

Resolution No. 661

SUPPORT FOR THE DIVESTMENT OF UNAVAILABLE SAVINGS TO LIVE (DUSL) ACT

WHEREAS, veterans who are rated 100 percent service-connected disabled or entitled to Total Disability Individual Unemployability (TDIU), and/or their spouses, often face significantly reduced life expectancy, chronic medical conditions, and substantial financial burdens resulting from military service; and

WHEREAS, many of these veterans and/or their spouses have contributed to retirement savings accounts but are penalized under current federal law if these funds are accessed prior to retirement age through early withdrawal penalties and taxation; and

WHEREAS, these penalties unjustly prevent severely disabled veterans and/or their spouses from utilizing their own earned savings during their lifetime when such resources are most critically needed; and

WHEREAS, the Divestment of Unavailable Savings to Live (DUSL) Act would allow eligible veterans and/or their spouses to access retirement savings without penalty or federal taxation and without jeopardizing eligibility for Department of Veterans Affairs benefits or other means-tested programs; and

WHEREAS, the DUSL Act does not create new federal entitlement spending but instead restores financial autonomy to disabled veterans and their families by allowing access to their own accrued assets; and

WHEREAS, enabling access to these funds would improve quality of life, provide financial stability, and support the dignity of veterans and/or their spouses and families during periods of severe disability; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly support the immediate passage of the Divestment of Unavailable Savings to Live (DUSL) Act; and

BE IT FURTHER RESOLVED, that the VFW National Legislative Service actively advocate for this legislation before the United States Congress and urge its prioritization for prompt enactment; and

BE IT FURTHER RESOLVED, that copies of this resolution be transmitted to appropriate members of Congress, the Department of Veterans Affairs, and other relevant federal agencies to advance this critical measure.

Submitted by Department of Texas
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 662

RETURN OF IN-PERSON APPEAL HEARINGS TO DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICES

WHEREAS, veterans who honorably served their country and suffered service-related injuries are rightfully entitled to be fully compensated by the Department of Veterans Affairs; and

WHEREAS, the Department of Veterans Affairs discontinued the time-honored practice of in-person appeal hearings at Regional Offices due to the COVID-19 pandemic; and

WHEREAS, the COVID-19 pandemic is no longer a public health concern; and

WHEREAS, the number of appeals that have been granted has decreased in the absence of in-person appeals; and

WHEREAS, the Department of Veterans Affairs is striving to reduce operating costs, improve efficiency and effectiveness, while remaining fair to those who served their country; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we call upon Congress to direct the Department of Veterans Affairs to return to the pre-COVID practice of in-person appeal hearings at Department of Veterans Affairs Regional Offices.

Submitted by Department of Nebraska
To Committee on VETERANS SERVICE SOLUTIONS

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

Resolution No. 663

APPROVE THE CRUCIFIX AS AN ELIGIBLE EMBLEM OF BELIEF ON VETERAN HEADSTONES OR MARKERS

WHEREAS, the Department of Veterans Affairs fulfills a vital mission in caring for those who have served our nation's military, honoring them from the moment they raise their right hand in defense of our Constitution to the day they are laid to rest; and

WHEREAS, our veterans deserve the utmost care, honor, and service and no greater, more solemn duty exists than to ensure our nation's veterans are laid to rest with reverence befitting their service and sacrifice to their nation and their Creator; and

WHEREAS, in preparation for their burial, veterans and their next-of-kin are afforded the opportunity to select an optional emblem of belief for inscription on their headstone or marker; and

WHEREAS, the National Cemetery Administration currently offers nearly one hundred different optional emblems of belief for inscription on standard government headstones and markers, representing several different belief systems, including various denominations of Christianity, Judaism, Islam, Hinduism, and several other faiths, as well as emblems for atheists, humanists, and Wiccans; and

WHEREAS, despite this wide array of options, Catholic veterans do not currently have the option to select a crucifix, an emblem of belief that most accurately represents the faith of nearly twenty percent of all veterans; and

WHEREAS, the pursuit and expression of religious freedom are fundamental rights guaranteed by the First Amendment to our Constitution; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly urge the Department of Veterans Affairs and the National Cemetery Administration to officially offer the crucifix as an eligible emblem of belief for inscription on requested standard government headstones or markers.

Submitted by Department of Connecticut
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 664

PUBLIC SUPPORT FOR H.R. 6022

WHEREAS, the Veterans of Foreign Wars of the United States has long stood in support of Veterans, service members, and their families; and

WHEREAS, Veteran suicide remains a national crisis that has deeply affected military families, surviving family members, fellow Veterans, and communities across the United States; and

WHEREAS, families who have lost a Veteran to suicide often experience grief, stigma, isolation, and a lack of public recognition for the unique nature of their loss; and

WHEREAS, H.R. 6022, the Sgt. Walter F. Hartnett IV Green Star Veterans Service Act, has been introduced in the 119th Congress to provide federal recognition for families of Veterans who died by suicide; and

WHEREAS, public acknowledgment of these families is consistent with the VFW's long-standing commitment to honor Veterans, support surviving families, and address the ongoing crisis of Veteran suicide; and

WHEREAS, public support for H.R. 6022 would not require the VFW to assume responsibility for lobbying, implementation, administration, or inclusion of the bill within its formal legislative priority agenda; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we publicly support H.R. 6022, the Sgt. Walter F. Hartnett IV Green Star Veterans Service Act, as a federal recognition measure for families of Veterans who died by suicide; and

BE IT FURTHER RESOLVED, that this resolution is intended only as a public statement of support for H.R. 6022 and shall not be interpreted as directing the VFW to lobby, administer, implement, or adopt H.R. 6022 as a formal legislative priority unless separately approved through VFW procedures.

