection for Service-Disabled Veterans

WHEREAS, the Family and Medical Leave Act (FMLA) (Public Law 103–3) requires eligible employers to provide job-protected, unpaid leave for qualified medical and family reasons, including care related to chronic health conditions; and

WHEREAS, service-disabled veterans utilizing the FMLA may face employer interference, including denial of leave requests; manipulation of work hours; or retaliation, such as adverse employment actions related to their lawful use of FMLA leave to manage their service-connected medical needs; and

WHEREAS, the Wounded Warriors Federal Leave Act (Public Law 114–75) provides newly hired employees with a service-connected disability rating 30% or more up to 104 hours of paid leave during their first 12 months of employment for medical treatment related to their disabilities; and

WHEREAS, many service-disabled veterans continue to require ongoing medical care beyond their first year of employment and may lack adequate job protections when seeking necessary treatment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to expand employment protections for service-disabled veterans managing ongoing medical needs, including those using FMLA or other approved medical leave, to prevent retaliation and ensure continued access to health care without jeopardizing their employment.





General

RESOLUTION NO. 8

Support Expanding Space-A Travel to Families and Caregivers of 100% Service-Disabled Veterans

WHEREAS, the National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232) authorized 100% service-connected disabled veterans to travel on a space-available basis aboard military aircraft; and

WHEREAS, current policy limits travel for these veterans and their eligible dependents to flights within the continental United States (CONUS), or directly between CONUS and Alaska, Hawaii, U.S. territories, and certain routes operated by Air Mobility Command; and

WHEREAS, expanding access to space-available travel to include routes between CONUS and overseas locations would provide needed flexibility and support for disabled veterans and their families, without creating undue burden on the DOD; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to expand eligibility for space-available military air travel to include routes between CONUS and overseas locations for veterans with a 100% service-connected disability rating, along with their eligible dependents and caregivers.



RESOLUTION NO. 9

Support Reduced-Cost or Free Passports for Service-Disabled Veterans

WHEREAS, veterans and active-duty service members have already undergone comprehensive background checks and vetting by the U.S. government; and

WHEREAS, offering free or discounted passports aligns with existing veterans benefits like health care, education and national park access; and

WHEREAS, waiving or reducing passport fees would serve as a meaningful gesture of gratitude for the service and sacrifices of service-disabled veterans; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports federal policies and legislation that would provide free or reduced-cost passports to service-disabled veterans in recognition of their service.



RESOLUTION NO. 19

Support Renewed Prisoner-of-War/Missing-in-Action Discussions

WHEREAS, DAV remains committed to achieving the fullest possible accounting of U.S. personnel listed as prisoners, missing or unaccounted for from all past wars; and

WHEREAS, bilateral humanitarian discussions, distinct from strategic negotiations and aligned with broader policy and national security goals, are essential to advancing prisoner-of-war/missing-in-action (POW/MIA) cooperation; and

WHEREAS, renewed bilateral agreements require lead time to restore and expand unilateral, bilateral and multilateral field recovery operations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports renewing and expanding direct bilateral humanitarian efforts to strengthen U.S. agreements and recovery processes with partner nations in pursuit of full accounting for unreturned American military personnel.



RESOLUTION NO. 20

Support Accounting and Repatriation of U.S. War Casualties

WHEREAS, the United States government has engaged in diplomatic and investigative efforts, including congressional visits to Southeast Asia, to help determine the fate of those listed as missing in action (MIA) from the Vietnam War; and

WHEREAS, families of the missing continue to endure uncertainty and emotional hardship in the absence of answers about their loved ones; and

WHEREAS, tens of thousands of Americans remain unaccounted for from past wars, including World War II, the Korean War, the Vietnam War, the Gulf War and more recent conflicts, underscoring the critical work of the Defense POW/MIA Accounting Agency, which locates, identifies and returns the remains of missing U.S. personnel and provides answers to their families;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the United States government to continue making the full accounting and repatriation of American prisoners of war and missing in action a national priority, by increasing efforts to recover and return the remains of those who served and are still unaccounted for.



