

Chapter 5

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INTRODUCTION

The Plymouth colony Pilgrims enacted the first veteran's benefit over 300 years ago, providing pecuniary pensions for their disabled war veterans in the 1636 war with the Pequot Indians. Over 100 years later, to increase the ranks of the Continental Army over the course of the Revolutionary War, the 1776 Continental Congress enacted the first pension law granting half pay for life in cases of loss of limb or other serious disability. However, the Continental Congress did not have the authority or financial backing to fund the new law, so states paid the pensions and provided public land grants to veterans.

On July 21, 2005, the US Department of Veterans Affairs (VA) celebrated its 75th anniversary. With a budget of \$63.5 billion,¹ the VA is the most comprehensive veterans' benefits system in the world, serving over 26 million veterans of the US armed services (Army, Navy, Marine Corps, Air Force, Coast Guard) and other beneficiary populations. About one third of Americans (70 million) are eligible for VA benefits.¹ Slightly less than half of all Americans who ever served during wartime are alive today, and nearly 80% of today's veterans served during a period of war.

The VA is a Cabinet-level, government-run, single-payer healthcare system responsible for administering benefits programs whose beneficiaries are active duty

service personnel, veterans, their family members, and survivors. On October 13, 1987, Representative Jack B Brooks introduced HR 3471 declaring the VA an executive department. A little over a year later, President Ronald Reagan signed the bill, which became Public Law 100-527. President George Bush heralded the new department's activation on March 15, 1989, declaring, "There is only one place for the veterans of America, in the Cabinet Room, at the table with the President of the United States of America."² Of the 14 Cabinet departments, the VA is the second largest, surpassed only by the Department of Defense. The president, with the Senate's advice and consent, appoints the VA secretary.

Navigating the VA system in pursuit of legislated benefits and entitlements can be a daunting task. No instructional "VA 101" course is available to educate service members, and the majority of military healthcare providers have no knowledge of veteran and service member benefits, let alone how to apply for them. Today all service members should be made aware of the VA's transformation: no longer is the VA caring only for the nation's veterans, but it is also providing benefits to active duty service members and starting initiatives to serve family members. This chapter provides an overview of VA benefits and programs.

DEPARTMENT DESCRIPTION

The VA has the federal government's second largest civilian work force, including approximately 15,000 physicians, 4,500 pharmacists, 1,000 dentists, 38,000 nurses, and 4,800 master's prepared social workers. The department operates in all 50 states, Puerto Rico, the Philippines, Guam, and Washington, DC, and owns more than 4,000 buildings and 27,000 acres of land. Of approximately 198,000 employees, 30% are veterans and 15,000 are members of the reserve and National Guard forces.

Mission

The VA draws its mission statement from President Abraham Lincoln's second inaugural address: "to care for him who shall have borne the battle and for his widow and his orphan."³ Veteran benefits are determined by a number of variables over any given period of time. Benefits one veteran receives may not be the same as those another veteran receives.

Organization

The VA comprises a central office (VACO) located in Washington, DC; facilities throughout the nation and abroad; and three administrations that provide for the delivery of services and benefits: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). The head of each administration reports to the secretary through the deputy secretary. These administrations give centralized program direction to field facilities that provide diverse program services to their beneficiaries. Furthermore, each administration has central office components supporting operations. Seven assistant secretaries advise and support the secretary and the administrations, and 11 staff offices provide specific assistance to the secretary (Figure 5-1).⁴ The VA structure uses a centralized policy-directed/ decentralized execution approach to govern daily operations.

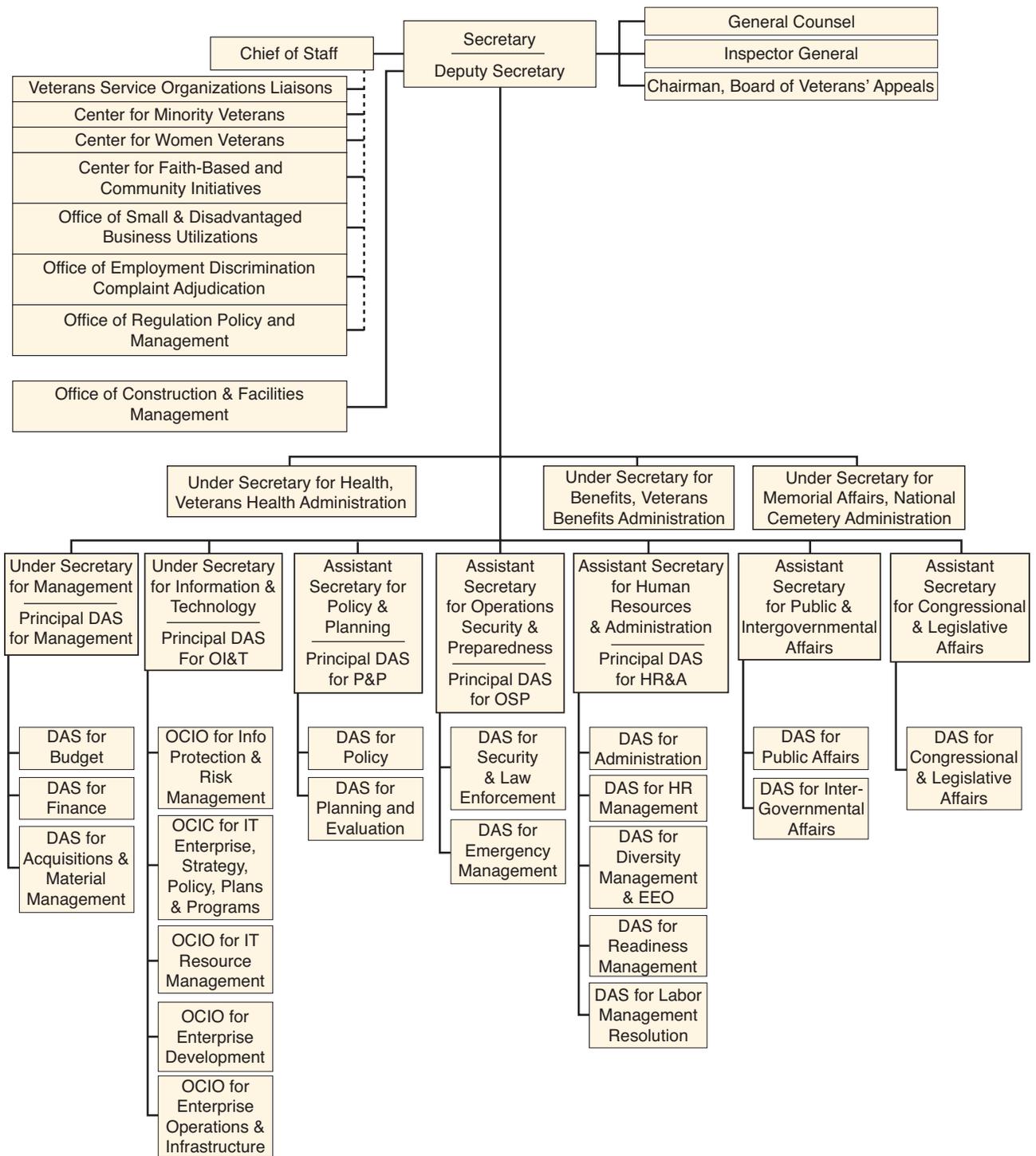


Figure 5-1. Department of Veterans Affairs organizational chart. Reproduced from: Department of Veterans Affairs. *2007 Organizational Briefing Book*. Washington, DC: VA Office of Human Resources and Administration; 2007.

VETERANS HEALTH ADMINISTRATION

US Code title 38 authorizes medical care to eligible VA beneficiaries. The VHA administers and operates the VA medical care system, which is the nation’s largest integrated healthcare system, providing care to over 5.6 million (FY 2007) unique patients and handling 54 million outpatient visits in 2006. The VA’s 2007 health-care budget was more than \$34 billion, and the 2008 budget was expected to be almost \$40 billion.⁵

Veterans Integrated Service Networks

During the past 7 years, VHA’s organization changed from a structure with a small number of regional directors remotely supervising numerous, complex activities, to a system of 21 veterans integrated service networks (VISNs), which provide close and continuing hands-on supervision and leadership to