Submitted by Department of New Jersey
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 665

AMEND THE BLUE WATER NAVY VIETNAM VETERANS ACT OF 2019

WHEREAS, Public Law 116-12, known as the “Blue Water Navy Vietnam Veterans Act of 2019”, is a US law that addresses disability benefits for veterans presumed to have been exposed to Agent Orange grants presumptive service connection for conditions related to Agent Orange exposure to those who served on vessels operating within 12 nautical miles seaward of the demarcation line of the waters of Vietnam and Cambodia between January 9, 1962, and May 7, 1975. This allows these veterans with specific Agent Orange-related medical conditions to be presumed exposed and potentially receive benefits. The law took effect on January 1, 2020; and

WHEREAS, carriers operated at distances of more than 12 nautical miles from the coast of Vietnam, deploying (launching and recovering) both fixed wing and fighter aircraft that flew imminently close to the ground during ground support missions therefore becoming covered in dust and foliage from dirt, blown-up trees, etc.; and

WHEREAS, upon return to the carrier(s) they were serviced to include the washing of all aircraft and resultant dust and dirt disseminated on both the hanger bay and deck spaces, thus exposing literally all crew to said dust and dirt that had Agent Orange imbedded within; and

WHEREAS, after the House of Representatives passed the Act unanimously at 382-0; and

WHEREAS, Senator Gillibrand (D-NY) who had championed this act with numerous co-sponsors since 2017 said “It is unacceptable that for the past sixteen years, the VA has denied health benefits to our Blue Water Navy vets just because of an arbitrary rule blocking veterans who served on boats off Vietnam’s coast from the benefits they have earned and deserve. It’s outrageous that a couple of Senators are now blocking these benefits too by refusing to pass the Blue Water Navy Vietnam Veterans Act”; and

WHEREAS, Senator Tester (D-MT) stated “If we aren’t willing to take care of our veterans when they come home, we should not send them in to harm’s way”; and

WHEREAS, Senator Daines (R-MT) said, “The intent of Congress was to ensure that those who served in Vietnam and were exposed to Agent Orange are getting the care they need and deserve; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we encourage the United States Congress to amend the Blue Water Navy

Vietnam Veterans Act of 2019 in addition to the 12 nautical mile limit with “and those aircraft carriers (CVAs) who launched and recovered aircraft that experienced combat within the limits of the geographical area denoted as Vietnam”.

Submitted by Department of New York
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 666

OVERSEAS BUT NOT SECOND CLASS: GUARANTEEING EQUAL ONLINE ACCESS TO VA BENEFITS

WHEREAS, millions of veterans, Service Members, and their families reside or are stationed outside the continental United States, including in U.S. territories, foreign postings, and host-nations around the world; and

WHEREAS, access to Department of Veterans Affairs (VA) benefits, healthcare, records, and services is increasingly dependent on secure online portals, including but not limited to VA.gov, which rely on digital identity verification partners such as Login.gov, ID.me, DS Logon; and

WHEREAS, veterans and Service Members living abroad frequently encounter barriers when attempting to create and verify accounts through Login.gov and other VA sign-in partners, including, but not limited to:

- Requirements for a recent U.S. residential address or credit history, which many overseas veterans do not maintain;
- Reliance on U.S.-based phone numbers or carriers for multi-factor authentication, with SMS and voice codes often unavailable or unreliable for foreign numbers;
- Geo-blocking, network security controls, or sanctions-related restrictions that impede access from certain countries or IP address ranges;
- Technical limitations in document upload, webcam verification, and recognition of older or non-standard U.S. identity documents; and
- Inadequate support for overseas identity proofing methods, including APO/FPO/DPO addresses and other forms of proof of service and identity maintained within the Department of Defense (DoD) and VA; and

WHEREAS, these barriers effectively create an inequality of access, whereby veterans and Service Members living abroad are denied or delayed in accessing the same digital VA services, benefits information, and healthcare coordination tools that are readily available to those residing in the United States; and

WHEREAS, this digital access gap is inconsistent with the nation's commitment to support its warfighters and all who have served, regardless of location, and could result in benefits lapses, healthcare interruptions, delayed claims, and greater hardship for veterans and their families overseas; and

WHEREAS, VA, in coordination with the General Services Administration (GSA) (which operates Login.gov), other Federal identity providers, and the U.S. Congress, has the authority and responsibility to ensure that its identity verification and authentication methods are inclusive of veterans and Service Members residing abroad; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly urge the Secretary of Veterans Affairs, in coordination with the Administrator of General Services and other relevant Federal agencies, to:

1. Eliminate or mitigate barriers to account creation and verification for veterans and Service Members living abroad, including:
 - Enabling reliable multi-factor authentication for foreign phone numbers and email addresses;
 - Expanding and documenting support for authenticator applications and non-SMS verification methods suitable for overseas users;
 - Reducing over-reliance on U.S. credit and address records and incorporating alternative identity proofing methods, including service records, VA records, and DoD data; and
 - Ensuring APO/FPO/DPO and other legitimate overseas addresses are fully recognized and accepted by identity verification systems.
2. Develop and publish clear guidance and dedicated support channels for overseas users of VA.gov and related digital services, including:
 - Step-by-step instructions tailored to veterans and Service Members abroad;
 - International or DSN-accessible help desk numbers and support hours;
 - Escalation procedures for manual verification or exception processing when automated checks fail due to overseas status.
3. Conduct a comprehensive review and assessment of digital access for veterans abroad, to include:
 - Measuring failure rates and barriers specific to overseas account creation and login attempts;
 - Consulting with veterans' service organizations, including the Veterans of Foreign Wars of the United States, and with overseas veteran communities; and
 - Reporting findings publicly along with a corrective action plan and implementation timeline.
4. Ensure that future modernization efforts for VA digital services explicitly include requirements and testing for usability and accessibility by veterans, Service Members, and eligible dependents residing overseas, including those in U.S. territories and foreign countries.