RESOLUTION NO. 69

Support Voting Access for Service-Disabled Veterans

WHEREAS, disabled veterans often face greater challenges in registering to vote and casting a ballot due to physical, cognitive, technological and procedural barriers; and

WHEREAS, civic participation by disabled veterans and their families helps ensure their voices are heard in shaping public policies that affect the veteran community; and

WHEREAS, many election systems across the United States lack full compliance with accessibility standards, leaving some disabled veterans unable to vote independently or privately without assistance; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, encourages all members to register and vote, supports targeted voter registration drives for veterans and their families, and promotes accessible voting systems to reduce barriers that prevent disabled veterans from participating in elections; AND

BE IT FURTHER RESOLVED that DAV urges state and local election officials to ensure full compliance with federal accessibility standards and to increase outreach and accommodations that enable all disabled veterans to vote privately, independently and without unnecessary hardship.



RESOLUTION NO. 70

Condemn Public Desecration of the Flag of the United States

WHEREAS, the U.S. Supreme Court has ruled that public desecration of the American flag, as a form of free speech and expression, is legal and permissible; and

WHEREAS, the American flag, “Old Glory,” is our national ensign, the proud and beautiful symbol of our country’s precious, free heritage; and

WHEREAS, this symbol, as our irreplaceable “Stars and Stripes,” has been carried and defended in battle, revered and cherished by our nation’s citizens, and viewed as a beacon of hope and fulfillment by all the world since it was first unfurled at the birth of our nation; and

WHEREAS, the First Amendment to the United States Constitution guarantees freedom of speech and was not intended by our Founding Fathers to enable individuals, who enjoy unfettered freedom to express their views, no matter how abhorrent, in both oral and written form, to desecrate our beloved flag publicly and contemptuously; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, condemns any individual or group who at any time publicly and willfully desecrates the flag of the United States.



RESOLUTION NO. 72

Support Dedicated Courthouse for Veterans Appeals Court

WHEREAS, since its establishment on November 18, 1988 (Public Law 100–687), the United States Court of Appeals for Veterans Claims has significantly advanced the rights of veterans and claimants through its jurisprudence; and

WHEREAS, the courtroom, chambers and other space are inadequate to meet the current and future needs of service-disabled veterans, their families and caregivers; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports authorizing and funding the construction of a suitable and appropriate courthouse for the United States Court of Appeals for Veterans Claims.



RESOLUTION NO. 73

Oppose Unauthorized Human Experimentation on Service Members

WHEREAS, while military service members may temporarily surrender certain liberties, they retain the fundamental ethical right to make informed decisions about their own bodies, and using them in human experimentation without their voluntary, informed consent violates this principle of self-determination; and

WHEREAS, the U.S. government has failed to obtain informed consent from service members, as seen in Project 112/SHAD, secret World War II mustard gas tests, nuclear weapons testing on “atomic veterans” and the CIA’s MK-Ultra program involving nonconsensual drug experiments (DOD, 2003; National Academies, 1993; NPR, 2015; VA, 2023; Church Committee, 1975); and

WHEREAS, these unethical actions resulted in lasting physical and psychological harm to veterans, many of whom live with service-connected disabilities, and contributed to mistrust in military and government institutions; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, opposes any law, regulation or policy that would authorize the use of service members in human experimentation without their full, informed and voluntary consent; AND

BE IT FURTHER RESOLVED that DAV calls on the DOD and Congress to uphold and strengthen ethical standards that protect the bodily autonomy, informed consent rights and personal dignity of all individuals who serve in uniform.



RESOLUTION NO. 111

Support Space-A Travel Benefits for Veterans Rated 30% or Greater

WHEREAS, Congress signed the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (Public Law 115–232), which allowed 100% service-connected disabled veterans to be eligible for space-available travel; and

WHEREAS, many veterans who are service-connected but not rated 100% permanent service-connected disabled have been deprived of the ability to use space-available air travel; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports extending space-available air travel aboard military aircraft for service-connected veterans rated by the VA as 30% or greater.



