

# Proposed AMVETS National Resolutions

to be considered at the  
AMVETS National Convention in  
Pittsburgh, Pennsylvania  
August 23-26, 2023

# BENEFITS

Resolution 24-01

**Subject:** Increase Veterans Burial Benefits

**Source:** AMVETS Legislative Committee

**WHEREAS**, the VA pays a higher level of burial benefits upon the death of a veteran who dies from a service-connected illness or disability and lesser burial benefits upon the death of a wartime veteran who dies from a non-service-connected illness or disability; and

**WHEREAS**, the current VA burial expense payment for a service-related death is up to \$2,000 for those occurring after September 11, 2001, or up to \$1,500 for deaths prior to September 11, 2001. For non-service related deaths VA will pay up to \$749 toward burial and funeral expenses for deaths on or after October 1, 2016 if hospitalized by VA at time of death, or \$300 if not hospitalized by VA at time of death. Due to the dramatic increase in private sector funeral expenses, this benefit has been seriously eroded over the years; and

**WHEREAS**, while these benefits were never intended to cover the full costs of burial, they now pay for only a small fraction of what they covered in 1973 when the federal government first started paying burial benefits; and

**WHEREAS**, the VA should provide the resources needed to meet increasing private-sector costs of burial; now therefore be it

**RESOLVED**, that AMVETS believes there is still a serious deficit between the original value of the plot allowance benefit and its current value. Congress should increase the plot allowance for all eligible veterans and expand the eligibility for the plot allowance for all veterans who might be eligible for burial in a national cemetery, not just those who served during wartime; and be it further

**RESOLVED**, that AMVETS urges Congress and the Administration to provide the resources required to meet the critical and sensitive nature of the National Cemetery Administration's mission thereby fulfilling the nation's commitment to all veterans who have served their country so honorably and faithfully.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-02

**Subject:** Concurrent Receipt

**Source:** AMVETS Legislative Committee

**WHEREAS**, military retirees are paying for their own disability with their military retired pay. This unfair policy has adversely impacted disabled veterans and their families for more than a century, but was partially repealed by Congress in 2004; and

**WHEREAS**, under current law disabled veterans with 20-plus years of active military service who are also in receipt of a V A disability determination of 50 percent or higher may retain both military retirement pay and their VA compensation; and

**WHEREAS**, the law did not provide the same equity to service-connected disabled military retirees with VA ratings of 40 percent or below, or Chapter 61 retirees who were medically retired with less than 20 years, regardless of VA disability rating; and

**WHEREAS**, a disabled veteran who does not retire from military service but elects instead to pursue a civilian career after enlistment expires can receive full compensation and full civilian retired pay. AMVETS believes that a veteran who has served this country for 20 years should have that same right and not be penalized for choosing a military career rather than a civilian career; and

**WHEREAS**, no other category of federal employee faces the same restriction on disability and retirement pay; now therefore be it

**RESOLVED**, that AMVETS supports legislation that would provide for the full and immediate concurrent receipt of military retirement pay and VA disability compensation, without offset, regardless of their VA rating percentage in order to end the unfair policy of forcing many military longevity retirees to forfeit some of their retired pay in order to receive equal amounts of disability compensation from the Department of Veterans Affairs (VA).

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-03

**Subject:** Tinnitus & Hearing Loss Presumptive Service-Connection

**Source:** AMVETS Legislative Committee

**WHEREAS**, many veterans, whether or not they served in combat or worked in certain occupational specialties, have higher than average incidences of hearing loss or tinnitus as a result of their time in service; and

**WHEREAS**, in recent years, the second highest service-connected disability granted by the VA has been for hearing loss and tinnitus; and

**WHEREAS**, various studies indicate that the majority of servicemembers are exposed to some form of auditory trauma, including high-level repetitive noise, during their time in service leading to some level of hearing loss and/or tinnitus and given these findings, reasonable doubt must be resolved in favor of veterans who suffered hearing loss and/or tinnitus as a result of their service in the military; now therefore be it