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States urges the U.S. Congress to:

1. Exercise robust oversight of VA and GSA to ensure timely remediation of the digital access barriers affecting veterans and Service Members abroad;
2. Provide any necessary funding, statutory authority, or direction to support inclusive, secure, and globally accessible identity verification and multi-factor authentication methods for VA.gov and other Federal veteran-facing digital services; and

3. Require regular reporting to Congress on progress made to improve digital access and identity proofing for overseas veterans, including measurable performance indicators and user feedback.

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States will actively advocate for these changes before the Department of Veterans Affairs, the General Services Administration, and the U.S. Congress, and will work with other veterans' service organizations to ensure that no veteran or service member is denied or delayed access to VA services solely because they reside outside the United States; and

BE IT FURTHER RESOLVED, that this resolution be transmitted to the Secretary of Veterans Affairs, the Administrator of General Services, the President of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, and to each member of Congress, and that it be made known that the Veterans of Foreign Wars of the United States stands firmly in support of equal digital access to VA services for all veterans and Service Members, regardless of where they live.

Submitted by VFW Department of Europe
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 667

ENSURING MEANINGFUL HUMAN OVERSIGHT OF ARTIFICIAL INTELLIGENCE AND AUTOMATED SYSTEMS AT THE DEPARTMENT OF VETERANS AFFAIRS

WHEREAS, the Department of Veterans Affairs increasingly uses automated systems, algorithms, artificial intelligence tools, and other technology-driven processes in administrative functions, claims processing, healthcare operations, communications, and other services affecting veterans; and

WHEREAS, veterans are entitled to fair, accurate, transparent, and accountable decisions and communications that are not based solely on automated or artificial intelligence-generated outputs; and

WHEREAS, the use of automation, artificial intelligence, and automated communication processes in matters affecting veterans requires meaningful human oversight, independent judgment, and active verification at every stage of review and communication; and

WHEREAS, there is legitimate concern that reviewers and personnel may place undue reliance on automated recommendations, notices, correspondence, summaries, alerts, and other machine-generated outputs without adequately determining whether such outputs are flawed, incomplete, misleading, unsupported, inconsistent with the evidence of record, or otherwise inappropriate; and

WHEREAS, overdependence on artificial intelligence, automated systems, and automated communication processes may erode the knowledge, judgment, and adjudicative skills necessary for Department of Veterans Affairs employees, reviewers, raters, and other personnel to independently and correctly evaluate veterans' claims and communications under applicable law, regulation, and policy; and

WHEREAS, if reviewers, raters, and personnel lose the practical experience and analytical ability required to properly evaluate claims and veteran-facing communications without reliance on automation, veterans may face increased risk of error, inconsistency, confusion, delay, denial of due process, and unjust outcomes; and

WHEREAS, random integrity testing, unannounced quality-control reviews, and regular auditing are reasonable and necessary measures to verify that personnel are conducting independent reviews, critically evaluating automated or artificial intelligence-generated recommendations and communications, and identifying and correcting errors before any final decision, notice, or communication is issued; now, therefore,

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that the VFW urges the Department of Veterans Affairs to maintain meaningful human oversight over any automated system, artificial intelligence tool, algorithm, or automated communication process used in support of decisions, notices, correspondence, or other actions affecting veterans; and

BE IT FURTHER RESOLVED, that the VFW urges the Department of Veterans Affairs to implement random, periodic, and unannounced integrity tests and quality-control reviews of employees, reviewers, raters, and other personnel to verify that they are independently reviewing claims, notices, correspondence, and other veteran-facing outputs and can identify flawed, incomplete, inaccurate, misleading, or otherwise questionable automated or artificial intelligence-generated recommendations and communications before any final decision, notice, or communication is made or sent; and

BE IT FURTHER RESOLVED, that the VFW urges the Department of Veterans Affairs to require that such testing include claims and communication scenarios designed to determine whether personnel can recognize errors produced by automated processes or artificial intelligence, including misstatements of fact, failure to consider relevant evidence, incorrect application of law or policy, unsupported recommendations, misleading explanations, and inaccurate or confusing communications to veterans; and

BE IT FURTHER RESOLVED, that the VFW urges the Department of Veterans Affairs to ensure that its employees, reviewers, raters, and other personnel retain the training, experience, legal knowledge, communication competency, and independent adjudicative skills necessary to correctly evaluate and decide veterans' claims and to ensure the accuracy, clarity, and fairness of veteran-facing communications without improper dependence on automated or artificial intelligence-generated recommendations or messages; and

BE IT FURTHER RESOLVED, that the VFW urges the Department of Veterans Affairs to provide ongoing training, supervision, performance standards, auditing, and documentation designed to preserve human competency, accountability, transparency, fairness, and the protection of veterans' rights in all claims adjudication, decision-making, and communications processes involving automation or artificial intelligence; and

BE IT FURTHER RESOLVED, that the VFW urges the Department of Veterans Affairs to ensure that no automated or artificial intelligence-generated recommendation, notice, correspondence, or communication is treated as final, binding, or dispositive without accountable human review.

