

Resolution 634

FOREIGN MEDICAL PROGRAM (FMP) REFORM

WHEREAS, many veterans living overseas continue to support American interests and the American military mission as either employees of the Departments of Defense and State, or as contractors supporting these agencies – yet overseas veterans are afforded a lower standard of care from Department of Veterans Affairs, which only offers reimbursement for medical care for service-connected disabilities through its outdated Foreign Medical Program; and

WHEREAS, veterans seeking treatment for service-connected disabilities must pay the cost of the care and mail a paper-based claim to VA for reimbursement or request the service provider submit a paper-based claim on their behalf and communications with FMP managers is inconsistent; and

WHEREAS, the reimbursement process takes six months to a year for resolution with VA issuing a US Treasury check and mailing it to the foreign address of the veteran or service provider if they reside overseas; and

WHEREAS, both DoD and VA contract with third-party administrators to deliver care to active-duty service members and military families and complete evaluative exams for the adjudication of VA service-connected disability claims, while VA care delivery remains unstructured and unpredictable; and

WHEREAS, the VFW views this lower standard of care and the antiquated mechanisms of reimbursement for veterans supporting American interests overseas as risks to national security; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to revise its antiquated paper-based system and utilize Electronic Funds Transfer (EFT), to allow veterans and service providers to file claims and receive reimbursement from VA through electronic means; and

BE IT FURTHER RESOLVED, that we urge Congress to address the statutory loophole that restricts FMP to only providing reimbursement for service-connected care, offering similar care access for overseas veterans; and

BE IT FURTHER RESOLVED, that we urge Congress and VA to provide structure to the Foreign Medical Program by potentially utilizing a third-party administrator to coordinate and deliver care for overseas veterans, similar to TRICARE Overseas, VA contract compensation and pension exams, and VA's domestic Community Care programs.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 635

FOREIGN MEDICAL PROGRAM MEDICAL RECORDS

WHEREAS, Foreign Medical Program (FMP) is an overseas community care program with nearly 6,500 active users averaging more than 62,000 claims per year; and

WHEREAS, the Department of Veterans Affairs (VA) community care network providers in the United States are required to share medical records with VA for inclusion in the Veterans Health Administration's (VHA) medical records system; and

WHEREAS, VA does not integrate veterans FMP medical records into the Veterans Health Administration (VHA) medical records system nor the Veterans Benefits Management System (VBMS); and

WHEREAS, VA not integrating FMP medical records into the VHA system is detrimental to the health of the veteran, resulting in critical gaps in medical history, delaying proper medical care and earned benefits; and

WHEREAS, the lack of VA integrating FMP medical records into VA's VBMS significantly delays timely VA service connection claims for increase; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Veterans Affairs to fully integrate Foreign Medical Program medical records into the Veterans Health Administration medical system and Veterans Benefits Administration, Veterans Benefits Management System upon receiving medical reimbursement claims by veterans.

Submitted by Commander-in-Chief

To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 636

HEALTHCARE PROGRAM FOR OVERSEAS VETERANS

WHEREAS, the United States Department of Veterans Affairs (VA) plays a pivotal role in providing healthcare services to the veteran population. However, the unique needs and challenges faced by the overseas veteran population necessitate the establishment of a specially tailored healthcare program; and

WHEREAS, one of the critical problems faced by overseas veterans is limited access to appropriate healthcare services. These veterans currently have no access to VA Medical Facilities, or any medical treatment options provided by the VA, rendering them geographically disadvantaged and medically vulnerable. The VA's current healthcare system caters to veterans residing within the United States, which creates delays, difficulties, and gaps in availability for this overseas population; and

WHEREAS, geographic location must not be used to justify ignoring those whose past service and continued service to our nation have earned the benefits awarded to all veterans, not just those residing in the U.S.; and

WHEREAS, veterans remain overseas for many reasons. Many wish to continue to serve as government employees and contractors, acting as combat multipliers, especially during high operational tempo and times of war. Some remain overseas because they have built a life and family. The VA must make every effort to incorporate the use of earned benefits and programs by all veterans, living in both in the U.S. and abroad. Excluding a significant portion of the veteran population from accessing critical resources and benefits based on their geographic location is inherently unjust; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the VA to commit to leveraging technological tools and resources to enroll all veterans, regardless of location into a VA Healthcare program.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 637

VA TO REIMBURSE ELIGIBLE OVERSEAS VETERANS FOR URGENT CARE AND EMERGENCY ROOM VISITS

WHEREAS, the VA aims to meet the medical needs of veterans, especially those who have served and are living overseas, a significant gap in coverage exists when it comes to reimbursing eligible veterans for urgent care and emergency room visits incurred abroad; and

WHEREAS, overseas United States Military Veterans, who have dutifully served their country, often face difficulties in accessing urgent medical care under the VA's current reimbursement policy. Under these regulations, veterans are not reimbursed for urgent care and emergency room visits incurred outside the United States, leaving them financially burdened and potentially compromised in their healthcare options. The eligibility criteria for reimbursement needs to be revised to ensure veterans receive proper financial assistance for urgent medical needs while abroad; and

WHEREAS, denying reimbursement for overseas veterans' emergency medical expenses places an undue financial burden on veterans. This policy hampers their ability to seek necessary medical treatment, potentially leading to delayed or inadequate care. This not only impacts the well-being of the veteran but also contradicts the fundamental mission of the VA, which is to provide high-quality healthcare services to all eligible veterans; and