**RESOLVED**, that AMVETS urge Congress and the VA to grant service-connection on a presumptive basis for any veteran diagnosed after discharge with hearing loss and/or tinnitus when there is evidence that the veteran:

- participated in combat operations;
- worked in a position or occupational specialty likely to have damaged the veteran's hearing;
- or
- was exposed to any form of auditory trauma.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-04

**Subject:** VA Claims & Appeals

**Source:** AMVETS Legislative Committee

**WHEREAS**, as of March 2021 the Department of Veterans Affairs (VA) has over 350,00 claims pending for disability compensation and pension claims in addition to 212,000 that have been pending for more than 125 days, often referred to as backlogged claims; and

**WHEREAS**, due to the increasing complexity of both VA claims and appeals, the need for compliance with Court of Veterans Appeals claims decisions, continued VA requirements for repetitive and unnecessary examinations and the severe staffing shortages, progress on cases remains slow and unsatisfactory; and

**WHEREAS**, due to the impending drawdown, the demand for VA services and resources will continue to rise and is expected to remain high for the foreseeable future; now therefore be it

**RESOLVED**, that AMVETS urge Congress to ensure adequate funding and trained staff levels for the Department of Veterans Affairs to improve upon the timeliness and accuracy of all claims and appeals being filed; and be it further

**RESOLVED**, that AMVETS push for the Veterans Benefit Administration to process timely and accurate claims the first time they are reviewed, as well as the immediate implementation of a uniform data claims processing system, as well as, improved training for both VA claims and appeals processors to ensure a timely and accurate claims and appeals process for every veteran.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

# EMPLOYMENT & HOUSING

Draft Resolution 24-05

**Subject:** Civilian Credentials for Military Training & Experience

**Source:** AMVETS Legislative Committee

**WHEREAS**, AMVETS recognizes that it is in the best interest of our nation to have a strong and viable veterans' employment and training system in place. Unfortunately, the unemployment rate among our nation's veterans continues to be an area of intense focus and concern, much of which is related to issues of post-service licensure and credentials; and

**WHEREAS**, Congress has begun to recognize the fact that veterans of all eras, especially recently separated and older veterans, find it difficult to obtain meaningful, living-wage employment. The importance of licensing and credentialing, as an integral part of the overall veteran transition process, cannot be overemphasized; and

**WHEREAS**, while there are certain employment programs in place for veterans, such programs must have a pro-active, long-term career focus which, not only recognize the problems of licensing and credentialing, but develops workable solutions; and

**WHEREAS**, every year between 240,000 and 360,000 military members make the transition from military to civilian life and employment, and as the drawdown continues, more than a million service members are expected to transition over the next few years; and

**WHEREAS**, as a nation we need to be prepared to do our part to assist our transitioning service members with living-wage employment opportunities so that they become valued additions to our society and economy and are able to adequately support their families; now therefore be it

**RESOLVED**, that AMVETS should encourage Congress to engage in a national dialogue to include the Administration, DoD, VA, DOL, governors, state adjutant generals, employers, trade and professional associations, and licensing and credentialing entities, to establish a process so military training meets civilian certification and licensing requirements for states in which veterans choose to live once they leave the military.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-06



**SUBJECT:** Continue Fighting to End Veteran Homelessness

**SOURCE:** AMVETS Legislative Committee

**WHEREAS**, the streets of many American cities continue to be inhabited by veterans who lack adequate food and housing; and

**WHEREAS**, veteran homelessness has decreased over the last few years thanks to multi-agency efforts at the federal level; and

**WHEREAS**, a growing number of female veterans, many with dependent children, are joining the ranks of homeless veterans; now therefore be it

**RESOLVED**, that AMVETS ensure that the issue of veteran homelessness remains a priority for both the Administration and Congress; and be it further

**RESOLVED**, that AMVETS encourages Congress to increase the availability of affordable housing; expand education/training programs; and provide employment opportunities until all veterans are properly housed and gainfully employed.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