Submitted by the Department of Europe
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 668

VETERANS HEALTH ADMINISTRATION TRANSPARENCY INITIATIVE

WHEREAS, the U.S. Veterans Health Administration (VHA) manages the Foreign Medical Program. Currently, the VHA does not allow veterans to track Foreign Medical Program (FMP) claims through VA's online portal, VA.gov; and

WHEREAS, the digital tools available to access Veterans Health Administration claims records, medical visits, and diagnostics juxtaposed against access to Foreign Medical Program (FMP) claims reveal significant disparities in clarity, accessibility, and operational procedures. Addressing these disparities is imperative for the continuous improvement of veteran healthcare services, ensuring that all veterans, regardless of their geographic location, whether traveling or residing abroad enjoy equitable access to medical care and the associated benefits; and

WHEREAS, the Veterans Health Administration manages the Foreign Medical Program under the Community Care Program. However, the claim history or status of current or past FMP claims is not accessible to the veteran, unlike other Community Care Program claims. Access to Veterans Health Administration records follows established procedures that prioritize transparency and patient rights. The Health Insurance Portability and Accountability Act (HIPAA) and relevant Veterans Health Administration regulations guarantee veterans the right to access their records, including those related to their Community Care Program claims. Veterans can request their records through official channels, such as online portals like VA.gov or by direct request to VHA facilities. All inquiries related to the Foreign Medical Program should be directed exclusively through the AskVA portal; and

WHEREAS, the Veterans Health Administration has created a framework that gives veterans structured access to their community care claim records. According to the guidelines established by the VHA, veterans are entitled to review their medical records, including claims submitted for community care services. This access is provided through the VA's digital platform (VA.gov), which enables veterans to download electronic copies of their health records, including community care claims. Additionally, under the provisions of the Health Insurance Portability and Accountability Act (HIPAA), veterans can request information related to their health and treatment records, including community care claims. Transparency in this process is important because it helps veterans track their healthcare, pursue appeals, and have informed conversations with their VA healthcare providers; and

WHEREAS, both the Veterans Health Administration's Community Care Program and the Foreign Medical Program are designed to serve veterans' healthcare needs, the transparency and ease of access of these programs differ significantly. Community care claims are easier to access through established online platforms and follow clear regulations that protect veterans' rights to information.

Conversely, the FMP claims process is hindered by a lack of transparency and administrative barriers, which limit a veteran's ability to effectively manage their healthcare; and

WHEREAS, the gap in resources allocated to managing the Veterans Health Administration Community Care program compared to the Foreign Medical Program worsens transparency issues. The VHA has established systems and technologies to efficiently handle community care claim history and medical record requests, while the FMP is not integrated into the VA digital system and does not offer the same level of support or clarity regarding claims. As a result, information asymmetry becomes more pronounced, leading to frustration and confusion among veterans trying to use the FMP; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the Department of Veterans Affairs to utilize current and emerging technologies for all veterans, regardless of their location or program type. The framework of transparency must be accessible to all veterans and applied uniformly across all Department of Veterans Affairs programs.

Submitted by Department of Europe
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 669

VULNERABILITY TO ADVANTAGE: REFORMING OVERSEAS MILITARY HEALTHCARE

WHEREAS, Congress should direct and resource a modernized overseas military health system that provides U.S.-controlled urgent, routine, and key specialty care for Service Members and their families because reliance on host-nation healthcare creates avoidable political, security, and readiness vulnerabilities, while expanding organic U.S. medical capabilities enhances force health protection, preserves commanders' operational freedom, and strengthens deterrence against adversaries; and

WHEREAS, stronger Readiness and Force Health Protection consistently uphold quality and standards: U.S.-run or closely supervised facilities can enforce DoD guidelines for trauma care, infection control, mental health, rehab, and chronic disease management. This results in faster recovery, fewer complications, and more Service Members returning to duty. Improved chronic care enhances deployability: Conditions like dental, behavioral health, and orthopedic injuries can be managed according to U.S. standards, reducing lost duty days and the number of medical non-deployable Service Members; and

WHEREAS, reducing political and operational dependence on host-nations lessens their leverage over U.S. forces. If the U.S. owns most of its medical capabilities, host governments have fewer opportunities to use access to care as leverage during basing or cost-sharing negotiations. Maintaining U.S. healthcare capabilities ensures continuity during crises; in war, civil unrest, sanctions, or diplomatic breakdowns, host-nation hospitals might close to foreigners or prioritize their own citizens. U.S. organic capability offers commanders a more reliable medical support system, even when the political climate deteriorates. Commanders can plan with realistic operational resources and known medical capacities instead of optimistic assumptions about local hospitals. This results in more accurate risk assessments and safer operations overseas; and

WHEREAS, when medical support for the warfighter is not dependent on local politics, commanders have greater flexibility in where and how they train, deploy, surge, or reposition forces, and greater operational freedom. Keeping care within U.S. or trusted systems limits foreign access to medical records, injury patterns, specialty referrals, and mental health data that could reveal unit locations, mission types, or readiness. Concentrating high-risk treatments and rehab inside secure U.S. facilities makes it harder for adversaries to exploit predictable appointment patterns at local clinics for surveillance, tracking, or attacks. U.S. facilities can enforce background checks, force protection measures, and counterintelligence awareness among staff in ways often impossible for host-nation personnel. This enhances security, intelligence protection, and OPSEC, ensuring control of sensitive health information data; and

WHEREAS, aligned standards of care and ethics require better clinical oversight and accountability. U.S.-directed care can follow U.S. laws and DoD policies on privacy, informed consent, behavioral health, reproductive care, and care for LGBTQ+ members—areas where host-nation norms may conflict. Using U.S.-credentialed providers enables direct monitoring of outcomes and can address deficiencies instead of depending on various foreign licensing systems. When issues occur, U.S. systems provide clear legal and administrative pathways for investigation, redress, and systemic improvement—much more predictable than cross-national malpractice environments; and