WHEREAS, it is the moral responsibility of a nation to care for its veterans, regardless of their geographic location. By adequately reimbursing these expenses, the VA can honor its commitment to provide essential healthcare services to those who have put their lives at risk in service to their country; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the VA to promptly amend this policy to include reimbursement for such services incurred abroad, the VA can alleviate financial burdens on eligible veterans, honor its commitment to their well-being, and ensure that they have access to adequate and timely medical care, regardless of their location.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 638

VA MEDICARE REIMBURSEMENT

WHEREAS, the Veterans of Foreign Wars of the United States views it as essential that the Department of Veterans Affairs (VA) health care system provide qualifying veterans with timely and accessible care; and

WHEREAS, VA collects third-party payment for treatment, but current law prevents VA from collecting from the Medicare Trust Fund in certain circumstances; and

WHEREAS, a large number of VA's patients are eligible for Medicare; and

WHEREAS, VA medical care collections are used to supplement the appropriations VA receives from Congress to deliver efficient and effective health care at a lower cost than private sector health care providers; and

WHEREAS, with the increased demand on its health care system in association with the enactment of the Honoring our PACT Act of 2022, it is now absolutely essential that VA is authorized to collect federal dollars to supplement its annual appropriations to ensure adequate funding for the Veterans Health Administration; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support enactment of legislation authorizing the Department of Veterans Affairs to receive reimbursement for the cost of non-service-connected care that is provided to veterans who are enrolled in Medicare.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 639

MEDICARE

WHEREAS, the Veterans of Foreign Wars of the United States views the abolishment of penalties for delayed enrollment to Medicare for veterans as essential to the veteran population; and eliminate penalties, but ultimately to eliminate the mandate for veterans enrolled in Department of Veterans Affairs health care to register for Medicare; and

WHEREAS, veterans with limited income or complex health issues may struggle to pay fines associated with delayed Medicare enrollment and these fines accumulated over time making it harder for veterans to access needed care and afford the fines; and

WHEREAS, nearly 8 million veterans are 65 years and older, and eligible for Medicare; and

WHEREAS, there is a confusion around veteran enrollment to Medicare because many veterans utilize the VA Health Care and don't realize the need to enroll in Medicare; and

WHEREAS, these penalties of 10% for each 12-month period you were eligible but did not sign up may discourage veterans from enrolling in Medicare potentially leaving the veteran without necessary health options because these penalties stay with you the remainder of their life; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support the abolishment of penalties for veterans for delayed Medicare enrollment; and

BE IT FURTHER RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to authorize veterans enrolled in Department of Veterans Affairs health care to be exempt from registering for Medicare if they so choose.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 640

REQUIRE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERAN AFFAIRS (CHAMPVA) ACCEPTANCE

WHEREAS, CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of covered medical care services and supplies with spouses, children, survivors, and certain caregivers of veterans who meet eligibility criteria under 38 U.S.C. 1781; and

WHEREAS, those eligible for CHAMPVA coverage include the spouse or widow(er) and the children of a Veteran who is rated permanently and totally disabled due to a service-connected disability, OR was rated permanently and totally disabled due to a service-connected condition at the time of death, OR died of a service-connected disability, OR died on active duty, and these dependents are not otherwise eligible for Department of Defense TRICARE benefits; and

WHEREAS, beneficiaries enrolled in a Veteran family member program – CHAMPVA, Spina Bifida Health Care Benefits Program, and the Children of Women Vietnam Veterans Health Care Benefits Program – administered by the Veterans Health Administration (VHA) Office of Integrated Veteran Care (IVC) have the flexibility to choose their own provider, as the program does not have a provider network; and

WHEREAS, all hospitals that participate in Medicare, and hospital-based health care professionals who are employed by, or contracted to, such hospitals are required by law to accept the VHA IVC allowable amount for inpatient hospital services; and

WHEREAS, all other health care professionals are NOT required to accept CHAMPVA. For the beneficiaries, who have the flexibility to choose their own provider, this means that when the medical provider does not accept assignment, the cost will include not only the deductible amount but also their share of the CHAMPVA determined allowable amount, and any charges over the allowable amount; and

WHEREAS, finding a provider that accepts assignment, or seeing a provider that does not accept assignment, puts an undue burden on the beneficiary when trying to access the care that was earned through the sacrifices made by the sponsoring veteran; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to amend the necessary statutes to mandate ALL medical providers and facilities that accept Medicare to accept all beneficiaries enrolled in a Veteran family member program, including CHAMPVA.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 641

VA PHARMACEUTICAL CO-PAYMENTS

WHEREAS, veterans, other than those with a service-connected disability rating of 50 percent or greater, those who are receiving medications for their service-connected conditions or those whose incomes fall below the nonservice-connected pension threshold, must pay a co-payment for each 30-day supply of medications obtained through the Department of Veterans Affairs; and

WHEREAS, there have been repeated proposals to change VA pharmaceutical co-payments, placing an undue hardship on many veterans; and

WHEREAS, the increase in costs of the benefit would likely place an undue burden on veterans, limit access to earned benefits, and serve to inequitably balance the federal budget on the backs of veterans; and

WHEREAS, pharmaceuticals are part of the VA's standard health benefits package and must be provided to all eligible veterans; and

WHEREAS, VA is required by current law to charge veterans for life saving preventive medicines which are cost-free under private sector insurance and other public health care options; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we oppose increases in Department of Veterans Affairs pharmaceutical co-payments; and

BE IT FURTHER RESOLVED, that Congress must exempt preventive medicines from VA pharmaceutical co-payment requirements.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution 642