# HEALTH CARE

**SUBJECT:** Posttraumatic Growth

**Source:** AMVETS Legislative Committee

**WHEREAS**, according to the Department of Veteran Affairs (VA), the veteran suicide rate has increased steadily every year since 2001 and is especially high among 18-24 year-old OEF/OIF/OND combat veterans; and

**WHEREAS**, the current approach to mental health care is limited and flawed by focusing on pharmacotherapy and symptomatic treatment, resulting in countless veterans reporting frustration with overmedication, addiction, overdoses, side-effects and ineffectiveness of medications; and

**WHEREAS**, AMVETS supports complementary and alternative treatments that are not considered to be standard in the current practice of western medicine; and

**WHEREAS**, many veterans have had their personal or professional lives directly or indirectly impacted by the misconceptions and perceived issues of post-traumatic stress disorder (PTSD); and

**WHEREAS**, this problem is clearly linked to stigma as it is a compounded assumption that every combat veteran with PTSD is a 'damaged hero'; and

**WHEREAS**, post-traumatic growth (PTG) is a theory that explains the phenomenon of positive personal change that emerges in the aftermath of a traumatic experience; and

**WHEREAS**, PTG can be reflected by positive adjustment, closer relationships, greater appreciation of life and improved self-efficacy; and

**WHEREAS**, non-profit organizations across the country have designed non-clinical programs designed to cultivate and facilitate post-traumatic growth amongst veterans struggling with PTSD and/or combat stress; and

**WHEREAS**, studies conducted on participants of these program have shown dramatic improvements in PTSD, depression, anxiety and insomnia; now therefore be it

**RESOLVED**, that AMVETS seek to promote and instill 'post-traumatic growth' rather than the narrative which is heavily embedded in American society that veterans return from war as 'broken heroes'; and be it further

**RESOLVED**, that AMVETS urge the Department of Veterans Affairs to collaborate with non- profit mental health organizations that implement programs designed to cultivate

and facilitate post-traumatic growth amongst those struggling with posttraumatic stress disorder and/or combat stress to prevent suicide among veterans.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_  ADOPT  AMEND  REJECT  NONE

Draft Resolution 24-08

**Subject:** Military Sexual Trauma (MST)

**Source:** AMVETS Legislative Committee

**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**, that AMVETS calls 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 AMVETS calls 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.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-09

**Subject:** Expand Veteran Treatment Courts

**Source:** AMVETS Legislative Committee

**WHEREAS**, 2017 marks the sixteenth straight year of America at war, and there are now more than 21 million U.S. veterans including nearly two million from the conflicts in Iraq and Afghanistan; and

**WHEREAS**, the United States military instills a sense of honor, duty, leadership, commitment and respect, evident in the millions of veterans who have returned home to their communities as productive citizens, strengthened by their military experience; and

**WHEREAS**, an estimated twenty percent of veterans has symptoms of a mental disorder or cognitive impairment, and about 1 in 10 veterans of Iraq and Afghanistan seen in the VA healthcare system have a substance use disorder and there is a well-established link between substance abuse and combat-related mental illness and an unprecedented number of veterans nationwide are appearing in the courts to face charges stemming directly from these issues; and

**WHEREAS**, Drug Courts evolved out of the necessity for a solution-based approach to an influx of drug abusing offenders before the courts; and the Drug Court model and the Mental Health Court model are the nation's most successful, cost effective, and scientifically validated tool to deal with substance abuse and mental health issues in the criminal justice system; and

**WHEREAS**, Veterans Treatment Courts are hybrid Drug Courts and Mental Health Courts and have evolved out of the growing need for a treatment court model designed specifically for justice-involved veterans to maximize efficiency and economize resources while making use of the distinct military culture consistent among veterans; and

**WHEREAS**, Veterans Treatment Courts build upon this camaraderie by allowing participants to go through the treatment court process with people who are similarly situated and have common past experiences; now therefore be it

**RESOLVED**, that AMVETS advocates for the continued use and expansion of Veteran Treatment Courts across the country.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