WHEREAS, more resilient U.S.-controlled medical logistics supply chains can stockpile and manage critical items such as blood, trauma supplies, medications, and vaccines without depending on fragile host-nation supply networks vulnerable to strikes, shortages, or disruptions and sanctions; and

WHEREAS, supporting surge capacity for contingencies by having purpose-built U.S. and joint facilities that can be scaled for mass-casualty events or high-tempo operations—something local civilian systems, already busy with their own populations, often cannot do. For conditions like trauma, stroke, sepsis, or heart attack, delays in transferring patients from a local facility to a higher-level U.S. or regional military hospital can be fatal. Complex reliance chains (Medical Treatment Facilities → Tricare → Tricare contractors → host-nation OCONUS providers → regional overseas military hubs → CONUS) add friction to this time-sensitive process. Incompatible systems, such as differences in medical record systems, language, equipment, and clinical protocols, can cause errors during handoffs, medication mistakes, or misdiagnosis; and

WHEREAS, trust in visible, competent U.S. medical support overseas signals that the nation is willing to invest in the health and safety of its Service Members. That directly impacts morale and willingness to accept high-risk or remote tours. Dependents have reliable access to pediatric, OB/GYN, behavioral health, and special-needs services under U.S. standards, reducing stress and distraction for the service member. Overseas assignments are more attractive and sustainable when healthcare is perceived as safe, accessible, and high quality—especially for critical, hard-to-recruit positions and specialties; and

WHEREAS, Europe faces widespread shortages of health workers due to aging populations, workforce limitations, limited training capacity, migration, underinvestment, and slow regulatory adaptation. Pacific Island countries struggle with very few medical professionals because of small, scattered populations, remoteness, low funding, brain drain, weak infrastructure, and high disease burdens, especially in rural and outer islands. South Korea and Japan have strong, universal health systems and enough doctors overall, but experience maldistribution: physicians tend to cluster in cities and avoid certain specialties and

rural areas, making their challenge more about policy and incentives than basic capacity; and

WHEREAS, the TRICARE Overseas Program (TOP) provides healthcare for active-duty Service Members and their families outside the continental U.S. Instead of owning hospitals, TOP currently partners with private contractors (like International SOS) to establish networks of host-nation providers. TOP then coordinates with overseas military treatment facilities, manages referrals, authorizations, billing, and support. For most non-emergency care, active-duty members need a referral or authorization before seeing host-nation providers. The contractor confirms covered services and may arrange direct billing, although members sometimes must pay upfront and seek reimbursement. In emergencies, members go to the nearest suitable facility, after which the contractor and MTF coordinate transfer, billing, and ongoing care. The system is complex because it must integrate U.S. and foreign healthcare systems, which can burden Service Members; and

WHEREAS, it is strategically sound for the overseas U.S. military to support both urgent and ongoing medical needs of its community using U.S.-controlled resources because medical support is not just a welfare issue—it is a critical part of combat capability, deterrence, and operational flexibility. Relying primarily on host-nation providers introduces avoidable political, security, and readiness risks that can be mitigated through a combination of stronger U.S. organic medical capabilities abroad, tighter oversight of host-nation partners, improved data protections, and contingency plans for when host-nation care becomes unavailable or limited; and

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge Congress to review current capabilities and establish an end-state military health service support system overseas where life, limb, eyesight, dental care, routine primary care, and a significant portion of specialty and surgical care can be provided by U.S. organic (military or DoD-controlled) capabilities that support overseas warfighters and dependents. Ensure host-nation resources are supplementary and not critical single points of failure for a military commander overseas. Require that the systems in place are scalable from peacetime to contingency and conflict.

Submitted by Department of Europe
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 670

ENDING THE HIDDEN COST OF VA EXAMS FOR OUR TROOPS

WHEREAS, Service Members participating in the Benefits Delivery at Discharge (BDD) and Integrated Disability Evaluation System (IDES) processes are often required to attend Department of Veterans Affairs (VA) Compensation and Pension (C&P) examinations at locations that may be a significant distance from their duty stations or residences; and

WHEREAS, Service Members assigned to duty stations outside the continental United States, including overseas and remote locations, may be required to undertake international travel at significant personal cost and logistical burden to attend required C&P examinations when such examinations are not reasonably available in-theater or near their duty station; and

WHEREAS, current policy and practice frequently place the financial burden of necessary travel—including transportation, lodging, meals, and incidental expenses—on the individual Service Member or, in some cases, on the operating budget and mission capability of the Service Member’s military command; and

WHEREAS, these required C&P examinations are an integral and mandatory component of the VA disability evaluation and benefits determination process, and are ordered not for the convenience of the Service Member or the command, but to fulfill statutory and regulatory obligations of the Department of Veterans Affairs; and

WHEREAS, financial obligations related to travel, including potential international travel for those stationed overseas, can pose a serious hardship for transitioning Service Members and their families, many of whom are already experiencing financial uncertainty due to impending separation or retirement; and

WHEREAS, requiring military units to fund such travel from limited operational and training budgets can degrade readiness, reduce mission capability, and create an inequitable strain on units that support a high number of Service Members undergoing BDD or IDES processing; and

WHEREAS, the timely and accurate completion of VA C&P examinations is crucial to ensure that Service Members receive the appropriate and earned disability benefits upon separation, and any financial or administrative barriers that discourage or delay attendance at such examinations directly undermine the transition process and the welfare of veterans and their families; now, therefore,

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we strongly urge the United States Congress and the Department of Veterans Affairs, in coordination with the Department of Defense, to establish and implement clear, uniform policies that:

