



**Department of
Veterans Affairs**

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Qs & As

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VA Eligibility for Veterans of a Combat Theater

Who is eligible for this care?

The care is available to veterans who served on active duty in a theater of combat operations in a period of war, after the Gulf War or in combat against a hostile force during "a period of hostilities" after November 11, 1998, in accordance with the guidelines issued by the Under Secretary for Health.

How does this help veterans?

It provides needed medical care for two years to veterans who served in a combat theater without requiring them to make a copayment for the care they receive, even without proof that their injury or illness was caused or aggravated by their military service.

What type of injuries and illnesses does this directive cover?

VA appreciates that many wounds are not always obvious and that unexplained or difficult to diagnose illnesses are often associated with military conflict. This benefit covers all illnesses and injuries except those clearly unrelated to military service, such as a common cold, injuries from accidents after discharge or disorders that existed before joining the military.

How is this different from previous policy?

The key distinction is that these veterans will be provided free medical care immediately upon discharge and for a period of two years. They need not prove their injury or illness was connected to their service or show that they have a relatively low income or other grounds for eligibility. Previously, many of these veterans would be liable for a copayment until their illness or injury had been evaluated by VA and ruled to be a service-connected disability.

Under what authority can VA offer this care?

VA's policy is in accordance with the authority granted in section 102 of Public Law 105-368 as codified in Section 1710(e)(1)(D) of Title 38 of the United States Code.

Is this limited to hospital care?

No. The policy includes other appropriate medical care and nursing home care as well.

What is the effective date for establishing the 2-year time period?

The two-year time period begins when the military member is discharged or retired from active duty.

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Does receipt of care establish proof of a service-connected disability rating?

No. The care is designed to meet the medical needs of combat veterans for two years after they leave active duty. It is expected that during this time veterans' claims for disability compensation for these injuries, illnesses or medical conditions will have been adjudicated. If veterans' claims are approved as service connected, they will be placed in the appropriate priority group and continue to receive their care without a co-payment. If their claim is disapproved, they will still be able to receive care, but will be required to make a copayment for the services.

Does this include members of the National Guard and Reserve forces?

Yes. The policy also applies to National Guard and Reserve personnel who were activated and served in a theater of combat or in combat against a hostile force. Members of the Guard and Reserve forces must be ordered to active duty by a federal declaration, serve the full period for which they were called or ordered to active duty, and be released, discharged or retired under conditions other than dishonorable.

How is VA defining "hostilities?"

"Hostilities" is defined as conflict in which the members of the Armed Forces are subjected to danger comparable to the danger they would face in a period of war. To determine whether a period of hostilities is within the scope of this special authority, VA relies upon the same citation and criterion used to determine eligibility for VA Readjustment Counseling Service.

Why has it taken almost four years for VA to issue this directive?

On March 23, 1999, four months after enactment of the law authorizing VA to provide this care, VA issued a directive to its medical centers, detailing the policy. As troops began to deploy to Afghanistan and other places around the world in the war against terrorism, VA officials believed it would be helpful to provide further information about post-discharge benefits for veterans who served in a combat theater. For this reason, the Secretary has directed that publication of a follow-on directive.

How much will it cost to implement this directive?

These veterans would be eligible to receive care regardless of this directive, so there is no added cost for the medical care.

What happens to these veterans after the two years are up?

After two years, their co-payment status will depend on whether their illness, injury or medical condition was officially found by VA to be service-connected or whether they are otherwise qualified for care. They will be enrolled in the appropriate priority group for VA health care.

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