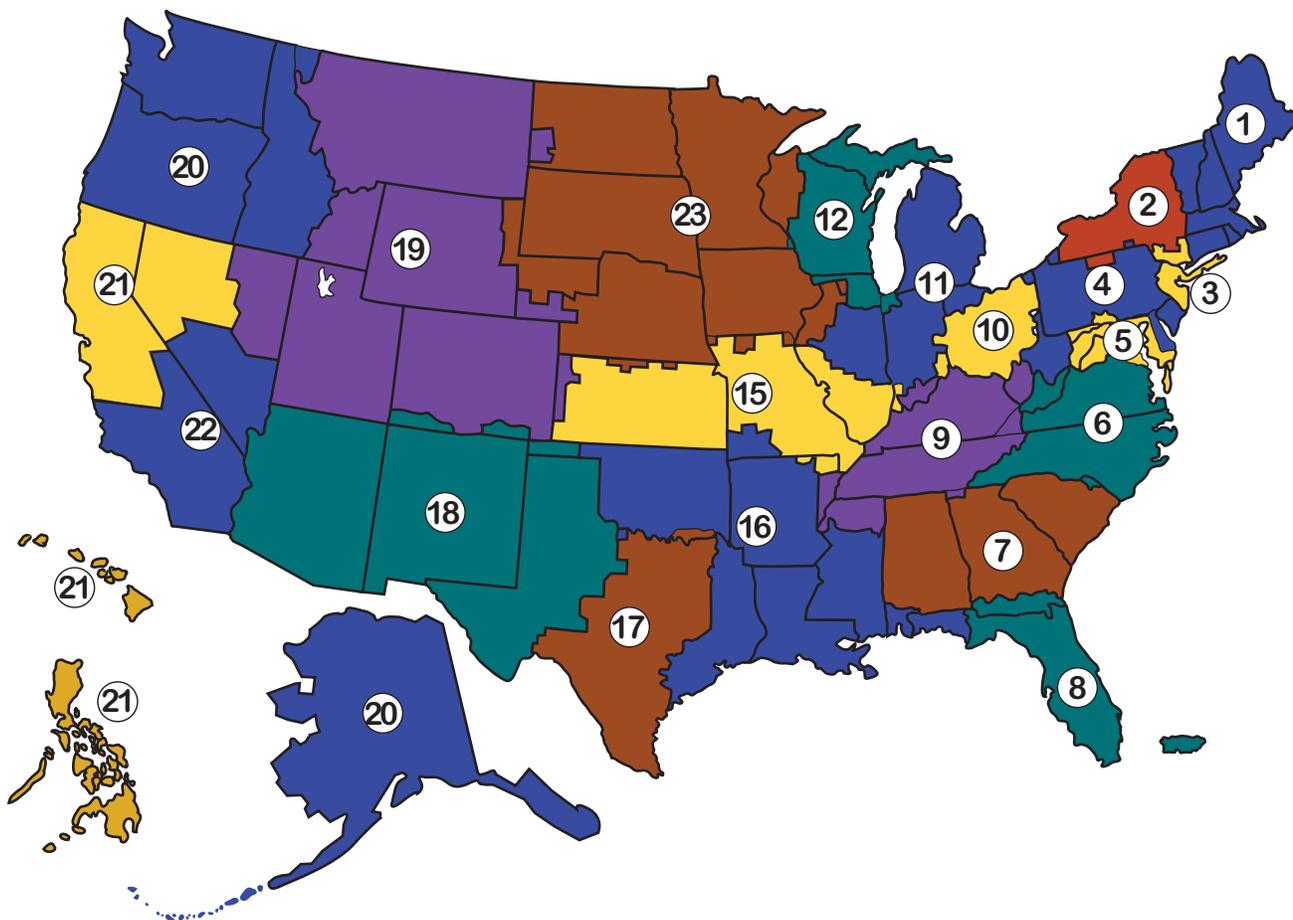


Figure 5-2. Veterans integrated service network (VISN) map. Note: VISNs 13 and 14 do not exist.
 VISN 1: VA New England Healthcare System
 VISN 2: VA Healthcare Network Upstate New York
 VISN 3: VA NY/NJ Veterans Healthcare Network
 VISN 4: VA Healthcare
 VISN 5: VA Capitol Healthcare Network
 VISN 6: VA Mid-Atlantic Healthcare Network
 VISN 7: VA Southeast Network
 VISN 8: VA Sunshine Healthcare Network
 VISN 9: VA Mid South Healthcare Network
 VISN 10: VA Healthcare System of Ohio
 VISN 11: Veterans in Partnership
 VISN 12: VA Great Lakes Healthcare System
 VISN 15: VA Heartland Network
 VISN 16: South Central VA Healthcare Network
 VISN 17: VA Heart of Texas Healthcare Network
 VISN 18: VA Southwest Healthcare Network
 VISN 19: Rocky Mountain Network
 VISN 20: Northwest Network
 VISN 21: Sierra Pacific Network
 VISN 22: Desert Pacific Healthcare Network
 VISN 23: VA Midwest Healthcare Network

Reproduced from: Media Net. Veterans Affairs intranet site. Available at: <http://vawww.mam.lrn.va.gov/MediaNet04>. Accessed May 16, 2008.

local VA facilities (Figure 5-2).⁶ The current system’s goal is to deliver the right care in the right place at the right time. The transformation resulted in a change in the ratio of outpatient visits to inpatient admissions from 29:1 in 1995 to more than 100:1 in 2006.

Mission

The VHA’s mission is to serve the needs of America’s veterans by providing primary care, specialized care, and related medical and social support services. The VHA provides a broad spectrum of medical, surgical, and rehabilitative healthcare in all its forms, as well as conducting medical research. VHA manages the largest medical education and health profession training programs in the United States. VHA facilities are affiliated with more than 105 medical schools, 55 dental schools, and more than 1,200 other schools across the country. Each year VHA medical centers train about 83,000 health professionals. More than half of all physicians practicing in the United States had some of their professional education in the VA healthcare system.

As of June 2007, approximately 1.4 million service members have served in Iraq and Afghanistan since the beginning of hostilities. Of 837,458 veterans who became eligible for VA healthcare from fiscal year (FY) 2002 to FY 2008 (1st quarter), 39% (324,846) of the total separated veterans of operations Iraqi Freedom and Enduring Freedom (OIF/OEF) obtained VA healthcare (cumulative total). Of the 324,846 evaluated OIF/OEF patients, 96% (311,730) have been seen as outpatients and not hospitalized, and 4% (13,116) have been hospitalized at least once in a VA medical facility. Of 414,588 former active duty troops, 40% (165,578) have sought VA healthcare (cumulative total since FY 2002). Of 422,870 reserve/National Guard members, 38% (159,268) have sought VA healthcare. These 324,846 OIF/OEF veterans (Table 5-1) evaluated by VA over approximately 6 years represent about 6% of the 5.5 million individual patients who received VHA healthcare in any 1 year (the 2007 total VHA patient population was 5.5 million).⁷

Changes in the Veteran Population

The current OEF/OIF VA population is very different from the general VHA population. The median age of the general VA population is 65 (FY05), whereas the median age of the OIF/OEF population is 28.6 (active duty) and 35.0 (reserve/Guard). Of the general VA population, 95.2% are male and 4.8% are female. Of the OEF/OIF population, 87% are male and 13% are female. The five leading diagnoses of all VHA users

**TABLE 5-1
CHARACTERISTICS OF OPERATIONS IRAQI
FREEDOM AND ENDURING FREEDOM
VETERANS**

	Category	Percentage (%)
Sex	Male	88
	Female	12
Branch	Air Force	12
	Army	65
	Marine Corps	12
	Navy	11
Rank	Enlisted	92
	Officer	8
Unit Type	Active duty	51
	Reserve/Guard	49
Age	<20	7
	20–29	51
	30–39	23
	> or = 40	19
Total: 324,846		

(2006) are hypertension; diabetes; lipids-related (ie, fatty acids, cholesterol, estrogen, and other related compounds); adjustment reaction; and ischemic heart disease. In contrast, the five leading diagnoses for OEF/OIF veterans are musculoskeletal, mental health, digestive (dental), ill-defined, and nervous system/sensory disorders. The VA is making adjustments to meet the new demands of the OEF/OIF beneficiary population: a major expansion of mental health services, implementation of a suicide hotline, development of a polytrauma care network, significant increase in women’s health services, the addition of OEF/OIF care coordination at each VA medical center, and, the addition of OEF/OIF polytrauma/traumatic brain injury individual care coordinators.⁷

Assistive Technology

The VA is dedicated to restoring the capabilities of disabled veterans to the greatest extent possible. VA has an integrated delivery system designed to provide medically prescribed prosthetic and sensory aids, devices, assistive aids, repairs, and services to disabled individuals to facilitate treatment of their medical conditions. The VA Prosthetic and Sensory Aids Service (PSAS) is the healthcare provider and case manager for assistive aids and prosthetic equipment needs of disabled veterans. The service’s goal is to provide

seamless service from prescription through procurement, delivery, training, replacement, and repair. Care providers who prescribe an aid or a device to veterans enrolled in the VA system are eligible for PSAS services.

Other products and services disabled veterans receive include wheelchairs and scooters; braces; shoes and orthotics; oxygen and respiratory equipment; other medical equipment and supplies (beds, lifts, computer equipment, telehealth products); adaptive sports and recreation equipment; and surgical implants (pacemakers, cardiac defibrillators, stents, dental devices). PSAS also has programs providing home improvements and structural changes, automobile adaptive equipment, and a clothing allowance to eligible veterans with service-connected disabilities. The Prosthetics Clinical Management Program coordinates national integrated product teams—interdisciplinary workgroups consisting of clinical and administrative subject-matter experts who develop clinical practice recommendations for prosthetic devices and national contracts to purchase them. As of April 2008, VA had 61 accredited orthotic-prosthetic laboratories staffed by 185 employees, 139 of whom are certified by either the American Board for Certification in Orthotics, Prosthetics and Pedorthotics or the Board of Orthotist and Prosthetist Certification. Additionally, 18 of these laboratories have also earned certification from the National Commission on Orthotic and Prosthetic Education, which enables them to participate in residency programs from the nine prosthetic and orthotic programs in US universities and colleges.

PSAS staff provide prescribed devices, consult in clinics, and custom fabricate, fit, and repair artificial limbs and braces or order them from commercial vendors. They and other medical specialists in various disciplines form amputee clinic teams who see the veteran regularly after fitting to ensure the proper functioning of the artificial limb as well as the integration of body, mind, and machine. VA PSAS staff work alongside Army healthcare providers at the Center for the Intrepid, Fort Sam Houston, Texas. At Walter Reed Army Medical Center in Washington, DC, VA's vocational rehabilitation and employment program provides voice-recognition computers so Iraq war soldiers who have lost a hand can learn computer skills. Continuing to increase collaboration and implement resource-sharing initiatives, both DoD and VA can further improve facility utilization, provide greater access to care, and reduce the federal cost of providing healthcare services to beneficiaries. VA also collaborates with non-DoD organizations. The VA Medical Center's Center for Restorative and Regenerative Medicine and Brown University, in Providence, Rhode Island, and the Massachusetts Institute of Technology

are collaborating to create artificial limbs that function almost like biological ones.

No less important than new prosthetic component technology is the overall care an amputee receives during rehabilitation. The model for care has changed over the years to improve services to VA patients that go beyond teaching amputees to walk or use a prosthetic arm and hand. Continuing care and long-term support from VA multidisciplinary teams enable patients to improve their functioning months or years after their injuries or amputation. To contact the VHA prosthetics central office, call (202) 254-0440, or go to the Web site: www.prosthetics.va.gov.

Healthcare Programs

The VA offers a spectrum of healthcare services to veterans enrolled in its healthcare system. Each program has specific admissions and eligibility requirements. To determine eligibility, contact the nearest VA medical facility. The following is a list with brief descriptions of VA programs.

Long-Term Care

More than 90% of VA's medical centers provide home- and community-based outpatient long-term care programs. This patient-focused approach supports the wishes of most patients who want to live at home in their own communities for as long as possible.⁸

Noninstitutional Care

Veterans can receive home-based primary care, contract home healthcare, adult day healthcare, homemaker and home health aide services, home respite care, home hospice care, and community residential care. VA's extended care patient population receives care in the following noninstitutional settings:

- **Home-based primary care.** Provides long-term primary medical care to chronically ill veterans in their own homes under the coordinated care of an interdisciplinary treatment team. This program has led to guidelines for medical education in home care, use of emerging technology in home care, and improved care for veterans with dementia and the families who support them.
- **Contract home healthcare.** Professional home care services, mostly nursing services, are purchased from private-sector providers at every VA medical center. The program is com-

monly called “fee basis” home care (when the VA cannot provide care within its healthcare system, the VA will pay for healthcare services obtained from local community providers, depending on eligibility criteria).