SUSTAINABLE COMMUNITY CARE OPTIONS

WHEREAS, members of the Veterans of Foreign Wars of the United States report being satisfied with the health care they receive from the Department of Veterans Affairs and believe the VA health care system must be improved to ensure all veterans have timely access to high quality care; and

WHEREAS, the VFW has consistently worked with Congress and VA to improve the health care VA provides our nation's veterans through community care programs to ensure veterans have a seamless experience; and

WHEREAS, the veteran population is a shifting demographic with evolving health care needs, which necessitates that VA identify new and innovative ways to deliver timely access to high quality, comprehensive, and veteran-centric health care; and

WHEREAS, VA is now allowed to charge veterans copayments for service-connected care they receive from networked urgent care clinics in the community; and

WHEREAS, the networks of VA community care programs, to include dependent care delivered through CHAMPVA, are limited by factors that influence the willingness of private sector providers to participate in these programs; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that Congress must provide Department of Veterans Affairs with the oversight, appropriations and assets necessary to properly implement the VA MISSION Act as intended by Congress; and

BE IT FURTHER RESOLVED, that VA comply with federal prompt payment requirements and incentivize private sector health care providers to participate in its community care programs, while ensuring veterans and eligible dependents are not held financially liable for services furnished through such programs; and

BE IT FURTHER RESOLVED, that VA must remain the guarantor and coordinator of care for enrolled veterans and that the VFW remains opposed to privatizing VA or eroding VA's ability to provide direct care to veterans; and

BE IT FURTHER RESOLVED, that the VFW opposes any out-of-pocket costs for care coordinated by VA for service-connected disabilities; and

BE IT FURTHER RESOLVED, that Congress and VA must furnish and conduct proper outreach to ensure veterans are fully aware of their health care options.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 643

NURSING HOME ELIGIBILITY

WHEREAS, the Veterans of Foreign Wars of the United States has called upon Congress to enact legislation to regulate and expand eligibility for Department of Veterans Affairs health care and provide all veterans with mandated access to the full continuum of VA health care services which include nursing home care; and

WHEREAS, current VA regulations extend VA eligibility for nursing home care to those veterans who are service-connected at 70 percent or above or those seeking nursing home care for a service-connected disability; and

WHEREAS, recent reports indicate that state veteran nursing homes and non-VA contracted community nursing homes operate without strong oversight from the Department of Veterans Affairs, meaning they may often set inconsistent eligibility criteria from state to state or provide care inconsistent with VA standards, resulting in inequity among veterans that are eligible to receive services; and

WHEREAS, VA nursing home care is considered the “safety net” for VA outpatient services such as residential care, respite care, hospital-based home care, adult day health care, homemaker/home health aid services and other extended care programs; and

WHEREAS, through their own statements, VA recognizes the difference in eligibility for nursing home care and inpatient hospital care as inconsistent with the principles of sound medical practice, which support continuity of care for veterans; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to ensure that Community Nursing Homes, state nursing homes, and contract nursing homes receive proper oversight and are accountable to the same high standards expected through the VA Healthcare System; and

BE IT FURTHER RESOLVED, that we urge Congress to establish a standard Department of Veterans Affairs and state veteran nursing home entitlement for all veterans enrolled in the VA health care system.

Submitted by Commander-in-Chief

To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 644

VA NURSING HOME ANNUAL INSPECTIONS

WHEREAS, the Veterans of Foreign Wars of the United States views it essential to hold the Department of Veterans Affairs accountable to conduct annual inspections, per their regulations, allowing for proper oversight to ensure VA standards of care are being upheld within all VA, state veterans homes, and contracted long-term care facilities; and

WHEREAS, the Department of Veterans Affairs oversees all state veterans' homes and paid nearly \$1.5 billion annually for care provided to approximately 20,000 veterans and their families, which represents the majority of veterans who receive care in nursing homes; and

WHEREAS, veterans are increasing in age, nearly half the veteran population is over the age of 65; and

WHEREAS, it is a requirement of the Veterans Health Administration, outlined in VHA Directive 1143.2 to undertake an annual inspection of VA Nursing Homes, State Veterans' Homes, and VA contracted nursing homes, yet there is little to no mechanism of enforcement to ensure standards are met and maintained; and

WHEREAS, Federal law and VA policy prevent VA from making payment to state veterans homes until it determines that they meet applicable quality care and other standards; and

WHEREAS, Officials of the Department of Veterans Affairs report that they rely on the Centers for Medicare and Medicaid inspections to provide feedback on inspections results and any corrective actions needed; and

WHEREAS, the Department of Veterans Affairs only has one recourse to enforce standards, which is to withhold per diem payments to the nursing facility, which the VA has never done; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support VA's engagement to increase the quality of care and improve the physical environment provided in nursing homes and long-term care facilities, to include the creation of additional enforcement measures to require compliance with VA care standards when receiving funds for the care of a veteran; and

BE IT FURTHER RESOLVED, that we urge Congress to compel the Department of Veterans Affairs conducts annual onsite inspections of all VA, State Veterans Homes and contracted long-term care facilities within VA's scope to promote compliance with standards.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 645

TRAUMATIC BRAIN INJURY HEALTH CARE

WHEREAS, nearly 67% of service members and veterans have experienced at least one Traumatic Brain Injury with nearly 1 in 4 veterans testing positive for probable TBI and associated effects; and

WHEREAS, veterans with blast injuries, blunt trauma, motor vehicle accidents, and falls are at risk for TBI which often goes unrecognized; and