**Subject:** Support for the Rescheduling and Research of Cannabis as an Opioid Alternative

**Source:** AMVETS Legislative Committee

**WHEREAS**, The Department of Veteran Affairs (VA) reported in 2014 that "more than 50 percent of all Veterans enrolled and receiving care at VHA (Veterans Health Administration) are affected by chronic pain, which is a much higher rate than in the general population. Veterans who suffer from chronic pain also experience much higher rates of other comorbidities (post traumatic stress disorder, depression, traumatic brain injury) and socioeconomic dynamics (disability, joblessness) that may contribute to the challenges of pain management when treated by opioids"; and

**WHEREAS**, from 2004 to 2012, VA increased the number of opioids prescribed to veterans by 77%--in 2012 nearly one-third of veterans receiving healthcare from VA were prescribed opioids. The Center for Ethics and the Rule of Law (CERL) cited a VA inspector general report: "Between 2010 and 2015, the number of veterans addicted to opioids rose 55 percent to a total of roughly 68,000. This figure represents about 13 percent of all veterans currently prescribed opioids"; and

**WHEREAS**, a 2011 study of VHA found that veterans were twice as likely to die from an accidental drug overdose, with opioids as primary agent; and

**WHEREAS**, The Department of Veterans Affairs has since drastically reduced the number of opioids prescribed to veterans, but lacks effective, low-risk alternative medications for pain management; and

**WHEREAS**, many veterans are prescribed multiple medications for their service-connected injuries--including opioids, sedatives, and tranquilizers, all of which are recognized to have a high potential for abuse, with use potentially leading to severe psychological or physical dependence; and

**WHEREAS**, with a population of approximately 20 million , at least 20% of veterans have post traumatic stress, at least 50% experience chronic pain, approximately 20% have a traumatic brain injury, and there are significant rates of alcohol abuse, depression, anxiety, and sleep disorders; and

**WHEREAS**, this combination of mental, physical, and pharmaceutical challenges and risks helps explain why the suicide rate for veterans is 50% percent higher than those who never served in the military, and higher still for post-9/11 veterans; and

**WHEREAS**, the Department of Health of Human Services (HHS) has positively affirmed the medicinal value of cannabis as antioxidants and neuroprotectants by patenting and licensing cannabinoids, the chemical compounds found in the cannabis plant; and

**WHEREAS**, the Food and Drug Administration (FDA) has recently argued that cannabidiol (CBD), a non-euphoric cannabinoid, does not meet the requirements for scheduling because of its non-intoxicating and non-toxic nature; and

**WHEREAS**, the federal government has acknowledged the potential medical efficacy of cannabis by approving a first-of-its-kind smoked cannabis study on combat veterans with PTSD in 2017; and

**WHEREAS**, several studies suggest that where medical and adult-use cannabis is accessible, there is a reduction in opioid prescribing, opioid use, and opioid-related overdose; and

**WHEREAS**, the federal government has an explicit legal, ethical, and moral obligation to care for the veterans of the nation's wars, and to provide the best treatment possible to those injured in service to the country; and

**WHEREAS**, veterans have noted often sudden and long-lasting improvements to their ability to treat and manage their service-connected injuries with cannabis; and

**WHEREAS**, veterans and their loved ones have described seeing marked improvements in their relationships and ability to reconnect with their family and friends after beginning treating themselves with cannabis; and

**WHEREAS**, veteran patients have reported transitioning from regular states of depression, anxiety, and rage under prescribed medications to more normal functioning and better quality of life with the sole use of cannabis; and therefore be it

**RESOLVED**, that we call upon the White House and Congress to fulfill their responsibilities to the nation's veterans by recognizing the inappropriateness of cannabis' current scheduling and removing it from the Controlled Substance Act, by removing the roadblocks to expanding approved cultivation and research, and committing all necessary resources to understanding the therapeutic potential of cannabis and bringing those derived medications to veterans as quickly as possible.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE



Draft Resolution 24-11

**Subject:** Supporting Women Veterans

**Source:** AMVETS Legislative Committee

**WHEREAS**, women veterans remain the fastest growing population in the veteran community; and

**WHEREAS**, more women veterans are using VA health care services than ever before; and

**WHEREAS**, women veterans are reporting military sexual trauma at very high levels; and

**WHEREAS**, women veterans require specialized health care providers with expertise in women's health; and

**WHEREAS**, many VA medical centers still don't offer specialized treatments such as mammography, maternity care, and gynecology; and therefore be it

**RESOLVED**, that we urge Congress to support and increase the availability of high quality gender-specific services at the VA; and be it further

**RESOLVED**, that we urge VA to ensure that every VA facility has a zero tolerance policy towards sexual harassment for employees and patients.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-12

**Subject:** Addressing the VA Mental Health Gap

**Source:** AMVETS Legislative Committee

**WHEREAS**, more veterans have died by suicide since 9/11 than in combat in the Vietnam War; and

**WHEREAS**, nearly 100 billion dollars has been spent on a traditional mental health/pharmaceutical approach with no longitudinal evidence of providing positive long-term outcomes for the veterans that are utilizing these services; and

**WHEREAS**, the mental health budget has grown from \$300 million per a year since 9/11, to more than \$15 billion per a billion dollars per a year, and the rate of suicide has only continued to grow; and

**WHEREAS**, many of VA prescribed pharmaceuticals have been linked to increased rates of suicide in the veteran and military community; and

**WHEREAS**, Congress has failed to adequately investigate the long-term outcomes of existing traditional mental health approaches and manualized therapies; and

**WHEREAS**, Congress has failed to require VA to provide long-term outcome related data that would track measures related to retention in VA mental health programs to include longitudinal increases in quality of life and decreases in symptomatology; and therefore be it

**RESOLVED**, that we urge Congress to spend the totality of any proposed budget increase for VA Mental Health on a VA/DOD Mental Health Center for Innovation, and be it further

**RESOLVED**, that we urge Congress to pass legislation that funds nontraditional mental health services and training.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

**OTHER**

Draft Resolution 24-13

**Subject:** U.S. Flag Protection

**Source:** AMVETS Legislative Committee

**WHEREAS**, the flag of the United States of America is a symbol of our country and of freedom around the world; and

**WHEREAS**, in 1989, the United States Supreme Court ruled that flag desecration is protected by the First Amendment of the Constitution; and

**WHEREAS**, AMVETS has strongly supported reversing this ruling since 1989; and

**WHEREAS**, a flag protection amendment is supported by over 80 percent of the American people; and

**WHEREAS**, all fifty State legislatures have passed resolutions asking Congress to submit a flag protection amendment for ratification; and

**WHEREAS**, Congress should be permitted to protect the American flag from desecration; now therefore be it

**RESOLVED**, that AMVETS petitions Congress to allow United States citizens to consider approval for a flag protection amendment to the Constitution of the United States.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_ [ ] ADOPT [ ] AMEND [ ] REJECT [ ] NONE

Draft Resolution 24-14

**Subject:** Suicide Prevention Outreach

**Source:** AMVETS Legislative Committee

**WHEREAS**, as of the latest Department of Veterans Affairs data twenty veterans commit suicide daily; and

**WHEREAS**, women veterans commit suicide at the highest rate compared to male veterans and female and male civilians; and

**WHEREAS**, suicide causes suffering and feelings of helplessness among families and loved ones; now therefore be it

**RESOLVED**, that suicide awareness needs to be front and center at our community, state, and federal level; and be it further

**RESOLVED**, that each AMVETS department have a designated suicide liaison from either AMVETS, AMVETS Ladies Auxiliary, AMVETS Sons, or the AMVETS Riders; and be it further

**RESOLVED** that each AMVETS department have, or have access to, a suicide awareness silhouette or something similar for outreach and to help promote awareness.

DEPARTMENT RECOMMENDATION:

DEPARTMENT of \_\_\_\_\_  ADOPT  AMEND  REJECT  NONE