- **Adult day healthcare.** Provides health maintenance and rehabilitative services to veterans in a group setting during daytime hours.
- **Homemaker and home health aide program.** Provides health-related services for veterans with service-connected disabilities needing nursing home care in the community (public or private) but case managed directly by VA staff.
- **Community residential care.** Provides room, board, limited personal care, and supervision to veterans who do not require hospital or nursing home care but are not able to live independently because of medical or psychiatric conditions, and who have no family to provide care. Medical care is provided to the veteran primarily on an outpatient basis at VA facilities.
- **Respite care.** Temporarily relieves the spouse or other caregiver from the burden of caring for a chronically ill or disabled veteran at home. The 1999 Veterans Millennium Healthcare and Benefits Act expanded respite care to home and other community settings. Respite care is usually limited to 30 days per year.
- **Home hospice care.** Provides comfort-oriented and supportive services in the home for persons in the advanced stages of an incurable disease. The goal is to achieve the best possible quality of life through relief of suffering, control of symptoms, and restoration or maintenance of functional capacity. Services are provided by an interdisciplinary team of healthcare providers and volunteers. Bereavement care is available to the family following the death of the patient. Hospice services are available 24 hours a day, 7 days a week.
- **Telehealth.** For most of VA’s noninstitutional care, this technology can play a major role in coordinating veterans’ total care with the goal of maintaining independence. Telehealth offers the possibility of treating chronic illnesses in a cost-effective manner while contributing to the patient satisfaction generally found with care available at home.
- **Geriatric evaluation and management.** Older veterans with multiple medical, functional, or psychosocial problems and those with particular geriatric problems receive assessment

and treatment from an interdisciplinary team of VA health professionals. These services are provided on inpatient units, in outpatient clinics, and in geriatric primary care clinics.

- **Geriatric research, education, and clinical centers.** These centers increase basic knowledge of aging for healthcare providers and improve the quality of care through development of improved models of clinical services. Each center has an identified focus of research in the basic biomedical, clinical, and health services areas, such as the geriatric evaluation and management program. Medical and associated health students and staff in geriatrics and gerontology are trained at these centers.

Nursing Homes

VHA provides nursing home services to veterans through three national programs: homes owned and operated by VA, state veterans’ homes owned and operated by the states, and the community nursing home program.

- **VA nursing homes.** Typically admit residents requiring short-term skilled care or those who have a 70% or greater service-connected disability.
- **State veterans’ home program.** A cooperative venture between the states and VA whereby the states petition VA for matching construction grants and the state, the veteran, and VA pay a portion of the per diem. The per diem is set in legislation. State veterans’ homes accept all veterans in need of long-term or short-term nursing home care. Specialized services offered are dependent upon the each home’s capability.
- **Community nursing home program.** VA medical centers maintain contracts with community nursing homes through every VA medical center. The purpose of this program is to meet the nursing home needs of veterans who require long-term nursing home care in their own community, close to their families.

Domiciliary Care

Domiciliary care is a residential rehabilitation program that provides short-term rehabilitation and long-term health maintenance to veterans who require minimal medical care as they recover from medical, psychiatric, or psychosocial problems. Most domiciliary patients return to the community after a

period of rehabilitation. Domiciliary care is provided by VA and state homes. VA also provides a number of psychiatric residential rehabilitation programs, including assistance for veterans coping with posttraumatic stress disorder and substance abuse, and compensated work therapy or transitional residences for homeless veterans with chronic mental illness and veterans recovering from substance abuse.

Community-Based Outpatient Clinics

Former Undersecretary for Health Kenneth W Kizer realigned the VA healthcare delivery system from a traditional acute care hospital system to an integrated delivery system employing principles of managed care. An important component of the realignment was the initiative to implement a nationwide system of community-based outpatient clinics to improve veterans' access to primary healthcare. In 2007 VA had 887 community-based outpatient clinics and plans to open 38 more in 22 states. The new facilities will become operational by October 2008. A complete listing of the community clinics can be found on the VA Web site or in the benefits booklet.

Emergency Medical Care in External Facilities

VA may reimburse or pay for medical care provided to enrolled veterans by non-VA facilities only in cases of medical emergencies where VA or other federal facilities were not feasibly available. Other conditions also apply. To determine eligibility or initiate a claim, contact the VA medical facility nearest to where the emergency service was provided.

National Rehabilitation Special Events

VA sponsors a number of special events as part of the comprehensive rehabilitation provided to veterans. For information on eligibility and participation, or to be a volunteer, contact the VA national advisor at the following Web site: www.va.gov/opa/speceven/index.asp.

Vet Centers

Vet Centers are VHA outreach offices located in communities where large veteran and family member populations reside. The VHA's Readjustment Counseling Service governs the Vet Center network, which consists of 232 centers (with plans for expansion). All centers have an OEF/OIF outreach specialist, and most have at least one combat veteran on staff.

Veterans who served in any combat zone (Vietnam,

Southwest Asia, OEF, OIF, etc) and received a military campaign ribbon, and their family members, are eligible for Vet Center services. Active duty service members are not eligible for services, but combat veteran family members are eligible for readjustment counseling services for military-related problems. Center staff specialize in readjustment counseling, providing a wide range of services to help combat veterans make a satisfying transition from military to civilian life. Services include individual counseling, group counseling, marital and family counseling, bereavement counseling, medical referrals, benefits application assistance, employment counseling, alcohol and drug assessments, information and referral to community resources, military sexual trauma counseling and referral, and outreach and community education.

Vet Center beneficiaries do not incur any fees for services. The VA Web site (www.va.gov) publishes a listing of all center locations and point of contact information. Vet Center information can also be found under government listings in the local telephone directory. Center staff are available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific).

Spinal Cord Injury

Nearly 44,000 veterans with spinal cord injuries (SCIs) are eligible for VA medical care. Many of these veterans are eligible not only for healthcare but also for monetary or other benefits because they have a service-connected disability, meaning a condition that occurred or worsened during military service. Veterans with SCI service-connected disabilities are also entitled to vocational counseling, grants for adapted housing and automobiles, a clothing allowance, and payment for home and attendant care. Veterans with spinal cord injury unrelated to their military service may still receive VA medical care because of their catastrophic disability.

Services

A study conducted by a major consulting firm in 2000 comparing VA's SCI services to those funded by several private and public health insurers showed that VA's coverage was more comprehensive. VA integrates vocational, psychological, and social services within a continuum of care that addresses changing needs throughout the veteran's life. VA provides supplies, offers preventive healthcare and education, and maintains medical equipment for veterans with SCI.

Services are delivered through a "hub and spoke" system of care, extending from 23 regional SCI centers

(see Attachment) offering primary and specialty care by multidisciplinary teams to the 135 SCI primary care teams or support clinics at non-SCI local VA medical centers. Each primary care team has a physician, nurse, and social worker, and those with support clinics may have additional team members. Newly injured veterans and active duty members are referred to a VA SCI center for rehabilitation after being stabilized at a trauma center. Each year, approximately 400 newly injured veterans and active duty members receive rehabilitation at VA's SCI centers. The SCI center nearest to a veteran can provide the name of the SCI coordinator in the primary care team at the nearest VA facility.

National Recreational Events

Staying active is as important to the physical and emotional well-being of people with SCI as it is to other people. VA sponsors two annual athletic events that offer camaraderie with other SCI veterans and the opportunity to enjoy and participate in competitive sports. These are the National Veterans Wheelchair Games, which are cosponsored by Paralyzed Veterans of America, and the National Disabled Veterans Winter Sports Clinic, cosponsored by Disabled American Veterans.

Continuing Education

The Rehabilitation Accreditation Commission has accredited all 20 VA SCI centers that provide acute rehabilitation. Thirteen of these centers are training sites certified by the Accreditation Council on Graduate Medical Education, which accredits postgraduate medical training programs in the United States. All VA physicians can take an independent study course on medical care for patients with SCI, and two SCI training programs are held annually for VA healthcare professionals. A guide called *Yes, You Can!*, prepared by the VA and published by Paralyzed Veterans of America, explains how to handle problems and where to turn for help (available at VA SCI centers and from Paralyzed Veterans of America).

Blind Rehabilitation Service

The mission of Blind Rehabilitation Service is to coordinate a healthcare service delivery system that provides a continuum of care for blinded veterans extending from their home environment to the local VA facility and the appropriate rehabilitation setting. These services include adjustment to blindness counseling, patient and family education, benefits analysis, comprehensive residential inpatient training,

outpatient rehabilitation services, provision of assistive technology, and research.

Blind Rehabilitation Center

The blind rehabilitation center, a residential inpatient program providing training in comprehensive adjustment to blindness, serves as a resource to a catchment area usually composed of multiple states. The centers offer a variety of skill courses designed to help blinded veterans achieve a realistic level of independence. These skill areas include orientation and mobility, communication skills, activities of daily living, manual skills, visual skills, computer access training, and social/recreational activities. The veteran is also assisted in making an emotional and behavioral adjustment to blindness through individual counseling sessions and group therapy meetings.

Visual Impairment Services Team Coordinator

The visual impairment services team coordinator is a case manager who coordinates all services for legally blind veterans and their families. Duties include providing or arranging for the provision of appropriate treatment modalities (eg, referrals to blind rehabilitation centers or specialists) to enhance a blinded veteran's functioning level. Other duties include identifying new cases of blindness, providing professional counseling, resolving problems, arranging annual healthcare reviews, and conducting education programs.

Visual Impairment Services Outpatient Program

The Visual Impairment Services Outpatient Program (VISOR) is an intermediate 9-day rehabilitation program located at the Lebanon VA medical center in Pennsylvania. It provides comfortable, safe, overnight accommodations for visually impaired beneficiaries requiring temporary lodging to access program services. VISOR offers skills training, orientation and mobility, and low-vision therapy. It is staffed with blind rehabilitation specialists and visual impairment service team coordinators who are either social workers or certified low-vision therapists. Veterans must be able to perform activities of daily living independently, including the ability to self-medicate, to qualify for the program.

Visual Impairment Center to Optimize Remaining Sight Program

VHA developed the Visual Impairment Center to Optimize Remaining Sight (VICTORS) concept to

complement existing inpatient blind rehabilitation centers in caring for veterans with significant visual impairment (20/70 to 20/200 or worse visual acuity or significant visual field loss). In the VICTORS outpatient program, a multidisciplinary team consisting of specialists in optometry, ophthalmology, social work, psychology, and low-vision therapy provides rehabilitative care. VICTORS provides rehabilitation through definitive medical diagnosis, functional vision evaluation, prescription of low-vision aids and training in their use, counseling, and follow-up. Frequently, other necessary patient care services (eg, social work, psychology, audiology, and ophthalmology) are provided at the local station. There are currently four VICTORS programs, located in Kansas City, Missouri; Chicago, Illinois; Northport, New York; and Lake City, Florida.