WHEREAS, veterans with severe TBI require a lifetime of intensive services to care for their injuries, yet many Department of Veterans Affairs medical facilities are neither properly staffed to provide the necessary screening and comprehensive health care services that veterans suffering from TBI require, and even patients with mild TBI may have long-term health consequences; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to provide sufficient funding to the Department of Veterans Affairs to ensure that appropriate screening, diagnostic services, treatment and life-long case management services are available to every veteran suffering from conditions associated with service-connected head trauma to include, but not limited to Traumatic Brain Injuries; and

BE IT FURTHER RESOLVED, that we urge the Secretary of Veterans Affairs to improve research pertaining to screening methods, diagnostic tools, and treatment of conditions associated with all TBIs regardless of if they are caused by blast injuries, blunt traumas, motor vehicle accidents, falls and other related injuries to ensure veterans who have experienced a TBI receive effective health care.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 646

VA HEALTH CARE FOR WOMEN VETERANS

WHEREAS, the total number of women veterans continues to grow, as does the number of women utilizing the Department of Veterans Affairs (VA) benefits; and

WHEREAS, VA reports that as of FY 2023 only 44 percent of women veterans utilize VA health care facilities; and

WHEREAS, VA currently has two Women's Health Primary Care Providers (WH-PCP) at all of the VA's health care systems. In addition, there are WH-PCPs in 85 percent of the community-based outpatient clinics; and

WHEREAS, women veterans have reported that VA staff continue to confuse them for spouses or caregivers and even challenge their veteran status; and

WHEREAS, women veterans also reported concerns regarding the gender specific competencies of VA health care professionals resulting in half of women veterans enrolled in VA Healthcare often seeking reproductive services (mammograms, pregnancy care, OB/GYN) in the community; and

WHEREAS, VA reported in FY 2023 that more than 600,000 women veterans are enrolled and assigned to a Designated Women's Health Provider (DWHP), who have experience and training in women's health care; and

WHEREAS, we acknowledge that the VA has improved the care and services it provides women veterans to include Women's Mental Health Services, Sexual Health Evaluation and Treatment, etc.; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to continue to improve the staffing, equipping, monitoring and consistency of health care and reproductive services available to women veterans at all VA medical facilities and expand its designated women's health program to mental health care to ensure access to mental health care providers who understand women-specific mental health conditions; and

BE IT FURTHER RESOLVED, that we urge the Secretary of Veteran Affairs to improve outreach to women veterans, allow women to choose the gender of their VA health care providers and properly train VA's workforce to treat women veterans with the respect and dignity they have earned and deserve, to include ensuring that every VA facility has a zero tolerance policy towards sexual harassment for employees and patients.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 647

MENTAL HEALTH DISORDERS

WHEREAS, the Department of Veterans Affairs (VA) has indicated that treating Post Traumatic Stress Disorder (PTSD) and providing Mental Health Care among returning war veterans is one of its highest priorities, and the VA operates a nationwide network of nearly 200 specialized PTSD outpatient treatment programs; and

WHEREAS, the early and accurate screening, diagnosis and treatment for PTSD, depression, substance use, and other mental health disorders, yields optimal patient outcomes, and statistics have shown that these conditions, left untreated or poorly treated, can lead to increases in suicide attempts or death by suicide among a host of other negative consequences; and

WHEREAS, Complex-PTSD (CPTSD) is a relatively new and developing diagnosis that should be further studied to understand its prevalence and impacts within the veteran population; and

WHEREAS, studies conducted by VA show that social determinants of health, like financial stability, access to housing, and pathways to a quality career serve as protective factors against suicide. Each time a veteran uses a VBA economic opportunity program or benefit is an opportunity to provide resources and treatment; and

WHEREAS, the National Center for PTSD found that there are nearly 1.5 million veterans compensated for PTSD since September 2023; and

WHEREAS, available research has not sufficiently evaluated the clinical effectiveness of treatment programs for veterans diagnosed with and/or suffering from the effects of traumatic brain injuries, PTSD, CPTSD, or other mental health conditions, and adequate research into the brain's response to internal and external influences that could result in mental illness has yet to be undertaken; and

WHEREAS, service members and veterans are increasingly prescribed psychiatric medications, but do not need to provide informed consent on the ever-growing side effects such as withdrawal, suicidal ideation, or sexual side effects, and recent research indicates that veterans prescribed such medications may actually be at greater risk of suicide; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly urge the Department of Veterans Affairs to continue to adequately staff VA mental

health treatment and research programs, and ensure clinicians are equipped to properly identify and diagnose veterans' symptoms; and

BE IT FURTHER RESOLVED, that we urge Congress to dedicate adequate resources to address the alarming rate at which veterans die by suicide to include moving the Office of Suicide Prevention from Veterans Health Administration to the enterprise level of the Department of Veterans Affairs; and

BE IT FURTHER RESOLVED, that we urge the Department of Veterans Affairs to research different treatments or practices that are most effective in helping our veterans cope with their PTSD and CPTSD, understanding that there is no one-size-fits-all treatment plan and each veteran must be evaluated and treated holistically; and

BE IT FURTHER RESOLVED, that VA institute strong signatory informed consent protocols on all mental health medications, implement proper and ethical deprescribing guidelines for veterans seeking to stop medication, train prescribers on the emerging reports on psychotropic and psychiatric drugs, and publicize all data to inform the growing concern of overprescription and harm in the veteran community related to psychiatric drugs.