RESOLUTION NO. 112

Support Modernizing VA IT Infrastructure

WHEREAS, the VA provides a full continuum of health care and benefits to wounded, ill and injured veterans and relies on secure, modern information technology (IT) systems across both the Veterans Health and Benefits Administrations to deliver these services effectively; and

WHEREAS, seamless interoperability with the DOD, community providers and other networks is essential for coordinated care, timely benefits adjudication and accurate exchange of military- and exposure-related data; and

WHEREAS, service-disabled veterans and caregivers require accessible, user-friendly digital platforms to participate in treatment planning, manage claims and receive specialized services; and

WHEREAS, modernization of the VA's electronic health record system must include integrated military exposure histories; support lifelong, service-disabled veteran-centered care; and incorporate strong cybersecurity protections to safeguard sensitive personal and health data; and

WHEREAS, outdated benefits systems, underfunded veterans service organization-facing tools and competition for limited IT resources hinder timely claims processing, advocacy and modernization efforts, driving up costs and delaying critical upgrades; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA and Congress to fully fund and modernize the VA's IT infrastructure across all administrations; eliminate internal competition for technology resources; and prioritize upgrades that improve access, care delivery and benefits processing; AND

BE IT FURTHER RESOLVED that DAV supports secure, interoperable systems that integrate service records and exposure data; enable coordination with DOD and community partners; and empower veterans and caregivers through accessible, veteran-focused digital tools; AND

BE IT FURTHER RESOLVED that DAV calls for sustained investment, enhanced accountability and robust cybersecurity protections in all VA modernization efforts, including tools that support veterans service organization advocacy on behalf of the veteran community.



RESOLUTION NO. 136

Support Veterans Courts for Justice-Involved Veterans

WHEREAS, many veterans experience service-connected physical and mental health challenges, including post-traumatic stress disorder, traumatic brain injury and substance use disorders, which may lead to justice system involvement; and

WHEREAS, Veterans Treatment Courts provide specialized support by leveraging military culture, peer mentorship and structured programs to aid reintegration, reducing recidivism; and

WHEREAS, the Government Accountability Office (GAO-16-393) identified the need for additional staff and resources in the Veterans Justice Outreach Program to enhance its effectiveness; and

WHEREAS, justice-involved veterans often qualify for VA benefits, health care and support programs that can significantly aid in their recovery and reintegration, by bringing veterans together on specialized dockets that have consistently shown better outcomes than traditional court processes; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the expansion of Veterans Treatment Courts nationwide and urges increased VA resources and clearly defined program goals to ensure effectiveness; AND

BE IT FURTHER RESOLVED that DAV departments and chapters advocate for these courts, collaborate with local VA officials and law enforcement, and support necessary state legislation to authorize their establishment.



RESOLUTION NO. 142

Support Free Firearm Permits for Service-Disabled Veterans

WHEREAS, our nation's military personnel have served our country, all have one thing in common: that they have put everything on the line, up to and including their lives, to protect our nation; and

WHEREAS, although there may be many ways of saying thank you, approving a waiver of all fees to obtain a license to carry a firearm will have little effect other than to show the veteran that he or she is valued and appreciated; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation allowing that the cost for a firearms identification card and all other associated licenses be waived for all honorably discharged service-disabled veterans.



RESOLUTION NO. 143

Support Free National Fishing Licenses for Military and Disabled Veterans

WHEREAS, it has been shown that fishing is a relaxing activity that is enjoyed by a large percentage of the veteran population; and

WHEREAS, outdoor recreation is also used to help veterans and military personnel with mental health issues such as, but not limited to, post-traumatic stress disorder; and

WHEREAS, military life is nomadic, which leads to veterans and military personnel having roots in multiple states; and

WHEREAS, many veterans and military personnel have “battle buddies” with whom they keep in close touch and on whom they rely to assist with their mental health; and

WHEREAS, fighting veteran military suicide is a top priority for America; and

WHEREAS, providing a no-cost veterans fishing license would be a relatively easy way to help veterans and military personnel find a little peace of mind, no matter where they travel or live; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports a no-cost national veterans fishing license to ease the cost to service-disabled veterans and help the mental health of both veterans and military personnel.