Blind Rehabilitation Outpatient Specialists

Blind rehabilitation outpatient specialists with specialized training teach skills to veterans in their homes or in the local VA facility. The specialists have advanced technical knowledge and competencies in at least two of the following disciplines at the journeyman level: orientation and mobility, living skills, manual skills, and visual skills. They possess a broad range of knowledge in the aforementioned disciplines, including computer access training. The program is located in the following areas: Albuquerque, New Mexico; Ann Arbor, Michigan; Augusta, Georgia; Bay Pines/St Petersburg, Florida; Baltimore, Maryland; Boston, Massachusetts; Brooklyn, New York; Cleveland, Ohio; Dallas, Texas; Gainesville, Florida; Hines, Illinois; Houston, Texas; Greater Los Angeles, California; North Las Vegas, Nevada; Orlando, Florida; Palo Alto, California; Phoenix, Arizona; Portland, Oregon; Richmond, Virginia; San Antonio, Texas; San Diego, California; San Juan, Puerto Rico; Seattle, Washington; Tampa, Florida; Waco, Texas; Washington, DC; West Haven, Connecticut; and West Palm Beach, Florida. The blind rehabilitation outpatient specialist handbook is available at: www.va.gov/publdirec/health/handbook/1174-1.html.

Travel Expenses and Refunds

The VA will reimburse veterans for travel costs if they meet eligibility requirements. Reimbursement is paid and subject to a deductible for each one-way trip with a per-month maximum payment. Two exceptions to the deductible are travel for compensation and pension examinations and the need for special modes of transportation, such as an ambulance or a specially equipped van.

Homeless Veterans

VA has programs providing medical care, benefits assistance, and transitional housing to more than 100,000 homeless veterans. VA makes grants for transitional housing, service centers and vans for outreach and transportation to state and local governments, tribal governments, and nonprofit community and faith-based service providers.

Presumptive Conditions Considered for Disability Compensation

Certain veterans are eligible for disability compensation based on the presumption that their disability is service connected.

Prisoners of War

If the following conditions received a 10% disability rating anytime after military service, the conditions are presumed to be service connected for former prisoners of war: psychosis, anxiety states, dysthymic disorder, organic residuals of frostbite, posttraumatic osteoarthritis, heart disease or hypertensive vascular disease and their complications, and stroke and residuals of stroke. The VA also presumes additional conditions to be service connected for veterans imprisoned at least 30 days: avitaminosis, beriberi, chronic dysentery, helminthiasis, malnutrition (including optic atrophy), pellagra or other nutritional deficiencies, irritable bowel syndrome, peptic ulcer disease, peripheral neuropathy, and cirrhosis of the liver.

Veterans Exposed to Agent Orange and Other Herbicides

Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975, regardless of length of service, were presumed to have been exposed to Agent Orange and other herbicides used in support of military operations. Presumptive conditions for service connection include chloracne or other acneform disease similar to chloracne; porphyria cutanea tarda; soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma); Hodgkin's disease; multiple myeloma; respiratory cancers (lung, bronchus, larynx, trachea); non-Hodgkin's lymphoma; prostate cancer; acute and subacute peripheral neuropathy; diabetes mellitus (type 2); and chronic lymphocytic leukemia.

Veterans Exposed to Radiation

Presumptive service-connected conditions for

veterans exposed to radiation include all forms of leukemia (except for chronic lymphocytic leukemia); cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract (renal pelvis, ureter, urinary bladder, and urethra), brain, bone, lung, colon, and ovary; bronchiolo-alveolar carcinoma; multiple myeloma; lymphomas (other than Hodgkin's disease); and primary liver cancer (unless cirrhosis or hepatitis B is indicated).

Gulf War Veterans

Presumptive service-connected conditions for Gulf War veterans are undiagnosed illnesses or medically unexplained chronic (existing for at least 6 months) multisymptom illnesses defined by a cluster of signs or symptoms such as chronic fatigue syndrome, fibromyalgia, skin disorders, headache, muscle pain, joint pain, neurological symptoms, neuropsychological symptoms, symptoms involving the respiratory system, sleep disturbances, gastrointestinal symptoms, cardiovascular symptoms, abnormal weight loss, and menstrual disorders.

Veterans With Amyotrophic Lateral Sclerosis

More commonly recognized as Lou Gehrig's disease, amyotrophic lateral sclerosis may be a presumptive condition for service connection for veterans who served in operations in Southwest Asia between August 2, 1990, and July 31, 1991. The Southwest Asia theater of operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

Combat Veterans

The 2008 National Defense Authorization Act (Public Law 110-181) provides active duty, reserve, and National Guard service members deployed to a theater of combat operations eligibility for a 5-year, cost-free VA healthcare package including nursing home care. Eligibility requirements are as follows: (a) combat service against a hostile force during a period of hostilities after November 11, 1998; or (b) active duty service in a theater of combat operations during a period of war after the Persian Gulf War; and (c) discharge under other than dishonorable conditions; and (d) medical condition related to military service. The VA defines "hostilities" as a conflict that places armed forces members in harm's way comparable to

danger inherent in a period of war. Combat veterans discharged from active duty between November 11, 1998, and January 27, 2003, may apply for this benefit until January 27, 2011.

Documents to substantiate combat service include (a) service documentation that reflects service in a combat theater, (b) combat service medals, or (c) receipt of imminent danger or hostile fire pay or tax benefits. Active duty, reserve, and National Guard service members should register for VA healthcare prior to discharge, retirement, or removal from active duty. VA personnel assigned duty at military medical facilities or military installations can assist service members with the registration process.

After receiving DD form 214 (discharge certificate) and returning home, the service member or veteran must visit the nearest VA medical facility and enroll in VA healthcare to receive eligible medical care and services. *VA healthcare is not rendered until the service member or veteran is enrolled.* Upon completion of the 5-year healthcare package, veterans will continue to be enrolled although their assigned priority group may change based on their income, and they may be required to make applicable copayments. Unless exempted, veterans may need to disclose their previous year's gross household income. Disclosure is not required; however, disclosure may provide additional benefits such as eligibility for travel reimbursement, cost-free medication, or medical care for service unrelated to combat. Continued eligibility for subsequent care is determined by compensable service-connected disability, VA pension status, catastrophic disability determination, or the veteran's financial status. *Combat veterans are strongly encouraged to apply for enrollment to take advantage of the special combat veteran eligibility, even if no medical care is currently needed.*

Combat veterans may be eligible for a one-time treatment for dental conditions. Eligibility criteria for this dental benefit are as follows:

- Active duty of not less than 90 days.
- Discharge under conditions other than dishonorable.
- DD form 214 containing a statement the service member did not receive a complete dental examination including dental radiographs, and did not receive subsequent care dictated by the examination.
- Must be applied for within 90 days of discharge or release. Care can be rendered past the 90 days but not past 12 months.

Veterans discharged between August 1, 2007, and January 27, 2008, are eligible for the dental benefit by making application within 180 days of their discharge.⁹

Enrollment

Veterans must apply for enrollment into the VA healthcare system. Once enrolled, veterans can receive eligible care and services at any VA healthcare facilities and are afforded various privacy rights under federal law and regulations.¹⁰ Exemptions from the enrollment process are as follows:

- Veterans with service-connected disability of 50% percent or more.
- Veterans seeking care for a disability the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, within 12 months of discharge.
- Veterans seeking care for a service-connected disability only.

Regardless of exemption, all veterans are advised to enroll (Exhibit 5-1).

Priority Groups

The VA uses a priority system as a way to meet healthcare needs within resource constraints. The VA assigns each veteran to a priority group based on a number of factors: amount of service-connected disability, income, private health insurance, and geographical location. The priority group is subject to change. Priority groups range from priority 1 (50% service-connected disability or more, or unemployable due to service-connected conditions) to priority 8 (indigent veterans).

Foreign Medical Program

Veterans traveling or residing abroad who have VA-rated service connected conditions can obtain healthcare services from the following foreign locations:

EXHIBIT 5-1

THINGS TO REMEMBER ABOUT VETERANS AFFAIRS HEALTHCARE

1. Veterans need to enroll to receive VA healthcare.
2. Registration is not enrollment; it is an intention to enroll.
3. Priority group assignment is subject to change based on the law of supply and demand and eligibility.
4. Veterans must provide supporting documents to substantiate enrollment eligibility.
5. Financial status can determine eligibility for specific benefits.
6. Veterans should enroll as soon after discharge or release from active duty as possible.
7. Learn more about VA healthcare programs and eligibility from the nearest VA medical facility. VA facilities including telephone numbers are listed online, at www.va.gov/directory, or in the local telephone directory under the US government listings. Veterans can also call the Health Benefit Service Center toll free at 1-877-222-VETS (8387), or visit the VA health eligibility Web site at www.va.gov/healtheligibility.

- In the Philippines: VA Outpatient Clinic, Pasay City 1300, Republic of the Philippines; e-mail: manlopc.inqry@vba.va.gov.
- All other countries: Foreign Medical Program, PO Box 65021, Denver, CO 80206-9021; telephone: 303-331-7590; e-mail: www.va.gov/hac/contact; Web site: www.va.gov/hac.

VETERANS BENEFITS ADMINISTRATION

The VBA is the VA's benefits delivery system. *"The mission of the Veterans Benefits Administration (VBA), in partnership with the Veterans Health Administration and the National Cemetery Administration, is to provide benefits and services to veterans and their families in a responsive, timely and compassionate manner in recognition of their service to the Nation."*¹¹ VBA has four area offices, 57 regional offices, and 153 benefits delivery-at-discharge sites.

The VA dispenses a broad spectrum of benefits programs and services to eligible active duty, reserve, and National Guard service members and veterans. These benefits are legislated in title 38 of the US Code. Every year the VA publishes a booklet in English and

Spanish containing a summary of veteran benefits for the calendar year (available at: www.va.gov). VBA is responsible for initial veteran registration, eligibility determination, and five key lines of benefits and entitlements: (1) compensation and pension, (2) vocational rehabilitation and employment, (3) insurance, (4) education (GI Bill), and (5) loan guaranty. In 2006 the VBA paid out \$38.9 billion in claims (approximately half going for disability compensation, pension, education assistance, and medical care), \$25.0 billion in guaranteed loans coverage, and \$1.4 trillion in insurance coverage for service members and veterans.