1. Relieve Service Members and their military commands of the financial burden for travel related to mandated VA Compensation and Pension examinations under the BDD and IDES processes, including international travel for those stationed abroad;
2. Provide direct VA-funded travel arrangements and reimbursement mechanisms for all reasonable and necessary transportation, lodging, meals, and incidental expenses associated with such exams, in accordance with federal travel regulations, whether travel is domestic or international;
3. Guarantee that no Service Member is denied, delayed, or discouraged from completing required C&P examinations due to inability to afford travel costs, including those for overseas or international travel, or because of a lack of command funds;
4. Develop interagency agreements and standard procedures between the Department of Veterans Affairs and the Department of Defense to streamline the scheduling and funding of these exams, utilizing mobile exam teams, telehealth options where suitable, and closer-to-duty location facilities whenever possible, especially for Service Members stationed outside the continental United States; and

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States shall support and advocate for any legislation, regulatory changes, or policy directives necessary to ensure full government coverage of travel-related costs for required VA C&P examinations in the BDD and IDES processes, including international travel for those stationed overseas.

Submitted by the Department of Europe
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 671

EXPANDING POST-9/11 GI BILL TRANSFERABILITY

WHEREAS, the Post-9/11 GI Bill provides career service members the option to transfer education benefits to dependents under certain conditions; and

WHEREAS, current law limits transfer eligibility strictly to spouses and dependent children, leaving no option for veterans who cannot have children of their own or whose spouse does not require educational benefits; and

WHEREAS, this limitation prevents otherwise fully eligible service members from using the earned benefit to support family members who could greatly benefit from educational access, such as nieces, nephews, siblings, or grandchildren; and

WHEREAS, expanding GI Bill transferability would honor the intent of the benefit – to invest in the education of military families – while correcting an inequity faced by childless veterans and those whose immediate dependents cannot use the benefit; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we petition the Department of Veterans Affairs, Department of Defense, and the United States Congress to amend existing law to allow Post-9/11 GI Bill education benefits to be transferred to extended family members (e.g. nieces, nephews, siblings, or grandchildren) when a service member has no spouse or dependent children who can use them.

Submitted by Department of California
To Committee on VETERANS SERVICE RESOLUTION

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

Resolution No. 672

SUPPORT FOR IMPROVED PROCESSING, TRACKING, AND ASSISTANCE FOR OVERSEAS DEPENDENCY AND INDEMNITY COMPENSATION (DIC) CLAIMS

WHEREAS, the Veterans of Foreign Wars of the United States (VFW) is committed to ensuring that all Veterans and their survivors receive timely and equitable access to earned benefits, regardless of geographic location; and

WHEREAS, surviving spouses and dependents residing outside the United States face significant structural barriers in filing and completing Dependency and Indemnity Compensation (DIC) claims, including lack of access to county and state Veterans service offices, limited VSO coverage, and reduced access to VA.gov and U.S. mail systems; and

WHEREAS, foreign death certificates frequently require translation, clarification, or medical interpretation, and foreign medical facilities often lack electronic records, charge retrieval fees, or do not respond to U.S. government requests, resulting in delays of months beyond standard domestic timelines; and

WHEREAS, the Department of Veterans Affairs (VA) does not currently publish or track DIC claim processing times by geographic region, preventing transparency, oversight, and identification of disparities affecting survivors residing overseas; and

WHEREAS, survivors abroad often lack the infrastructure, support systems, and institutional knowledge available to families in the United States, resulting in incomplete submissions, repeated evidence requests, and extended duty-to-assist cycles; and

WHEREAS, these systemic delays impose emotional, financial, and administrative burdens on grieving families who rely on DIC as a primary source of income following the death of a Veteran; 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 track, publish, and report DIC claim processing times for survivors residing outside the United States; and

BE IT FURTHER RESOLVED, that the VFW urges the VA to establish dedicated procedures, timelines, and support mechanisms for overseas DIC claims, including improved coordination with foreign medical facilities, translation services, and the Foreign Medical Program (FMP); and

BE IT FURTHER RESOLVED, that the VFW advocates for expanded VSO access and survivor assistance for families residing overseas, including virtual intake support, standardized evidence checklists, and improved communication channels; and be it further

BE IT FURTHER RESOLVED, that the VFW calls upon the VA to recognize and mitigate the documented structural disadvantages faced by overseas survivors to ensure equitable access to earned benefits.

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. 673

UNLOCKING GLOBAL CLASSROOMS FOR AMERICA'S VETERANS

WHEREAS, the United States has long recognized the importance of educational benefits for veterans as a core component of earned compensation for honorable military service, including under the Post-9/11 GI Bill (Chapter 33) and Survivors' & Dependents' Educational Assistance (DEA, Chapter 35); and

WHEREAS, many veterans and eligible family members seek to pursue courses of study at foreign institutions of higher learning, both to advance their individual educational and career goals and to strengthen international understanding and cooperation consistent with United States national interests; and

WHEREAS, the U.S. Department of Veterans Affairs (VA), pursuant to Section 208.3 of Title 31, Code of Federal Regulations, has implemented Electronic Funds Transfer (EFT) policies requiring that all VA education payments to institutions of higher learning be made by direct deposit; and

WHEREAS, on March 23, 2023, VA issued an EFT policy letter requiring foreign institutions participating in VA education benefit programs to:

- Establish a checking or savings account with a U.S. financial institution capable of receiving Automated Clearing House (ACH) payments, and/or
- Utilize approved third-party financial services to receive ACH payments on behalf of the institution, thereby effectively conditioning approval of programs of education on a foreign institution's ability to access U.S. domestic banking infrastructure; and