RESOLUTION NO. 144

Support a No-Cost National Hunting License for Service-Disabled Veterans

WHEREAS, hunting and outdoor recreation have been shown to promote relaxation and improve mental health among veterans, including those coping with post-traumatic stress and related conditions; and

WHEREAS, many service-disabled veterans maintain strong bonds with those they served with, often relying on these connections as part of their support networks; and

WHEREAS, the transient nature of military service often leads service-disabled veterans to continue ties with their network across multiple states, complicating access to affordable recreational opportunities; and

WHEREAS, reducing barriers to outdoor access, including the cost of hunting licenses, may contribute to improved mental wellness and help combat the national crisis of veteran suicide; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports the creation of a no-cost national hunting license for eligible service-disabled veterans to promote mental health, community connection and access to therapeutic outdoor activities.



RESOLUTION NO. 229

Support Adequate Funding for the National Cemetery Administration's State Cemetery Grant Program

WHEREAS, partnerships between the National Cemetery Administration (NCA) and state, local and tribal cemeteries are critical in ensuring that veterans have a burial option; and

WHEREAS, local cemeteries can expand veteran burial options by raising half of the funds required to establish or expand a veterans cemetery, working with local government agencies and zoning commissions, and completing the grassroots steps needed for the expansion, and the Veterans Cemetery Grants Program provides the remaining funding; and

WHEREAS, before NCA can provide a grant, the cemetery must secure legislative authority and matching appropriations from its state, territorial or tribal government; and

WHEREAS, the VA annual budget has historically underfunded this program, especially relative to the growing need for burial services for veterans in areas not served by national cemeteries; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports funding all NCA Veterans Cemetery Grants programs.



RESOLUTION NO. 232

Support Protecting Due Process Rights Regarding National Instant Criminal Background Check System Reporting

WHEREAS, the VA must safeguard service-disabled veterans' due process rights, particularly in relation to reporting to the National Instant Criminal Background Check System (NICS); and

WHEREAS, many service-disabled veterans remain unaware of their rights and recent changes to NICS-related policies, underscoring the need for targeted outreach and education; and

WHEREAS, stigma and misinformation surrounding mental health and firearm restrictions may discourage service-disabled veterans from seeking timely care, potentially increasing the risk of isolation or crisis; and

WHEREAS, not all service-disabled veterans who require assistance managing their financial affairs through a fiduciary appointment pose a danger to themselves or others, and financial incapacity alone should not be used to automatically restrict constitutional rights; and

WHEREAS, the secure handling of service-disabled veterans' personal and medical data demands robust cybersecurity protections and transparency in how such information is shared or reported; and

WHEREAS, community care providers and VA Compensation and Pension (C&P) examiners may lack sufficient training on service-disabled veterans' rights, due process protections and the implications of NICS reporting; and

WHEREAS, there is currently no formal or consistent VA-administered appeals process for service-disabled veterans who believe they were wrongfully reported to NICS, leaving affected individuals without clear recourse; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to launch a comprehensive and accessible outreach campaign to educate service-disabled veterans about their rights related to mental health care and NICS reporting; strengthen cybersecurity protocols and data-sharing transparency to protect service-disabled veterans' sensitive information; and ensure consistent, mandatory training for VA staff, community providers and C&P examiners on due process standards and NICS-related policy impacts; AND

BE IT FURTHER RESOLVED that DAV calls on Congress to establish a clear and accessible appeals process for service-disabled veterans who believe they were inappropriately reported to the NICS database, ensuring the protection of constitutional rights and restoration of benefits where warranted.



RESOLUTION NO. 238

Support Protections From Deportation for Service-Disabled Noncitizen Veterans Pursuing Citizenship

WHEREAS, documented noncitizens may serve honorably in the U.S. military and earn eligibility for expedited naturalization; and

WHEREAS, many noncitizen veterans receive incomplete or inaccurate guidance on the citizenship process and leave service without naturalizing; and

WHEREAS, noncitizen service-disabled veterans who are deported lose access to VA health care and benefits, despite having earned them through military service; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to protect honorably discharged, wartime, service-disabled noncitizen veterans from deportation while applying for U.S. citizenship and to ensure they retain access to VA programs, including Veterans Treatment Courts, that are critical to their recovery and reintegration.



RESOLUTION NO. 351

Support Weekend Burials at National Cemeteries

WHEREAS, the National Cemetery Administration's (NCA's) current policy does not allow weekend burials, except under limited circumstances, such as active-duty deaths or religious accommodation requiring special approval; and

WHEREAS, allowing weekend burials would ease scheduling for families and long-distance travelers while also enabling greater participation by veterans service organization volunteers in providing military funeral honors; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges Congress to authorize the VA to offer weekend burials for service-disabled veterans at all cemeteries operated by NCA and to ensure sufficient staffing and resources are in place to provide timely, dignified services.