Compensation and Pension Programs

These programs provide direct payments to veterans, dependents, and survivors as a result of the veteran's service-connected disability or because of financial need.³

- **Disability compensation.** A monetary benefit paid to veterans with disabilities resulting from a disease or injury incurred or aggravated during active military service. The benefit amount is graduated according to the degree of the veteran's disability on a scale from 0% to 100% (in 10% increments).
- **Dependency and indemnity compensation.** Benefits generally payable to the survivors of service members who died while on active duty or survivors of veterans who died from their service-connected disabilities.
- **Pension programs.** Provide income support to veterans with wartime service and their families for a nonservice-connected disability or death. These programs are for low-income veterans and survivors.
- **Burial and interment allowances.** Payable allowances for certain veterans. A higher rate of burial allowance applies if the veteran's death is service-connected.
- **Spina bifida monthly allowance.** This allowance under 38 USC 1805 provides for individuals born with spina bifida who are children of personnel who served in the Republic of Vietnam during the Vietnam War era or served in or near the demilitarization zone in Korea during the period September 1, 1967, through August 31, 1971. Payment is made at one of three levels based on the degree of disability suffered by the child.
- **Children of female Vietnam veterans born with certain defects.** This program provides a monetary allowance, healthcare, and vocational training benefits to eligible children born to women who served in the Republic of Vietnam during the period beginning February 28, 1961, and ending May 7, 1975, if they suffer from certain covered birth defects associated with the service of the mother in Vietnam that result in permanent physical or mental disability.

Vocational Rehabilitation and Employment Program

The vocational rehabilitation and employment program helps veterans with service-connected disabilities prepare for, find, and keep suitable jobs. For

veterans with service-connected disabilities so severe that they cannot immediately consider work, the program offers services to improve their ability to live as independently as possible. Vocational rehabilitation services include a vocational evaluation (ie, assessment of interests, aptitudes, and abilities); vocational counseling and planning; employment services (ie, job-seeking skills and job placement assistance); training for suitable employment; supportive rehabilitation services; and independent living services. Generally, a veteran must complete a program of rehabilitation services within 12 years from the date of VA notification of entitlement to compensation. This period may be deferred or extended if a medical condition prevents the veteran from pursuing rehabilitation services for a period of time, or if the veteran has a serious employment handicap.

The vocational rehabilitation and employment program can also provide a wide range of vocational and educational counseling services to service members still on active duty, as well as veterans and dependents who are eligible for one of VA's educational benefit programs. These services are designed to help an individual choose a vocational direction and determine the course needed to achieve the goal. Assistance may include interest and aptitude testing, occupational exploration, setting occupational goals, locating the right type of training program, and exploring appropriate educational or training facilities.

Insurance Programs

VA insurance programs were created to provide life insurance at a "standard" premium rate to members of the armed forces who are exposed to the extra hazards of military service. Service members may maintain their VA life insurance following discharge, regardless of their health, and special programs were established for veterans with service-connected disabilities that may make them otherwise uninsurable. In general, a new program was created for each wartime period since World War I. Seven distinct VA life insurance programs have been created by legislation, and four of these programs, as well as a program of traumatic injury coverage, still issue coverage.

Servicemembers' Group Life Insurance

Servicemembers Group Life Insurance (SGLI) provides up to \$400,000 of life insurance coverage to active duty members of the uniformed services, National Guard, Commissioned Corps of the National Oceanic and Atmospheric Administration, Public Health Service, and reserves and Reserve Officer Training Corps, as well as cadets and midshipmen of the four service

academies and volunteers in the Individual Ready Reserve. In addition, all dependent children are automatically insured for \$10,000 at no charge.

Family Service Members' Group Life Insurance

SGLI also offers insurance for up to \$100,000 in coverage for a service member's spouse, if the service member is on active duty or a reserve member of a uniformed service. All dependent children are automatically insured for \$10,000 at no charge.

Veterans' Group Life Insurance

Individuals who separate from service with SGLI coverage to Veterans' Group Life Insurance, regardless of health, by submitting an application with the first month's premium within 120 days of discharge. After 120 days, the individual may still be granted coverage if evidence of insurability is submitted within 1 year of the end of the 120-day period.

Service-Disabled Veterans Insurance

A veteran who has a VA service-connected disability rating but is otherwise in good health may apply for life insurance coverage of up to \$10,000 within 2 years of the date of notification by VA of the service-connected status. This insurance is limited to veterans who left service after April 24, 1951. Totally disabled veterans may apply for an additional \$20,000 of coverage under this program.

Veterans' Mortgage Life Insurance

Mortgage life insurance protection for up to \$90,000 is available to severely disabled veterans who receive a specially adapted housing grant.

Service Members' Traumatic Injury Protection

This coverage program is a rider to basic SGLI coverage policies and provides automatic traumatic injury protection coverage to all service members covered under SGLI effective December 1, 2005. It provides for payments between \$25,000 and \$100,000 (depending on the type of injury) to insured SGLI members who sustain traumatic injuries that result in certain severe losses. The benefit paid depends on the nature of the loss, as defined by VA regulations. Benefits are also retroactive to October 7, 2001, if the loss was suffered while deployed outside the United States on orders in support of OEF/OIF or while on orders in a combat zone tax exclusion area from October 7, 2001, through November 30, 2005.

Education Programs

VA education programs provide veterans; active duty, reserve, and National Guard service members; and certain veterans' dependents with educational resources to supplement opportunities missed because of military service and to assist in the re-adjustment to civilian life. Currently there are six education programs (details may be found at: www.gibill.va.gov).

Post-Vietnam Era Veterans' Educational Assistance Program

This program is available for eligible veterans who entered active duty between January 1, 1977, and June 30, 1985. Benefits and entitlement are determined by the contributions paid while on active duty, and veterans have 10 years after separation to use the benefit.

Montgomery GI Bill—Active Duty

The Montgomery GI Bill for active duty personnel is a program of education benefits that may be used while on active duty or after separation. There are several distinct eligibility categories. Generally a veteran receives 36 months of entitlement and has 10 years after separation to use the benefit.

Post-9/11 GI Bill

A new benefit provides educational assistance to individuals who served on active duty on or after September 11, 2001. Service members may elect to receive benefits under the post-9/11 GI bill if, on August 1, 2009, they have met qualifying requirements; are eligible for Chapter 30, 1606, or 1607 of the Montgomery GI Bill (see below); or are serving in the armed forces. Eligibility for benefits are for 15 years from the last period of active duty of at least 90 consecutive days. Built into this new benefit is the opportunity for the service members to transfer benefits to their spouse or dependent children. The most current information can be found at: www.gibill.va.gov.¹²

Montgomery GI Bill—Selected Reserve

This version of the GI Bill is available to members of the Selected Reserve. VA administers this program, but DoD determines the member's eligibility. Generally a qualified member of the Reserve receives 36 months of entitlement and has 14 years in which to use the benefit.

Reservists Educational Assistance Program

This program funded and managed by DoD is available to members of the Selected or Ready Reserve who are called to active duty to support contingency operations. VA administers this program but DoD and the Department of Homeland Security determine the member's eligibility. Generally a qualified individual receives 36 months of entitlement and is able to use the benefit as long as he or she remains in the Selected or Ready Reserve.

National Call to Service

This educational benefit program may be used while on active duty or after separation. The person must have enlisted on or after October 1, 2003, under the National Call to Service program and selected one of the two education incentives provided. These are either (1) education benefits of up to 12 months of GI Bill benefits (the 3-year rate) or (2) education benefits of up to 36 months of the GI Bill benefits (half the 2-year rate).

Dependents Educational Assistance Program

This program assists dependents of veterans who (a) have been determined to be 100% permanently disabled because of a service-connected condition, (b) died from a service-connected condition, or (c) died while on active duty. Dependents typically receive 45 months of eligibility. The criteria for using this benefit as follows:

- Children have 8 years to use this benefit.
- A spouse of a living veteran has 10 years to use this benefit.
- A surviving spouse of a veteran who died with a 100% service-connected condition has 10 years to use this benefit.
- A surviving spouse of a veteran who died on active duty has 20 years to use this benefit.

Education benefits are available to children of active duty personnel who have served for at least 2 years and have contributed \$1,200 under the Montgomery GI Bill (Chapter 30) or Selected Reserve and National Guards members certified as eligible under the Montgomery GI Bill—Selected Reserves (Chapter 1606). The Chapter 30 program is limited to payment for tuition and fees, and the Chapter 1606 program provides a monthly stipend.

Loan Guaranty Program

The VA home loan guaranty program helps eligible

veterans and service members purchase and retain homes, in recognition of their service to the nation. Assistance is provided through VA's partial guaranty of loans made by private lenders in lieu of the substantial down payment and other investment safeguards required in conventional mortgage transactions. This protection means that in most cases qualified veterans can obtain a loan without making a down payment. Additionally, the program offers the benefits listed below.

Servicing Assistance

The loan guaranty program provides help for borrowers having difficulty in making their loan payments. The assistance ranges from financial counseling to direct intervention with the lender to obtain forbearance or arrange a reasonable repayment schedule. Whenever possible, the goal is to help the veteran retain ownership of his or her home and avoid foreclosure. In instances where homeownership retention is not possible, several alternatives to foreclosure are available that can somewhat mitigate the negative impact on the borrower.

Specially Adapted Housing Grants

Veterans who have specific service-connected disabilities can obtain specially adapted housing grants for constructing an adapted dwelling or modifying an existing dwelling. The program's goal is to provide disabled veterans a barrier-free living environment that affords a level of independent living not otherwise possible. The grant can be used up to three times, as long as the combined grant totals do not exceed the allowable grant maximum. Additionally, eligible veterans who are temporarily residing in a home owned by a family member may also use a portion of the grant maximum to assist in adapting the family member's home to meet his or her special needs.

Native American Direct Home Loans

These loans, made directly by the VA, are available to eligible Native American veterans who wish to purchase or construct a home on federal trust lands.

Benefits for Active Duty Personnel

The VA has a variety of associated or similar benefits available to active duty personnel.

Insurance Benefits

Service members and reserve forces are eligible for

up to a maximum of \$400,000 in SGLI. Spousal coverage is available up to a maximum of \$100,000, and children are automatically covered for \$10,000 at no cost. Any member of the uniformed services covered by SGLI is automatically covered by a traumatic injury protection rider, which provides payments of between \$25,000 and \$100,000 to members who have a traumatic injury and suffer losses such as, but not limited to, amputations, blindness, and paraplegia.