Submitted by Commander in Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 648

MILITARY SEXUAL TRAUMA (MST)

WHEREAS, the continued prevalence of military sexual assault continues to grow and has been the subject of numerous military reports, Congressional hearings, documentaries and media stories. Military Sexual Trauma (MST) is a heinous crime which is a disgrace to all of those who have worn the uniform of the Armed Services; and

WHEREAS, DoD and VA have made progress towards developing and implementing a policy that creates a tangible, visible deterrent to perpetrators through consistent prosecutions or other severely negative consequences to one's military careers, both departments must commit to improving their Integrated Mental Health Strategy; and

WHEREAS, the effects of untreated MST can be devastating to the overall health of veterans and in the successful transitioning back into their families and communities; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States that we call on DoD to continue to enhance its MST awareness programs, and calls on VA to continually improve its MST treatment programs and to disseminate evidence-based clinical practice guidelines to clinicians who care for veterans who have suffered from MST; and

BE IT FURTHER RESOLVED, that we call upon Congress to continue its oversight and hearings related to military sexual trauma care and benefits with the goal of improving VA and DoD collaboration and improving policies and practices for military sexual trauma care and disability compensation.

Submitted by Commander in Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 649

THE IMPERATIVE OF THE VETERANS HEALTH ADMINISTRATION PROVIDING NEXUS STATEMENTS

WHEREAS, within the context of veterans' disability claims, a Nexus statement serves as a connection or link between a veteran's current disabilities and the events that caused or aggravated them during military service. Nexus statements must be based on medical evidence and are crucial in determining the eligibility for disability benefits. Under current policy, veterans who rely solely on the VA for healthcare may seek third-party assistance, such as claim sharks, for obtaining Nexus statements, leading to potential exploitation; and

WHEREAS, the involvement of claim sharks in the claims process not only harms veterans financially but also erodes trust in the VA's ability to provide reliable assistance. Advocating VHA healthcare teams to providing medically valid Nexus statements when appropriate to veterans, the need for veterans to seek external assistance from claim sharks would diminish significantly. Claim sharks would lose their exploitative foothold, thereby reducing the instances of fraudulent practices targeting vulnerable veterans; and

WHEREAS, the implementation of policies promoting evidence-based Nexus statements be provided by Veterans Health Administration (VHA) health care providers encourages consistency and accuracy across different healthcare providers within the VHA. These statements serve as a standardized method for evaluating claims, reducing the possibility of erroneous or subjective decisions. By ensuring consistency, the VHA can minimize the number of claims that require additional review or appeal, thus saving time and resources. The utilization of Nexus statements provided by the VHA providers, also helps alleviate the administrative burden placed on both veterans and the VHA. By the VHA Healthcare teams providing clear and medically valid evidence, veterans are less likely to face repeated examinations or appeals, streamlining the claims process. Additionally, VHA resources can be allocated more efficiently, reducing costs associated with unnecessary administrative procedures; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge VA to change all current policies preventing VHA Healthcare providers from producing Nexus statements that are appropriate and supported by medical evidence and/or military service. By doing this, VHA providers will alleviate the unnecessary burden placed on many veterans to prove the relationship between their current medical condition

and their military service through a third party. This expedites the adjudication process, significantly reducing the time and effort required for veterans and the Department of Veterans Affairs (VA) to reach a fair resolution at the same time reducing the risk of the Nation's veterans falling prey to exploitation and abuse.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 650

SUPPORTING PHYSICIAN ASSISTANTS/ASSOCIATES (PAS)

WHEREAS, chronic health care staffing vacancies in the Veterans Health Administration (VHA) has been a major driver of longer wait times for veterans seeking VA care, veterans' demand for care is increasing since enactment of the Promise to Address Comprehensive Toxics (PACT) Act; and

WHEREAS, over a million mental health integration visits take place annually in VA Medical Centers (VAMC), improving mental health and suicide prevention is a VFW priority, thus effective multidisciplinary clinical staffing recruitment programs to address persistent VHA staffing shortages are necessary to improve access to mental health services, women's health, geriatric, emergency medicine, and rural and primary care; and

WHEREAS, the VA released its National Veteran Suicide Prevention Annual Report of 2025, which reported daily rate of veteran suicide is 17.5 lives lost; and

WHEREAS, in conjunction with P.L. 1991 Health Care Personnel Education and Training Programs Act, and after a five-year successful pilot program providing veteran PAs thirty-five Health Profession Scholarships (HPSP) university scholarships annually, the VHA reduced these PA veteran HPSP scholarships to twenty-five in 2024, and announced in February 2025, the elimination of the HPSP for veterans who want to become PAs, thus decreasing educational support for VHA employed veterans; and

WHEREAS, PAs are highly educated health care professionals licensed to diagnose, treat, and prescribe medications. The PA profession arose from returning Vietnam War combat medics and corpsmen in 1967, who have been treating veterans for over 58-years. Among their extensively broad medical and surgical curriculum is psychiatry with mental health clinical rotations; and

WHEREAS, PA training programs are nationally accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), and PA training is adopted from the Accreditation Council for Graduate Medical Education (ACGME); and

WHEREAS, four VAMC's established PA one-year mental health residencies in 2018, which offered only a total of ten residencies annually from 2021 to 2024 despite shortages of clinical mental health providers. Of the 29 post-graduate PA residents who graduated, the VAMC's only hired 12 (43%) of these highly trained PAs. The VHA will not expand these slots; now, therefore