RESOLUTION NO. 360

Support Reasonable Accommodations at National and Army Cemeteries

WHEREAS, access to cemeteries operated by the National Cemetery Administration (NCA) and by the Department of the Army (including Arlington National Cemetery) is often impeded by physical barriers such as curbs, grassy terrain and hillsides, which can prevent individuals using mobility devices such as wheelchairs, walkers or scooters or those with other physical challenges from reaching the gravesites; and

WHEREAS, while wheelchair-accessible sidewalks can be installed from roadways to columbarium plazas, such pathways are impractical or visually inappropriate for most gravesites; however, golf-cart-type vehicles that can accommodate wheelchairs or are adapted for transporting individuals with mobility impairments are commercially available and present a viable solution; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, strongly supports legislation requiring reasonable accommodations to ensure that all individuals with mobility challenges can access any gravesite within cemeteries operated by NCA or the Department of the Army.



RESOLUTION NO. 403

Support Adequate Air Travel Accommodations for Service-Disabled Veterans

WHEREAS, disabled veterans face unique and often burdensome challenges when traveling by air, including mobility limitations, the need for assistance devices, and additional coordination for medical or service-related needs; and

WHEREAS, air travel can be significantly more expensive for disabled veterans due to the need for accessible seating, space for service animals and potential caregiver accompaniment; and

WHEREAS, airlines are often not held fully financially responsible for damage to essential mobility aids such as wheelchairs, walkers or prosthetic equipment due to inadequate protections under the Air Carrier Access Act of 1986 (Public Law 99–435), which limit liability and enforcement, resulting in significant financial and physical hardship for disabled veterans; and

WHEREAS, disabled veterans who travel with service dogs frequently require additional legroom and seating accommodations to ensure the safety and comfort of both the veteran and the animal;
NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to ensure accessible air travel for disabled veterans, including no-cost seating, reimbursement for damaged equipment, streamlined booking with support needs and the right to self-identify without penalty.



RESOLUTION NO. 417

Support Guaranteed Naturalization for Service-Disabled Noncitizen Veterans

WHEREAS, current law allows noncitizen veterans to apply for expedited citizenship if they meet age and length-of-service requirements and demonstrate English proficiency and knowledge of the history and government of the United States (sections 1439–1440, title 8, United States Code); however, meeting these criteria does not guarantee citizenship will be awarded; and

WHEREAS, honorably discharged veterans with disabilities due to military service, service-related disabilities, pending awards of service connection, or disabilities incurred during or as a result of military service but not awarded service connection should be guaranteed citizenship for their honorable service; and

WHEREAS, these veterans should live without fear of deportation from the country they fought for; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to guarantee U.S. citizenship to honorably discharged veterans with disabilities resulting from their military service, regardless of service-connection status.



RESOLUTION NO. 418

Support Responsible Use of AI in VA Claims Processing

WHEREAS, Executive Order 13960 established principles to guide federal agencies in using artificial intelligence (AI), promoting trust, transparency and accountability; and

WHEREAS, the VA is expanding its use of AI in claims processing, which may introduce bias or delays if not properly governed; and

WHEREAS, the VA has adopted frameworks such as its AI Use Case Inventory and Trustworthy AI Framework to guide ethical implementation; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to prevent AI-related delays in claims processing, ensure VA transparency, and require regular updates on AI performance and workforce impact.



RESOLUTION NO. 425

Support Accessible Travel for Service-Disabled Veterans With Implants or Prostheses

WHEREAS, service-disabled veterans who rely on medical implants or prosthetic devices often face invasive, inconsistent or physically burdensome airport security screenings; and

WHEREAS, such treatment can result in missed flights, emotional distress and physical harm, undermining the dignity of those who have already sacrificed for their country; and

WHEREAS, service-disabled veterans with visible disabilities should not be required to remove prostheses, walk unassisted through scanners or be penalized for traveling with necessary medical equipment; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the Transportation Security Administration (TSA) to implement screening procedures for service-disabled veterans with medical implants or prostheses and calls on the VA to issue a standardized medical verification card integrated with TSA PreCheck.