Home Loan Guaranty Benefits

Persons on active duty are eligible for a VA home loan guaranty after serving on continuous active duty for 90 days. Service members going through the benefits delivery-at-discharge program who are found to have service-connected conditions are exempt from the loan guaranty funding fee.

Specially Adapted Housing Grants

Certain service members as well as veterans with service-connected disabilities may be entitled to a specially adapted housing grant from VA to help build a new specially adapted house or buy a house and modify it to meet their disability-related requirements. Eligible individuals may now receive up to three grants, with the total dollar amount of the grants not to exceed the maximum allowable amount. Previous grant recipients who had received assistance of less than the current maximum allowable amount may be eligible for an additional grant.

Financial Assistance for Purchasing a Vehicle

Veterans and service members may be eligible for a one-time payment of not more than \$11,000 toward the purchase of an automobile or other conveyance if they have service-connected loss or permanent loss of use of one or both hands or feet, permanent impairment of vision of both eyes to a certain degree, or ankylosis (immobility) of one or both knees or one or both hips. They may also be eligible for adaptive equipment, and for repair, replacement, or reinstallation required be-

cause of disability or for the safe operation of a vehicle purchased with VA assistance.

Healthcare Benefits

VA healthcare facilities are available to active duty service members in emergency situations and upon referral by military treatment facilities or TRICARE. VA provides a comprehensive medical benefits package to veterans enrolled in its healthcare program and is fully capable of meeting the treatment needs of those who are referred for care or who require emergency healthcare services. Service members may receive a one-time dental treatment up to 90 days from separation if they were not provided treatment within 90 days before separation from active duty.

Medal of Honor Pension Payments

Active duty personnel who have been awarded the Medal of Honor and determined to be eligible by one of the service departments are entitled to receive a special Medal of Honor pension from the VA.

Benefits Delivery at Discharge

Through this program, service members can file claims for disability compensation, pension, vocational rehabilitation, automobile allowance, and specially adapted housing prior to separation. VA employees will assist in the filing and preparation of the claim as well as adjudicate the claim within days following separation. Additionally, VA offers counseling and claims assistance to separating service members throughout the United States and around the world through the transition assistance program and disabled transition assistance program.

Vocational Rehabilitation and Employment

Service members pending medical separation from active duty may also apply if their disabilities are reasonably expected to be rated at least 20% following discharge. These service members must be referred to a VBA coordinator for application assistance.

NATIONAL CEMETERY ADMINISTRATION

On November 11, 1998, President Bill Clinton signed the Veterans Programs Enhancement Act, changing the name of the National Cemetery System to the National Cemetery Administration (NCA). The NCA operates 125 national cemeteries in the United States and territories, together with management of 33 soldiers' lots, Confederate cemeteries, and monument sites. The mis-

sion of NCA is to honor US veterans with a final resting place and commemorate their service. This mission is accomplished through four major program areas:

1. Providing for the interment of eligible service members, veterans, reserve and National Guard members, and certain family members

in national cemeteries. A total of 96,797 veterans and eligible family members were buried in national cemeteries in FY 2006. More than 3.2 million veterans, spouses, and dependents are buried in over 7,200 acres of NCA's developed land. NCA maintains these cemeteries and memorials as national shrines.

2. Furnishing headstones and markers for the 335,172 graves of veterans across the United States and the world. In national cemeteries, a headstone or marker is provided, including the cost of placement. The government does not provide for the cost of setting the headstone or marker in private cemeteries.
3. Administering the state cemetery grants program, which provides financial assistance to states for establishing, expanding, and improving state veterans' cemeteries. Since the program was established in 1978, 151 grants have been made, totaling over \$264 million through FY 2006. The program provides federal funding for up to 100% of the cost of

establishing, expanding, or improving state veterans' cemeteries that complement NCA. There are currently 65 state veterans' cemeteries in 35 states throughout the nation, Guam, and Saipan. In FY 2006, 22,434 veterans and dependents were buried in these cemeteries.

4. Providing presidential memorial certificates to veterans' loved ones to honor the service of honorably discharged deceased service members or veterans. In FY 2006, NCA issued 405,538 certificates on behalf of the president. Today, more than 24 million veterans, reservists, and National Guard members with 20 years of qualifying service (who are entitled to retirement pay or would be entitled, if at least 60 years of age), have earned the honor of burial in a national cemetery. Veterans with discharges other than dishonorable, their spouses, and dependent children may be eligible for burial in a VA national cemetery. Those who die on active duty may also be buried in a national cemetery.

BENEFITS PROVIDED BY OTHER AGENCIES

Department of Agriculture Loans for Farms and Homes

The US Department of Agriculture provides loans and guarantees to buy, improve, or operate farms. Loans and guarantees are available for housing in towns generally up to 20,000 in population. Applications from veterans have preference. For further information, contact Farm Service Agency or Rural Development, US Department of Agriculture, 1400 Independence Avenue, SW, Washington, DC 20250, or apply at local Department of Agriculture offices, usually located in county seats.

Housing and Urban Development Veteran Resource Center

US Department of Housing and Urban Development sponsors the Veteran Resource Center (HUD-VET), which works with national veterans' service organizations to serve as a general information center on all of the department's housing and community development programs and services. To contact HUD-VET, call 1-800-998-9999, TDD 800-483-2209, or visit the Web site: www.hud.gov/hudvet.

Naturalization Preference

Honorable active duty service in the US armed

forces during a designated period of hostility allows an individual to naturalize without any required periods of residence or physical presence in the United States. A service member who was in the United States, certain territories, or aboard an American public vessel at the time of enlistment, reenlistment, extension of enlistment, or induction may naturalize even if he or she is not a lawful permanent resident.

On July 3, 2002, president George W Bush issued Executive Order 13269, establishing a new period of hostility for naturalization purposes beginning September 11, 2001, and continuing until a date designated by a future executive order. Qualifying members of the armed forces who have served at any time during a specified period of hostility may immediately apply for naturalization using the current form N-400, Application for Naturalization. Additional information about filing and requirement fees and designated periods of hostility are available on the US Citizenship and Immigration Services Web site: www.uscis.gov.

Individuals who served honorably in the US armed forces but were no longer on active duty status as of September 11, 2001, may still be naturalized without the usual residence and physical presence requirements if they filed form N-400 while still serving or within 6 months of termination of their active duty service. An individual who files the application after the 6-month period following termination of service is not exempt from the residence and physical presence

requirements, but may count any period of active duty service toward the requirements. Individuals seeking naturalization under this provision must establish that they are lawful permanent residents (such status having not been lost, rescinded, or abandoned) and that they served honorably in the US armed forces for at least 1 year.

If a service member dies as a result of injury or disease incurred or aggravated by service during a time of combat, the service member's survivors can apply for the deceased service member to receive posthumous citizenship at any time within 2 years of death. The issuance of a posthumous certificate of citizenship does not confer US citizenship on surviving relatives; however, non-US citizen spouses or qualifying family members may file for certain immigration benefits and services based upon their relationship to a citizen service member who died during hostilities or a noncitizen service member who died during hostilities and was later granted posthumous citizenship (see www.uscis.gov for more information).

Small Business Administration Outreach to Veterans

The US Small Business Administration (SBA) Office of Veterans Business Development conducts comprehensive outreach to veterans, service-disabled veterans, and reserve component members of the US military. The office formulates, executes, and promotes policies and programs that provide assistance to veteran-owned small businesses. The SBA is the primary federal agency responsible for assisting veterans who own or are considering starting small businesses. The SBA also conducts research in veterans' entrepreneurship.

Among the services provided are business counseling and training through five veterans' outreach centers, more than 1,000 small business development centers, nearly 400 SCORE (Service Corps of Retired Executives) chapters with 11,000 volunteer counselors, 100 women's business centers, and various loan and loan guarantee programs ranging from micro loans to venture capital assistance. A special military reservist economic injury disaster loan is available for self-employed reservists whose small businesses may have been damaged through extended absences of the owner or essential employee as a result of activation to military duty. Veterans participate in all SBA federal procurement programs, and the SBA supports veterans and others in international trade. A veterans' business development officer is stationed at every SBA district office. Information about SBA's full range of services can be found at: www.sba.gov/vets or by calling 202-205-6773 or 1-800-U-ASK-SBA (1-800-827-5722).

Information on programs for reservists is available at: www.sba.gov/reservists.

Social Security Administration Benefits for Veterans and Dependents

Monthly retirement, disability, and survivor benefits under Social Security are payable to veterans and dependents if the veteran has earned enough work credits under the program. Upon the veteran's death, a one-time payment of \$255 also may be made to the veteran's spouse or child. In addition, a veteran may qualify at age 65 for Medicare's hospital insurance and medical insurance. Medicare protection is available to people who have received Social Security disability benefits for 24 months, and to insured people and their dependents who need dialysis or kidney transplants, or who have amyotrophic lateral sclerosis (more commonly known as Lou Gehrig's disease). Since 1957 military service earnings for active duty (including active duty for training) have counted toward Social Security, and those earnings are already on Social Security records. Since 1988 inactive duty service in the reserve component (such as weekend drills) has also been covered by Social Security. Service members and veterans are credited with \$300 in additional earnings for each calendar quarter in which they received active duty basic pay after 1956 and before 1978.

Veterans who served in the military from 1978 through 2001 are credited with an additional \$100 in earnings for each \$300 in active duty basic pay, up to a maximum of \$1,200 a year. No additional Social Security taxes are withheld from pay for these extra credits. If veterans enlisted after September 7, 1980, and completed less than 24 months of active duty or their full tour of duty, they may not be able to receive the additional earnings. Check with Social Security for details. Additional earnings are no longer credited for military service periods after 2001. Also, noncontributory Social Security earnings of \$160 a month may be credited to veterans who served after September 15, 1940, and before 1957, including attendance at service academies. For information, call 1-800-772-1213 or visit: www.socialsecurity.gov. (Note: Social Security cannot add these extra earnings to the record until an application is filed for Social Security benefits.)

Individuals age 65 or older and those who are blind or otherwise disabled may be eligible for monthly Supplemental Security Income payments if they have little or no income or resources. States may supplement the federal payments to eligible persons and may disregard additional income. Although VA compensation and pension benefits are counted in determining income for Supplemental Security In-

come purposes, some other income is not counted. Also, not all resources count in determining eligibility. For example, a person's home and the land it is on do not count. Personal effects, household goods, automobiles, and life insurance may not count, depending upon their value. Information and help is available at any Social Security office or by calling 1-800-772-1213.