WHEREAS, on June 7, 2023, VA issued an amended policy letter superseding the March 23, 2023, guidance, eliminating the previous third-party option and requiring that foreign institutions themselves provide banking information, including:

- The name and address of a U.S.-based or foreign financial institution;
- A nine-digit ACH bank routing number **or** SWIFT code; and
- A U.S. bank account number **or** IBAN, with the explicit requirement that all foreign institutions participating in Chapters 33 and 35 must comply with these EFT requirements as a condition of new or continued program approval; and

WHEREAS, foreign institutions of higher learning—such as public universities in the Federal Republic of Germany and other allied nations—often do not require SWIFT-capable or ACH-compatible accounts for their domestic operations, and their banking partners frequently assess additional fees for international services such as SWIFT, resulting in material costs that these institutions are understandably unwilling to absorb solely to accommodate U.S.-specific regulatory requirements; and

WHEREAS, VA approves programs of education, not only institutions, such that any new or modified program at a foreign university that was not previously

“grandfathered” before the 2023 policy changes must now meet the amended EFT requirements, thereby creating a hidden barrier that prevents many veterans from using their earned benefits abroad even when the university is otherwise academically qualified and willing to enroll them; and

WHEREAS, from the veteran’s perspective, this barrier typically becomes apparent only after the veteran has applied, selected a foreign program, and submitted VA Form 22-0976 or similar documentation, at which point VA, during its internal approval process, denies certification because the foreign institution lacks an EFT-compliant account, leaving the veteran with limited recourse and significant disruption to educational plans; and

WHEREAS, the practical effect of VA’s current EFT policies is to de facto restrict or block access to VA education benefits for a large number of veterans and eligible family members seeking to study at foreign institutions whose programs were not approved under prior, less restrictive rules; and

WHEREAS, the VA’s stated or understood motivation for these policies includes compliance with U.S. Treasury regulations and prevention of money laundering and financial fraud; nevertheless, the unintended consequence has been to impose disproportionate administrative and financial burdens on foreign institutions, while offering no standardized, cost-neutral solution; and

WHEREAS, individual veterans and advocates have had to undertake complex, ad hoc efforts to identify cost-free or low-cost international banking solutions (such as certain online financial institutions providing SWIFT/IBAN services without fees to the foreign university) and to persuade individual universities, regional ministries, and, where applicable, national ministries of education to adopt such solutions in order to restore access to VA benefits; and

WHEREAS, these efforts, while promising in specific test cases, are fragmented, dependent on the initiative and persistence of individual veterans, and lack institutional support or recognition from VA, resulting in inequitable access and inconsistent opportunities for similarly situated veterans worldwide; and

WHEREAS, the inability of veterans to readily use VA education benefits at allied foreign institutions diminishes opportunities for people-to-people engagement, cross-cultural understanding, and long-term professional and academic relationships between the United States and partner nations, thereby undermining broader U.S. strategic, diplomatic, and security interests; now, therefore,

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the U.S. Congress to direct the Department of Veterans Affairs to review, revise, and, where appropriate, amend its Electronic Funds Transfer (EFT)

policies governing payments to foreign institutions of higher learning, with the explicit aim of restoring practical, broad-based access to VA education benefits for veterans and eligible dependents seeking to study overseas; and

BE IT FURTHER RESOLVED, that we call upon Congress to require VA, in coordination with the U.S. Department of the Treasury and other relevant agencies, to develop and publish one or more standardized, cost-neutral or low-cost mechanisms for foreign public and private institutions to receive VA tuition and fee payments, including but not limited to:

- Reinstating and formalizing the use of vetted third-party financial service providers capable of receiving ACH payments and forwarding funds to foreign institutions in compliance with anti-money-laundering regulations; and/or
- Establishing, endorsing, or facilitating access to pooled or umbrella banking arrangements—whether through U.S.-based partner institutions, accredited exchange consortia, or trusted financial intermediaries—that can satisfy EFT and due diligence requirements without imposing undue financial burdens on individual foreign universities; and

BE IT FURTHER RESOLVED, that we urge Congress to require VA to:

- Assess and report to Congress on the number of veterans and eligible beneficiaries adversely affected by the 2023 EFT policy changes, including estimates of lost or delayed access to foreign education programs;
- Consult with representatives of foreign public and private universities, relevant foreign ministries (where appropriate), U.S. institutions participating in exchange programs, and veteran service organizations to identify practical compliance pathways that balance financial integrity with reasonable access; and
- Implement clear, transparent, and timely communication to veterans, schools, and veteran service organizations regarding any current and future EFT requirements, including listing compliant banking models and step-by-step procedures for foreign institutions that wish to participate; and

BE IT FURTHER RESOLVED, that the Veterans of Foreign Wars of the United States calls upon on Congress to affirm, as a matter of policy, that VA education benefits should remain fully portable to qualified foreign institutions of higher learning, subject to appropriate academic and security vetting, and that administrative or banking requirements must not, in practice, nullify or unduly restrict this portability while maintaining robust safeguards against fraud, waste, and abuse.

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.