BE IT RESOLVED, that VFW urges the VA to recruit and hire the most qualified health care occupations, including PAs. Physician Assistants/Associates shall be included for vacancies to strategically expand in critical areas; and

BE IT FURTHER RESOLVED, that PAs should be included as a care team provider within mental health services; and

BE IT FURTHER RESOLVED, that VFW supports the continuation of the HPSP scholarships for veterans employed by the VHA to become PAs.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 651

FULLY SUPPORT PRESIDENT TRUMP’S EXECUTIVE ORDER HOLDING THE DEPARTMENT OF VETERANS AFFAIRS ACCOUNTABLE TO UTILIZING THE WEST LOS ANGELES CAMPUS AS INTENDED, AND MORE, BY ESTABLISHING A NATIONAL CENTER FOR WARRIOR INDEPENDENCE (NR 25-3)

WHEREAS, the Department of Veterans Affairs’ management, or lack thereof, of at the West Los Angeles Campus has resulted in the Department benefiting financially by leasing portions of the campus to businesses and organizations for purposes unrelated to providing medical care or treatment at the expense of the well-being of our nation’s heroes since 2011; and

WHEREAS, the Department of Veterans Affairs continued to ignore the plight despite rulings by a District Court regarding their misuse of the property and were granted an emergency stay pending further adjudication; and

WHEREAS, for more than a decade, the Department of Veterans Affairs has proven itself unwilling or unable to restore the campus to its historical purpose as a National Home for Disabled Volunteer Soldiers; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we petition Congress to ensure that the Department of Veterans Affairs carries out the full intent of the President’s Executive Order forthwith.

BE IT FURTHER RESOLVED, that implementation of any redevelopment, construction, or operational changes associated with the Executive Order shall prioritize the welfare of veterans currently residing on the campus and shall include a continuity of care and housing plan that guarantees no veteran loses access to housing or essential services as a result of these actions.

Submitted by Commander-in-Chief
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED AS AMENDED by the 127th National Convention of the
Veterans of Foreign Wars of the United States.

Resolution No. 652

SUPPORT LEGISLATION FOR SPINAL CORD INJURY RESEARCH

WHEREAS, spinal cord injuries (SCI) are debilitating, permanent central nervous system conditions for which no cure currently exists, and which require lifelong medical management; and

WHEREAS, SCI leads to numerous secondary health complications beyond loss of motor and sensory function, including bowel, bladder, and sexual dysfunction; autonomic dysregulation; chronic neuropathic pain; vulnerability to systemic infections; muscle spasticity and atrophy; osteoporosis; metabolic disorders; and significant mental and behavioral health challenges; and

WHEREAS, SCI significantly reduces individual quality of life and results in substantial opportunity loss to communities, including approximately 70 percent post-injury unemployment, reduced community engagement, and high personal and public costs for long-term care and medical complications; and

WHEREAS, more than 42,000 U.S. service members live with SCI, many of whom sustained their injuries during military service, and between 2000 and 2009 alone, 5,928 new SCI cases were reported in the military—occurring at a rate nearly eight times higher than in the general U.S. population; and

WHEREAS, approximately one-third of all spinal cord injury research funding in the United States originates from federal sources, including the National Institutes of Health (NIH), the Department of Defense (DoD), and the Department of Veterans Affairs (VA); and

WHEREAS, the FY25 federal budget removed or reduced multiple NIH research lines, including programs directly supporting neurological and regenerative research, thereby limiting national capacity to advance SCI science and slowing progress toward functional recovery for veterans and civilians; and

WHEREAS, twenty years ago, there were no viable pathways toward restoring function after spinal cord injury, yet today—because of federal investment—researchers have developed promising interventions including neuromodulation, electrical stimulation, regenerative therapies, advanced rehabilitation technologies, and early-stage clinical trials demonstrating partial restoration of movement and autonomic function; and

WHEREAS, continued progress depends on stable, predictable, and expanded federal funding to support the next generation of SCI research, accelerate clinical translation, reduce long-term healthcare costs, and honor the nation's obligation to veterans living with these life-changing injuries; now, therefore,

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to restore and expand federal funding for spinal cord injury research within the National Institutes of Health, the Department of Defense Congressionally Directed Medical Research Programs, and the Department of Veterans Affairs; and

BE IT FURTHER RESOLVED, that we strongly support federal legislation that advances SCI research focused on improving treatment options, restoring function, enhancing quality of life, and reducing the long-term personal and public costs associated with spinal cord injury; and

BE IT FURTHER RESOLVED, that we will advocate for sustained national investment in scientific and clinical research—public, private, and within the VA system—aimed at achieving meaningful functional recovery for veterans and the general population affected by spinal cord injury.

Submitted by Department of Wisconsin
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 653

ENHANCE VETERAN PATIENT ADVOCACY ACCOUNTABILITY

WHEREAS, veterans seeking care at VA healthcare facilities are often met with systemic barriers that impede timely, effective access to a patient advocate; and

WHEREAS, the decentralization and digital-only access to patient advocacy services limit the ability of many veterans—especially elderly, disabled, or technologically disadvantaged individuals—to receive meaningful support; and

WHEREAS, current practices at many VA healthcare facilities exclude the assignment of a physically present, full-time patient advocate, in violation of the intended implementation of VHA Directive 1003.04, which requires patient advocacy services to be readily accessible and responsive to veterans' needs; and

WHEREAS, the absence of a physically present patient advocate undermines compliance with federal mandates concerning patient rights and fails to meet the ethical and legal obligations the VA owes to those who have served; and

WHEREAS, this systemic absence erodes trust in the VA system and results in prolonged suffering, delayed care, and an inability for veterans to effectively resolve grievances or seek guidance regarding their treatment; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we petition the Department of Veterans Affairs for the mandatory placement of a full-time, physically present, and clearly identified patient advocate at all VA healthcare facilities; and

BE IT FURTHER RESOLVED, that the Patient Advocate shall maintain an on-site presence during all regular business hours, with clearly posted office location and contact information, and shall engage directly with veterans to assist with complaint resolution, care coordination, and the protection of patient rights.