Military service members can receive expedited processing of disability claims from Social Security. These claims are separate from VA claims and require separate application for benefits. This program is for military service members who become disabled while on active duty on or after October 1, 2001, regardless of disability location. Active duty status and receipt of military pay does not, in itself, prevent payment of disability benefits and should never stop a service member from making an application. The service member's actual work activity, not the amount of pay or military status, is the determining factor for benefits. Disability benefits are disbursed through two programs: (1) the Social Security disability insurance program, which pays benefits to those who worked long enough and paid Social Security taxes; and (2) the Supplemental Security Income program, which pays benefits based on financial need. For additional information see the Web site: www.socialsecurity.gov.¹³

Armed Forces Retirement Home

Veterans are eligible to live in the Armed Forces Retirement Home located in Washington, DC, if their active duty military service is at least 5% enlisted, warrant officer, or limited duty officer, and if they qualify under one of the following four categories:

1. At least 60 years of age and were discharged or released under honorable conditions after 20 or more years of active service.
2. Determined to be incapable of earning a livelihood because of a service-connected disability incurred in the line of duty.

3. Served in a war theater during a time of war declared by Congress or were eligible for hostile fire special pay and were discharged or released under honorable conditions, and are determined to be incapable of earning a livelihood because of injuries, disease, or disability.
4. Served in a women's component of the armed forces before June 12, 1948, and are determined to be eligible for admission due to compelling personal circumstances.

Eligibility determinations are based on rules prescribed by the home's chief operating officer. Veterans are not eligible if they have been convicted of a felony or have alcohol, drug, or psychiatric problems. Married couples are welcome, but both must be eligible in their own right. At the time of admission, applicants must be capable of living independently. The Armed Forces Retirement Home is an independent federal agency. For information, call 1-800-332-3527 or 1-800-422-9988, or visit the Web site: www.afrh.gov.

Commissary and Exchange Privileges

Unlimited exchange and commissary store privileges in the United States are available to honorably discharged veterans with a service-connected disability rated at 100%, un-remarried surviving spouses of members or retired members of the armed forces, recipients of the Medal of Honor, and the dependents and orphans of any of these individuals. Certification of total disability is done by VA. Reservists and their dependents also may be eligible. Privileges overseas are governed by international law and are available only if agreed upon by the local government. Though these benefits are provided by DoD, VA does provide assistance in completing DD form 1172, Application for Uniformed Services Identification and Privilege Card. For detailed information, contact the nearest military installation.

WHAT EVERY VETERANS AFFAIRS BENEFICIARY NEEDS TO KNOW

1. Benefits are always changing and are based on a number of variables—type of discharge, length of service, dates of service, number of family members, degree of disability, legislative actions, combat service, just to name a few. "May be eligible" does not mean "is eligible." Benefits can vary widely among beneficiaries.
2. VA beneficiaries **must apply** for VA benefits to receive benefits.
3. VA beneficiaries should not apply for benefits alone. Applying is easier when the beneficiary is accompanied by a family member, power of attorney, veteran representative, or legal representation.
4. The following documents are needed for benefits application processing:
 - A copy of DD form 214, Certificate of

- Release or Discharge from Active duty, if available.
 - VA claim number or Social Security number if receiving benefits under prior service.
 - A copy of all marriage certificates or divorce decrees (if any).
 - A copy of each child's birth certificate (or adoption order).
 - A copy of the beneficiary's certificate if he or she has dependent parents.
 - A copy of any service medical records substantiating disabilities for compensation for military service-related injuries.
 - A completed VA form 21-526, Veterans Application for Compensation or Pension (an online version is available, and paper versions are available from any VA regional office).
 - If applicable, combat operations documentation:
 - copy of leave and earnings statement showing receipt of hostile fire or imminent danger pay,
 - receipt of the Armed Forces Expeditionary Medal,
 - receipt of the Kosovo Campaign Medal,
 - receipt of the Global War on Terrorism Expeditionary Medal,
 - receipt of the Southwest Asia Campaign Medal,
 - proof of exemption of federal tax status for hostile fire or imminent danger pay,
 - orders to a theater of combat operations, and
 - copy of other awarded medals associated with the combat operations or operations involving imminent danger.
5. Application for health and other benefits can be done many ways:
- Online by accessing the VA Web site: www.va.gov/1010EZ.htm.
 - Using a paper version of VA form 10-10EZ, Application for Health Benefits. The form can be obtained several different ways:
 - Calling VA's health benefits service center, toll free at 1-877-222-VETS (8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Standard Time).
 - Contacting any VA regional office at 1-800-827-1000 from any location in the United States or Puerto Rico. VA facilities also are listed in the federal government section blue pages of the telephone directories under "Veteran Affairs."
 - Contacting the VA liaison or VBA counselor colocated with the warrior transition unit's case managers.
 - Contacting a Vet Center.
6. State, local, and national veterans' service organization representatives are available to assist with benefits counseling and claims processing. A list of such representatives can be found in the attachment to this chapter and online at: www.va.gov/vso.
7. The VHA (Veterans Health Administration) and VBA (Veterans Benefits Administration) are distinct, separate branches of the VA. These two VA branches engage in limited collaboration, interaction, and information exchange. Every step in the application process requires beneficiary action or oversight. Beneficiaries need to keep records of every action taken throughout the claim process; they should provide only copies of original documents (do not provide original documents unless absolutely required) and make a record of telephone contacts and personal visits, including date, time, name of VA employee and contact information, what transpired during the conversation or visit, follow-up action required, etc.
8. The Veterans Claims Act of 2000 and Duty to Assist, requires the VA to obtain any records in the VA's possession or within any other federal agency. The law also mandates that the VA tell the claimant what evidence is needed to support his or her claim. The VA now must make several efforts to obtain any evidence identified by the claimant.
9. By law, the burden of proof falls on the veteran or dependent. Even though the VA is now required to look for evidence, the process may take many months. Veterans can help their claim and speed up the process if they can obtain supporting evidence such as the following:
- personal statements, especially those of combat veterans claiming a "combat-related" injury or illness;
 - statements from friends, relatives, or anyone who has knowledge of the veteran's disability and its relationship to service; and
 - medical evidence.
- However, any lay statements must fit certain criteria and are not always helpful. Some can be harmful to the veteran's claim. The veteran should discuss any statements with

- a veterans' benefits counselor.
10. Although the VA strives for standardization, not all VA medical facilities and regional offices are alike. VA and DoD medical facilities are similar in that they have a degree of

autonomy, as do the VA regional offices—interpretation of regulations, policies, and procedures can vary from facility to facility, impacting beneficiary benefits.

WHAT MILITARY HEALTHCARE PROVIDERS

NEED TO KNOW

1. DoD healthcare providers cannot underestimate the importance of proper medical record documentation for service members wounded, injured, or sickened in the line of duty. The more “who, what, when, where, and how” is documented in the medical record, the better the supporting documentation the service member or veteran will be able to present when filing a claim. For combat injuries, the medical record should contain as much information about the details of the injury as possible, including the service member’s duty assignment, unit, location, name of witnesses, and other identifying information about the injury or illness and circumstances.
2. The partnership between DoD and VA will continue to strengthen over time. Providers must stay educated about VA benefits and develop professional relationships with VA personnel on the installation or assigned duty at the MTF.
3. It is better to refer service members, veterans, and other beneficiaries to VA personnel than to give out erroneous information about benefits.
4. States also provide veteran benefits, and benefits can vary from state to state.
5. Providers should learn the VA language, obtain copies of VA regulations governing disability rating, and write medical notes and reports in a manner that provides the necessary information for VA rating specialists to make appropriate rating decisions.
6. Key VA programs and personnel¹⁴:
 - VHA facilities provide appropriate health and mental healthcare services to active duty service members who served in OEF or OIF. Coordination of those services is to be ensured by the following personnel:
 - **OEF/OIF program manager**, a designated nurse or social worker serving at each VA medical center to coordinate care provided to OEF or OIF service members and veterans; functions as the facility’s point of contact for the VA liaisons at military treatment facilities.
 - **OEF/OIF case managers**, nurses and social workers at each VHA facility who work with those who are severely injured, ill, and otherwise in need of case management services.
 - Between three and eight **transition patient advocates** for OEF and OIF service members and veterans serve at each VISN. Although the positions are distributed to the VISN offices, the duty stations are at designated medical centers within the VISN. These positions are funded by the VA central office.
 - The **VA liaison**, stationed at major MTFs nationwide, is considered the VHA representative to the military installation and represents the VA in all aspects of patient care, transfer, and outreach. The primary role of the VA liaison is to ensure the effective transfer of healthcare, both inpatient and outpatient, from the MTF to the appropriate VHA facility. The liaisons work with on-site staff, service members, and families to ensure priority access to needed healthcare services and education about VHA benefits. Service members returning from Iraq and Afghanistan may have severe and complex injuries, minor injuries, and/or mental health needs. VA liaisons obtain clear referral information and authorization for VHA to treat those still on active duty, as well as coordinating with VHA facility enrollment coordinators to initially register active duty OEF/OIF service members or enroll veterans. Registering service members in the computer system eases transfer of care to the VHA treatment facility. Although the liaisons report administratively to the VHA facility closest to the MTF, they report programmatic to the VHA Office of Care Management and Social Work. The VA liaison is an experienced clinical social worker, recognized as an independent practitioner who can demonstrate the ability to manage