RESOLUTION NO. 519

Support Full Implementation of VA Language Access for Non-English-Speaking Veterans

WHEREAS, language barriers continue to prevent many non-English-speaking veterans and their families from understanding and accessing VA benefits; and

WHEREAS, the Veterans and Family Information Act (Public Law 117–62) requires the VA to translate benefits fact sheets into Spanish, Tagalog and the 10 most spoken non-English languages and make them publicly available; and

WHEREAS, full implementation of this law requires translation of forms, instructions and outreach materials that are critical to equitable access; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to fully implement and expand language access by translating all materials into threshold languages.



RESOLUTION NO. 531

Support Enforcement of Fair Rental Practices in HUD-VASH Housing

WHEREAS, the Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program provides rental assistance and VA case management to help homeless veterans secure stable housing; and

WHEREAS, landlords participating in HUD-VASH must adhere to rent limits set by the Housing Choice Voucher agreement and cannot charge veterans beyond what is authorized; and

WHEREAS, imposing additional fees or full rent outside the voucher agreement undermines the program's intent and places undue financial strain on veterans working toward independence; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports policies that prohibit landlords from charging HUD-VASH veterans more than the authorized rent amount and calls for enforcement mechanisms to penalize violations that compromise veterans' housing stability.



RESOLUTION NO. 602

Support Policies Enhancing DAV's Capacity to Carry Out Its Mission

WHEREAS, DAV was founded by Judge Robert Marx and several hundred other fellow veterans on September 25, 1920, in Cincinnati, Ohio, to rally their collective voice in the halls of Congress and help their fellow disabled veterans; and

WHEREAS, DAV was chartered by Congress on June 17, 1932, as a nonprofit war veterans organization to advance the interests, and work for the betterment, of all wounded, injured and disabled veterans; and

WHEREAS, DAV is recognized by the VA as a congressionally chartered veterans service organization for preparation, presentation and prosecution of claims for VA benefits; and

WHEREAS, DAV is a tax-exempt veterans organization under section 501(c)(4) of the Internal Revenue Code and is recognized by the Internal Revenue Service as a charitable war veterans organization eligible to receive tax-deductible contributions; and

WHEREAS, DAV has a national headquarters in Kentucky; a Washington headquarters in Washington, D.C.; and hundreds of service officers working inside VA offices and on military bases across the country to support veterans and their families seeking benefits and services earned through their service; and

WHEREAS, DAV has 52 departments, over 1,200 chapters and approximately 1 million members who provide their time, talents and resources to help fulfill DAV's mission of empowering veterans to lead high-quality lives with dignity and respect; and

WHEREAS, DAV provides meaningful support free of charge to over 1 million veterans and family members every year through its service, volunteer, transportation, employment, legislative, communications and charitable programs; and

WHEREAS, changes to federal laws, regulations, programs and policies can enhance or diminish DAV's ability to fulfill its mission as a federally chartered, nonprofit charitable veterans service organization and its members' ability to support that mission; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports federal laws, regulations, programs and policies that enhance, and will oppose those that diminish, DAV's ability as a nonprofit veterans organization to assist ill and injured veterans, their families and survivors.



RESOLUTION NO. 604

Support Accessible VA Forms That Comply With Section 508 of the Rehabilitation Act

WHEREAS, section 508 of the Rehabilitation Act of 1973, as amended (section 794d, title 29, United States Code; Public Law 93–112), requires that federal electronic and information technology be accessible to individuals with disabilities and ensures that all VA forms meet these standards; and

WHEREAS, inconsistent and incorrect formatting in commonly used VA forms such as Forms 21-526EZ, 20-0995, 20-0996 and 10182 creates accessibility barriers and may lead to delays or errors in claims processing; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges the VA to ensure all VA online fillable forms are fully accessible and compliant with section 508 of the Rehabilitation Act of 1973, as amended, including correct formatting on commonly used PDF forms.