Submitted by Department of Georgia
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 654

CAREGIVER PROGRAM ELIGIBILITY ABROAD

WHEREAS, the VA Caregiver Program provides critical assistance to veterans with severe service-connected disabilities; and

WHEREAS, overseas veterans are excluded from caregiver benefits despite having equal need for support; and

WHEREAS, this exclusion places undue burden on families abroad, forcing them to absorb costs and responsibilities without assistance; and

WHEREAS, providing caregiver support overseas could represent a cost-saving measure compared to the higher expenses of administering the stateside caregiver program; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Veterans Affairs to extend caregiver program eligibility to veterans residing overseas, ensuring equitable family support while potentially reducing overall program costs.

Submitted by Department of Pacific Areas
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 655

TRAVEL PAY FOR OVERSEAS VETERANS

WHEREAS, veterans overseas often must travel long distances, sometimes across borders, to access care; and

WHEREAS, current travel pay policies do not adequately reimburse overseas veterans; and

WHEREAS, this creates financial hardship and discourages care-seeking; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we advocate for expanded travel pay reimbursement policies that account for overseas distances and costs, ensuring veterans abroad can access necessary care without undue burden.

Submitted by Department of Pacific Areas
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 656

TRI-CARE COVERAGE FOR OVERSEAS VETERANS

WHEREAS, Tri-Care provides essential healthcare coverage for military retirees and their dependents; and

WHEREAS, overseas veterans often face limited provider networks and significant reimbursement challenges; and

WHEREAS, when hospitalized abroad, veterans are frequently assigned to non-Tri-Care doctors, forcing them to pay out-of-pocket for care without reimbursement; and

WHEREAS, such circumstances undermine the intent of Tri-Care as a comprehensive and equitable benefit for all beneficiaries; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, to advocate for expanded Tri-Care provider networks, equitable coverage for hospitalization abroad, and streamlined reimbursement processes to ensure veterans and their dependents residing overseas receive the same level of care and financial protection as those within the United States.

Submitted by Department of Pacific Areas
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 657

WOMEN VETERANS REPRODUCTIVE HEALTH EQUITY

WHEREAS, the population of women veterans continues to grow and represents one of the fastest-growing cohorts within the Department of Veterans Affairs (VA) health care system; and

WHEREAS, women veterans have earned access to comprehensive health care benefits through honorable military service to the United States; and

WHEREAS, reproductive and gynecological health care is an essential component of comprehensive health care for women veterans; and

WHEREAS, continuity of care within the VA system promotes improved medical outcomes, reduces fragmentation, and strengthens trust between veterans and their providers; and

WHEREAS, exclusions or limitations in reproductive health coverage may result in delayed care, financial hardship, re-traumatization – particularly among survivors of military sexual trauma – and inequitable access compared to other veteran populations; and

WHEREAS, medical decisions regarding reproductive health are best determined through the patient-provider relationship in accordance with prevailing professional standards of care; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we support ensuring women veterans have access to comprehensive reproductive and gynecological health services through the Department of Veterans Affairs, consistent with prevailing medical standards of care; and

BE IT FURTHER RESOLVED, that such services include, but are not limited to, contraception, fertility services, prenatal and postnatal care, miscarriage management, treatment following sexual assault, management of high-risk pregnancies, and other clinically indicated reproductive health services as determined by medical necessity and the patient-provider relationship; and

BE IT FURTHER RESOLVED, that the VFW supports policies that promote parity of care, continuity within the VA health care system, and the fulfillment of earned benefits for women veterans without exclusions that create inequitable or fragmented access to care.

Submitted by Department of Illinois
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 658

SUPPORT FOR EXPANDED ADDICTION RECOVERY AND REHABILITATION PROGRAMS FOR VETERANS

WHEREAS, the Veterans of Foreign Wars of the United States (VFW) is chartered to advocate for the care, welfare, and well-being of veterans who have served in overseas conflicts; and

WHEREAS, alcohol and substance use disorders are recognized by medical science as chronic, treatable diseases of the brain, often associated with or secondary to service-connected conditions including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), chronic pain, and sleep disorders; and

WHEREAS, many veterans experience moral injury—the psychological, emotional, and spiritual distress resulting from actions taken, witnessed, or failed to prevent in combat or service—which can significantly contribute to substance misuse, relapse risk, and barriers to recovery when left unaddressed; and

WHEREAS, untreated or under-treated addiction among veterans contributes to increased rates of homelessness, unemployment, incarceration, family instability, suicide risk, and preventable medical complications; and

WHEREAS, the Department of Veterans Affairs (VA) recognizes substance use disorder as a diagnosable medical condition, yet access to veteran-specific, peer-supported recovery and long-term rehabilitation programs remains inconsistent across regions; and

WHEREAS, evidence demonstrates that structured, veteran-centered addiction recovery programs reduce healthcare costs, emergency medical utilization, and recidivism while improving long-term health outcomes and quality of life; and

WHEREAS, veterans respond most effectively to recovery models that include peer support, accountability, mission-oriented structure, and culturally competent care; and