- and evaluate programs and policies.¹⁵
- **VA rehabilitation nurses** may be assigned duty at major MTFs. Nursing care in a rehabilitation setting focuses on helping individuals with impairments resulting from injuries, illness, or chronic disease reach their optimal level of health and function. Rehabilitation nurses have additional expertise in the sequelae and rehabilitation care of conditions such as amputation, brain injury, neuromuscular conditions, orthopaedic conditions, stroke, and visual impairment. As integral members of the patient's management team, rehabilitation nurses carry out the rehabilitation plan of care 24 hours a day, 7 days a week. Rehabilitation nurses are also involved in educating the patient and caregivers to facilitate optimal transition to the next level of care.
 - **VBA military service coordinators** at key MTFs or VA medical facilities must meet with every injured OIF/OEF service member, when medically appropriate, to make them aware of all potential VA benefits and services, as well as other benefits and services available through other sources, and assist them in completing claims and gathering supporting evidence. Counselors must provide all their clients with a business card containing contact information, and routinely inform hospitalized service members about the status of their pending claims.⁷
 - **VBA OIF/OEF coordinators** ensure that a liaison is established with military and VA medical facility staff, particularly discharge planners. For VBA outreach efforts and coordination to be effective, VBA must have access to admission and discharge information as seriously disabled service members are admitted, transferred to another medical facility, and finally released. VBA OIF/OEF coordinators are responsible for the duties of the case manager if one has not been assigned.⁷
 - **VBA case managers** work out of the VBA's regional office as the primary VBA point of contact for claims processing. However, VBA counselors at the MTF may stay involved if the service member is still a patient at the facility. In those cases, coordination between the VBA counselor and case manager is essential.
- **Transition assistance advisors** work in each state or territory as the statewide point of contact to assist service members in accessing VA benefits and healthcare services. Advisors also provide assistance in obtaining entitlements through the TRICARE military health system and access to community resources. Staffed by 55 contract positions and two federal technicians, this program began in May 2005 with a memorandum of agreement between the National Guard Bureau and the VA.
 - The **Army Medical Department VA polytrauma liaison program** facilitates the continuity of care between MTFs and VA treatment facilities. The Army polytrauma liaison serves as the interface between case management and administrative matters, while functioning as the primary point of contact in the transition process for injured soldiers and their family members. The presence of a uniformed liaison is required to ensure that all the soldier's needs, both clinical and administrative, are seamlessly addressed, retaining a military link and precluding potential feelings of abandonment during this critical transition period. Army liaisons should reach out to all soldiers in the VA treatment facilities. Liaisons are currently active in the four VA polytrauma centers listed below¹⁶:
 - Minneapolis VA Medical Center, Minnesota (geographic responsibility for Great Plains Regional Medical Command).
 - Hunter Holmes McGuire VA Medical Center, Richmond, Virginia (geographic responsibility for North Atlantic Regional Medical Command).
 - Palo Alto VA Medical Center, California (geographic responsibility for Western Regional Medical Command).
 - James A Haley VA Hospital, Tampa, Florida (geographic responsibility for South East Regional Medical Command).
- An additional polytrauma center is scheduled to open at the Audie Murphy VA Medical Center in San Antonio, Texas.

SUMMARY

This overview of the VA veterans' benefits is intended to educate military healthcare providers to better care for and assist wounded, injured, and ill service members and their family members. Every person entering the armed forces must understand VA

organization and the benefits they may become eligible for before and after separation or discharge. Additional details for benefits and services are available on the VA Web site: www.va.gov. The one constant factor about VA benefits is that benefits are constantly changing.

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ATTACHMENT: RESOURCES FOR VETERANS

Important Telephone Numbers

Program	Phone Number
VA Benefits	1-800-827-1000
Health Care	1-877-222-8387
Education	1-888-442-4551
Life Insurance	1-800-669-8477
Debt Management	1-800-827-0648
Mammography Hotline	1-888-492-7844
Telecommunication Device for the Deaf (TDD)	1-800-829-4833
Civilian Health and Medical Program of the Department of Veterans Affairs	1-800-733-8387
Headstones and Markers	1-800-697-6947
Special Health Issues: Gulf War, Agent Orange, Project 112/Shad	1-800-749-8387

Important Web Addresses

Activity	Internet Address
VA Home Page	http://www.va.gov
VA Health Care	http://www.va.gov/health/
Returning Veterans	http://www.seamlesstransition.va.gov/
Survivor Benefits	http://www.vba.va.gov/survivors/index.htm
VA Facilities	http://www.va.gov/directory/guide/home.asp
VA Forms	http://www.va.gov/vaforms/
VA Benefit Payment Rates	http://www.vba.va.gov/bln/21/Rates/
Education Benefits	http://www.gibill.va.gov/
Home Loan Guaranty	http://www.homeloans.va.gov/
Life Insurance	http://www.insurance.va.gov/
Vocational Rehabilitation	http://www.vba.va.gov/bln/vre/index.htm
Burial and Memorial Benefits	http://www.cem.va.gov/
Veterans Employment and Training	http://www.dol.gov/vets/
Federal Jobs	http://www.usajobs.opm.gov/
Veterans Preference	http://www.opm.gov/veterans/index.asp
Military Records	http://www.archives.gov/st-louis/military-personnel/
Department of Defense	http://www.defenselink.mil/

Organizations Chartered by Congress or Recognized by Veterans Affairs for Claim Representation

Air Force Sergeants Association	Congressional Medal of Honor Society of the United States of America
American Defenders of Bataan and Corregidor	Disabled American Veterans
American Ex-Prisoners of War	Fleet Reserve Association
American GI Forum of the United States	Gold Star Wives of America, Inc
American Gold Star Mothers, Inc.	Italian American War Veterans of the USA
American Legion	Jewish War Veterans of the USA
American Red Cross	Legion of Valor of the USA, Inc
American War Mothers	Marine Corps League
AMVETS	Military Chaplains Association of the United States of America
Armed Forces Services Corporation	Military Order of the Purple Heart of the USA, Inc
Army and Navy Union, USA, Inc	Military Order of the World Wars
Blinded Veterans Association	National Amputation Foundation, Inc
Blue Star Mothers of America, Inc	
Catholic War Veterans, USA, Inc	

National Association for Black Veterans, Inc
National Association of County Veterans Service Officers, Inc
National Association of State Directors of Veterans Affairs (NASDVA)
National Veterans Legal Services Program
Navy Club of the United States of America
Navy Mutual Aid Association
Non Commissioned Officers Association
Paralyzed Veterans of America
Pearl Harbor Survivors Association, Inc.

Polish Legion of American Veterans, USA
Swords to Plowshares: Veterans Rights Organization
The Retired Enlisted Association
United Spinal Association
US Submarine Veterans of World War II
Veterans Assistance Foundation, Inc
Veterans of Foreign Wars of the United States
Veterans of the Vietnam War, Inc/Vets Coalition
Veterans of World War I of the USA, Inc
Vietnam Veterans of America
Women's Army Corps Veterans Association

Nonchartered Veterans Service Organizations

African American Veterans and Families
Air Force Association
Air Force Women Officers Association
Air Warrior Courage Foundation, Inc
All Faith Consortium
Alliance of Women Veterans
Americas Division Veterans Association
American Coalition for Filipino Veterans
American Merchant Marine Veterans
American Military Retirees Association
American Military Society
American Retiree Association
American Veterans Alliance, Inc
American Veterans for Equal Rights Inc
American Volunteer Reserve
American WWII Orphans Network (AWON)
Arab American War Veterans, Inc
Army Aviation Association of America
Asian American Veterans Association
Association for Service Disabled Veterans
Association of Ex-POW of the Korean War, Inc
Association of Military Surgeons (AMSUS)
Association of the 199th Light Infantry Brigade
Association of the US Army, USA
Association of Veterans Education Certifying Office
Blinded American Veterans Foundation
Bureau of Maine Veterans Services
BVL Fund—Bowlers Serving America's Veterans
China Burma India Veterans Association, Inc
Cold War Veterans Association
Combined National Veterans Association of America
Congressional Black Caucus Veterans Braintrust
Chief Warrant Officer & Warrant Officer (CWO&WO)
Association US Coast Guard
Daughters of Union Veterans of the Civil War
Destroyer Escort Sailors Association
Eighth Air Force Historical Society
Enlisted Association of the National Guard of the US
Florida Department of Veterans Affairs
Help Hospitalized Veterans
Hispanic War Veterans of America
Homeless & Disabled Veterans
Japanese American Veterans Association
Japanese American Veterans Counsel

Korea Veterans of America
Korean Defense Veterans of America
Korean Ex-Prisoners of War
Korean War Veterans Association of the USA, Inc
Marine Corps Reserve Association
Military Justice Clinic, Inc
Military Officers Association of America
Vietnam Era Prisoners of War (NAM-POWS), Inc
National 4th Infantry (IVY) Division Association
National Academy for Veterans Service Officers
National Alliance for the Mentally Ill
National American Indian Veterans
National Association for Society of Military Widow
National Association for Uniformed Services
National Association of American Veterans, Inc
National Association of Atomic Veterans
National Association of Black Military Women (NABMW)
National Association of Concerned Veterans
National Association of Fleet Tug Sailors, Inc
National Association of Radiation Survivors
National Association of State Veterans Homes
National Association of State Women Veterans Coordinators
National Association of Veterans Program Administrators
National Coalition for Homeless Veterans
National Congress of Puerto Rican Veterans, Inc
National Guard Association of the United States
National Gulf War Resource Center, Inc
National League of Families of American Prisoners and Missing in Southeast Asia
National Military Family Association
National Order of Battlefield Commissions
National Society Daughters of the American Revolution
National Society of New England Women
National Veterans Business Development Corporation
National Veterans Foundation
National Vietnam Veterans Coalition
Naval Enlisted Reserve Association
Naval Reserve Association
Navy League of the United States
Navy Nurse Corps Association
Navy Seabee Veterans of America
New Era Veterans, Inc (registered in NY and PA)

Office of Strategic Services (OSS)- 101 Veterans Association, (The American-Kachin Rangers"
P-38 (The Flying Bulls) National Association
Reserve Officers Association of the United States
Second Airborne Ranger Association, Inc
Supreme Headquarters Allied Expeditionary Force (SHAEF)/European Theater of Operations, United States Army (Etousa) Veterans Association
Society of Military Widows
The 2nd Airborne Ranger Association, Inc
The Center for Internee Rights, Inc
The Chosen Few
The Forty & Eight
The National Veterans Organization of America
The Red River Valley Fighter Pilot
The Women Marines Association
Thailand, Laos, Cambodia (TLC) Brotherhood, Inc
Tragedy Assistance Program for Survivors, Inc
US Merchant Marine Veterans of World War II
US Navy Veterans Association
United States Ship (USS) LSM-LSMR Association
United Armed Forces Association
United States Army Warrant Officers Association
United States Federation of Korea Veterans Organization
United States Merchant Marine Veterans of WWII
United States Merchant Marine Veterans of WWII
United States Navy Cruiser Sailors Association
United States Navy Veterans Association
United States Submarine Veterans, Inc
United States Volunteers
United States Coast Guard (USCG) Chief Petty Officers Association
Veterans and Military Families for Progress
Veterans Leadership Program of Western PA
Veterans of America
Veterans of the Battle of the Bulge
Veterans United for a Strong America
Veterans' Widows/ers International Network, Inc
Vietnam Veterans Institute
Vietnam Veterans Memorial Fund
Vietnam Women's Memorial Foundation, Inc
Women Accepted for Volunteer Emergency Services (WAVES) National
Women Airforce Service Pilots of World War II
Women In Military Service for America Memorial
Women's Overseas Service League