Resolution No. 674

SUPPORT FOR THE POST-9/11 GI TRANSFERABILITY REFORM BILL OF 2025

WHEREAS, veterans discharged between January 1, 2015 and December 31, 2019 were denied the opportunity to transfer unused Post-9/11 GI Bill benefits post-separation due to restrictive policy; and

WHEREAS, the proposed legislation establishes tiered transfer eligibility for veterans with 20 or more years of qualifying service, allowing up to 24 months of tuition-only benefits to be transferred to one dependent aged 18–22 enrolled full-time in an accredited bachelor's or master's program; and

WHEREAS, the bill includes provisions for waiver authority, survivor flexibility, and disability-based transfer options to ensure equitable access for veteran families; and

WHEREAS, the legislation promotes accountability and affordability through institutional cost sharing requirements, use-or-lose timelines, and a sunset clause to limit long-term fiscal exposure; and

WHEREAS, the bill supports outreach and education through VSO grants, county VSO funding, and federal campaigns to ensure veterans and dependents are informed of their rights and opportunities; and

WHEREAS, the bill aligns with the core mission of VSOs to advocate for veterans' benefits, family support, and educational advancement; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we formally endorse the Post-9/11 GI Transferability Reform Bill of 2025 and urges Congress to pass it without delay; and

BE IT FURTHER RESOLVED, that we shall include this proposal in its legislative priorities and communicate its support to federal lawmakers, the Department of Veterans Affairs, and partner organizations.

Submitted by Department of Michigan
To Committee on VETERANS SERVICE RESOLUTIONS

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

Resolution No. 675

ENSURE READINESS AND POST-SERVICE EMPLOYMENT THROUGH CREDENTIALING

WHEREAS, ensuring a well-educated, qualified, and competent workforce is essential to the combat effectiveness of the United States Armed Forces and for the subsequent safety, comfort, and confidence of American citizens, while ensuring the economic welfare and expansion of our Nation; and

WHEREAS, the United States established vocational credentialing programs nearly a century ago, expanding the apprenticeship, education, professional credentialing, and certification standards to enhance the performance and quality of American servicemembers during their military service as well as to maximize their post-service employability and economic welfare filling critical roles in society; and

WHEREAS, Congress has repeatedly legislated that the Department of Defense (DoD) establish and fund cross-service standardized credentialing programs, to include funding for tuition, classroom and hands-on training, test and other related fees, books, supplies, and equipment required for enrollment and attendance in recognized post-secondary credentialing programs leading to professional credentials, Federal occupational licenses, State-imposed and professional licenses, professional certifications; and

WHEREAS, such licenses and credentials increase the professionalism of America's servicemen and women while setting them up for post-service success; and

WHEREAS, despite issuing guidance for a Department-wide standard credentialing policy and procedure, DoD's efforts lack adequate internal controls or resource support, continue to be service-specific, are applied inconsistently, and subordinate non-degree-issuing credentialing programs behind degree programs, thus bypassing the opportunities to enhance the skillsets of active duty forces by passing any credentialing burden on to the Department of Veterans Affairs (VA) for funding via its Veterans in Technology (VetTEC), GI Bill, or Vocational Rehabilitation and Education (VR&E) programs; and

WHEREAS, ensuring that veterans leave the service with the necessary credentials to immediately fill critical positions in society such as commercial truck drivers, emergency medical technicians, nurses, air traffic controllers, nuclear power-plant operators, cyber security professionals, and multiple forms of tradesmen would greatly reduce veteran unemployment and homelessness while increasing veteran small business ownership; and

WHEREAS, the Veterans of Foreign Wars of the United States (VFW) is Congressionally Chartered to assist worthy veterans; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge DoD to ensure compliance with its own guidance (DoDI 1322.33 – *DoD Credentialing Programs*) by retitling it in the singular and developing and applying a single Department-wide Credentialing Assistance program with uniform standards, limits, definitions, and policy; and

BE IT FURTHER RESOLVED, that the VFW urges Congress to implement a reporting requirement for DoD to provide reasonable assurance periodically that such a program has been implemented, is being professionally managed, and is yielding the results sought by 10 USC § 2015, et. seq., including controlling costs, consistent opportunities to participate, and adequate reimbursement to participants or appropriately vetted providers in accordance with legislative mandates.

Submitted by Department of Virginia
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. 676

EDUCATION BENEFITS FOR OVERSEAS DEPENDENTS

WHEREAS, the GI Bill and related programs are designed to support veterans and their families; and

WHEREAS, veterans and their dependents overseas are required to attend VA-approved education schoolhouses, yet while enrolled in VA-approved training programs, Chapter 35 dependents are still required by law to receive only half the pay compared to those attending similar programs elsewhere in Asia; and

WHEREAS, dependents overseas face additional barriers in accessing approved institutions and programs, creating inequities in educational opportunities; and

WHEREAS, in 2023, Congresswoman Jen Kiggans introduced the Filipino Education Fairness Act (H.R. 1669), which passed the House but was never enacted into law; and

WHEREAS, this legislative attempt demonstrates Congressional recognition of the need to extend Chapter 35 and GI Bill benefits to institutions in the Philippines, but the failure to enact it left overseas dependents without equitable access; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, to petition the Department of Veterans Affairs and Congress to expand recognition of overseas institutions, eliminate inequitable pay restrictions, and ensure full and equitable access to Chapter 35 education benefits for dependents abroad, building upon the intent of H.R. 1669.

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. 677

**SUPPORT FOR EXPANDED SURVIVOR OUTREACH AND
ASSISTANCE FOR FAMILIES RESIDING OVERSEAS**

WHEREAS, survivors abroad lack access to county and state Veterans service offices, funeral homes familiar with VA processes, and local support networks; and

WHEREAS, overseas survivors frequently struggle with VA.gov access, document uploads, and communication delays; and

WHEREAS, the VFW has a unique global presence and responsibility to support these families; now, therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States, that we urge the VA to expand survivor outreach, virtual support, and educational resources for families residing overseas; and

BE IT FURTHER RESOLVED, that we encourage the development of standardized survivor intake checklists, multilingual guidance, and improved communication channels for overseas families.

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.