RESOLUTION NO. 630

Support Former Prisoner-of-War Slave Labor Claims Against Japanese Firms

WHEREAS, on May 30, 2009, the government of Japan, through then-Ambassador to the United States Ichiro Fujisaki, issued an official apology to American prisoners of war (POWs) for the abuse and suffering they endured at the hands of Imperial Japan during World War II; and

WHEREAS, in September 2010, the government of Japan reaffirmed its apology by establishing a visitation program that allows former POWs to return to Japan, visit former sites of imprisonment and receive formal apologies directly from senior Japanese government officials; and

WHEREAS, American POWs, many of whom served in battles in the Philippines, Wake Island, Guam, Java and the Sunda Strait, demonstrated extraordinary courage and resilience in the face of extreme hardship; and

WHEREAS, these POWs were subjected to forced labor under brutal and inhumane conditions throughout the Japanese Empire during their captivity; and

WHEREAS, many Japanese companies directly benefited from this forced labor and have yet to acknowledge their role or extend an apology; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, commends the pursuit of justice by American POWs who call on Japan and companies benefiting from World War II POW labor to support acknowledgment, remembrance and reconciliation efforts; AND

BE IT FURTHER RESOLVED that DAV calls on the government of Japan to provide and make publicly accessible an official transcript of its 2009 apology in both English and Japanese; AND

BE IT FURTHER RESOLVED that DAV urges Congress and the Administration to ensure the continuation of the POW visitation program to Japan; to expand the program to include family members and descendants; and to provide funding for a dedicated initiative focused on research, documentation, exchange and education.



RESOLUTION NO. 631

Support Protecting, Improving and Reforming the National Cemetery Administration

WHEREAS, the VA, through the National Cemetery Administration (NCA), operates 156 national cemeteries and 35 soldiers' lots and monument sites in 42 states and Puerto Rico; and

WHEREAS, with the aging of the veteran population, the need for burial space and related services continues to grow, requiring sufficient resources for cemetery expansion, modernization and upkeep; and

WHEREAS, veterans and their families should have clear access to burial benefits, including eligibility for internment and the timely provision of headstones, markers and medallions; and

WHEREAS, NCA frequently receives funding below recommended levels, limiting its ability to maintain existing cemeteries, plan for future needs, and introduce enhancements to better serve veterans and their survivors; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation to adequately fund the National Cemetery Administration; expand cemetery capacity; and reform burial benefit eligibility and entitlements for headstones, markers and medallions.



RESOLUTION NO. 632

Support Scam and Fraud Protection

WHEREAS, veterans and their earned benefits are frequent targets of fraud schemes, including mail, telephone and online scams, as well as identify theft; and

WHEREAS, veterans, their families, caregivers and survivors need clear and consistent information on how to identify, avoid and report fraud and scam attempts; and

WHEREAS, the VA currently lacks a centralized office specifically tasked with identifying, monitoring and responding to fraud and scams directed at the veteran community; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, supports legislation requiring the VA to establish a centralized office dedicated to protecting veterans, their families, caregivers and survivors from fraud and scams.



RESOLUTION NO. 633

Support Meaningful Accountability Measures, With Due Process, for VA Employees

WHEREAS, providing timely, high-quality benefits and services to veterans depends on VA employees, managers and leaders fulfilling their duties with competence and integrity; and

WHEREAS, VA employees must be held accountable for poor performance or misconduct through appropriate disciplinary actions, including training, reassignment, demotion, suspension or removal when warranted; and

WHEREAS, accountability must be balanced with due process protection to ensure the VA remains an attractive and fair employer for skilled professionals; and

WHEREAS, due process protections help guard against cronyism, political interference and unjust termination, preserving the integrity of the VA workforce; and

WHEREAS, clearly defined performance standards and enforcement authority are essential for effective leadership and organizational accountability; and

WHEREAS, legislative proposals aimed at increasing accountability within the VA must preserve fair treatment and due process for employees while addressing legitimate concerns about performance; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, urges that any legislative or regulatory changes to VA personnel policies strike a responsible balance between accountability and fairness, to sustain a workforce capable of delivering high-quality care and services.





DAV NATIONAL HEADQUARTERS

860 Dolwick Drive
Erlanger, KY 41018
859-441-7300
Toll-Free 877-426-2838

**DAV WASHINGTON
HEADQUARTERS**

1300 I Street, NW, Suite 400 West
Washington, DC 20005
202-554-3501