WHEREAS, the VFW has historically played a critical role in advancing recognition and treatment of service-connected health conditions—including PTSD, Agent Orange exposure, and TBI—and continues to serve as a leading voice for unmet veteran healthcare needs; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly support the expansion of Department of Veterans Affairs funding, access, and infrastructure for addiction rehabilitation, recovery, and long-term relapse-prevention programs tailored specifically for veterans; and

BE IT FURTHER RESOLVED, that we encourage the development and support of peer-based, veteran-led recovery programs in partnership with accredited treatment providers and veteran service organizations; and

BE IT FURTHER RESOLVED, that we call upon the Posts, Districts, and Departments to promote addiction recovery through education, stigma reduction, sober-supportive programming, and outreach efforts consistent with the VFW mission; and

BE IT FURTHER RESOLVED, that the VFW National Legislative Service is urged to advocate for federal legislation and appropriations that expand veteran-specific addiction recovery and rehabilitation services within the Department of Veterans Affairs.

Submitted by Department of Colorado
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 659

BURIAL BENEFITS FOR NATIONAL GUARD AND RESERVE MEMBERS

WHEREAS, the Department of Veterans Affairs, National Cemetery Administration states their mission “...honors Veterans and their eligible family members with final resting places in national shrines and with lasting tributes that commemorate their service and sacrifice to our nation”; and

WHEREAS, 38 U.S.C. § 101, states a veteran is someone who “served in the active military, naval, air, or space service” and received a discharge under conditions other than dishonorable; and

WHEREAS, under 38 U.S.C.S. § 2402 National Guard and Reserve members do not qualify for VA burial benefits unless they meet specific criteria such as dying during active duty or training or as a result of an injury or disability incurred during those times or if they are eligible for retirement and in all cases under other than dishonorable conditions; and

WHEREAS, the members of the National Guard have faithfully served in every war and conflict since December 13, 1636; and

WHEREAS, members of the Reserve have served this nation since its inception during the Civil War and of note, almost a quarter of a million served during the Korean War alone and supported operations in Afghanistan, Iraq, Guantanamo Bay, and Homeland Defense with over 300,000 service years; and

WHEREAS, since 9/11, the employment of the National Guard and Reserve has migrated from a strategic reserve concept to one of operational reserve and there is a foundational ideology shift from the citizen-soldier to the soldier-citizen; and

WHEREAS, the National Guard and Reserve are expected to train, ready and equip their members to be prepared for activation and deployment at a moment’s notice; and

WHEREAS, members of the National Guard and Reserve deserve the same internment honors and burial benefits; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we advocate for legislation to provide full burial benefits to National Guard and Reserve members that meet the same requirements as Active Duty members.

Submitted by Department of Colorado
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.

Resolution No. 660

ACCOUNTABILITY ACROSS BORDERS: RAISING THE BAR FOR VA C&P EXAMINERS GLOBALLY

WHEREAS, the Department of Veterans Affairs (VA) relies on Compensation & Pension (C&P) examinations and medical opinions to adjudicate veterans' disability claims accurately and fairly; and

WHEREAS, VA conducts C&P examinations both within the United States and overseas, including through VA-employed examiners and contracted by VA examiners abroad, to serve transitioning Service Members and veterans residing or stationed outside the United States; and

WHEREAS, VA increasingly utilizes contracted C&P examiners, both domestically and overseas, outside VA facilities to conduct these examinations; and

WHEREAS, inadequate, incomplete, or poorly reasoned medical opinions by some C&P examiners—whether domestic or overseas, VA-employed or contracted—have resulted in unnecessary remands, requests for further development, and delays in the adjudication of disability claims; and

WHEREAS, such delays can cause significant hardship for veterans and their families, including prolonged financial and medical uncertainty, and may disproportionately affect veterans living overseas who can face additional logistical, communication, and access barriers; and

WHEREAS, there is a need for transparent and continuous quality control, monitoring, and enforcement of standards for all C&P examiners, including those conducting Contracted by VA examinations overseas, to ensure that examinations and medical opinions meet the requirements necessary to properly adjudicate claims; and

WHEREAS, the VA Office of Inspector General (OIG) and other appropriate VA oversight entities are charged with identifying systemic deficiencies and promoting accountability within VA programs and contracts, including those involving overseas examinations; now, therefore,

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Veterans Affairs to establish and maintain transparent, continuous quality control and monitoring mechanisms for all C&P examiners—VA-employed and Contracted by VA, domestic and overseas; and

BE IT FURTHER RESOLVED, that such mechanisms include clear, uniform certification and training requirements; periodic audits of examination reports and medical opinions; corrective action for examiners who fail to meet standards; and

public reporting of aggregate quality metrics, including data specific to overseas examinations, to the extent permitted by law; and

BE IT FURTHER RESOLVED, that the VA Office of Inspector General be requested to conduct regular reviews and, when appropriate, investigations into the adequacy and accuracy of C&P examinations and medical opinions—domestic and overseas—and to issue recommendations to improve examiner performance and claim adjudication outcomes; and

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States support legislative or regulatory changes, as necessary, to ensure that all C&P examinations and medical opinions, whether conducted within the United States or overseas and whether by VA-employed or contracted examiners, fully comply with accepted medical and legal standards required to fairly adjudicate veterans' claims.

Submitted by Department of Europe
To Committee on VETERANS SERVICE RESOLUTION

APPROVED by the 127th National Convention of the Veterans of Foreign Wars of the United States.