



Chapter 1: Introduction

This course is an introduction to veterans law and advocacy. The authors hope that anyone who helps veterans and their family members get benefits from the U.S. Department of Veterans Affairs (VA) will find helpful information here. The course is also intended to make claimants for VA benefits better, more informed consumers.

This course does not attempt to cover every topic or issue in VA law. The authors have omitted some complicated issues. This course will discuss many VA benefits, but will focus on entitlement to compensation, because this benefit is most commonly claimed and is often difficult to obtain. For example, most of the cases that come before the U.S. Court of Appeals for Veterans Claims deal with entitlement to compensation. We do not discuss the many state veterans' benefits programs.

We hope that many veterans, as well as those providing (or interested in providing) informal advice about VA benefits, will take this course. However, veterans should not expect to be able to represent themselves even after successfully completing this course. That would be a major mistake. But a claimant who takes this course will be better able to assist his or her representative. Informed veterans are far more likely to obtain their rightfully earned VA benefits.

There are 12 chapters in this course. This chapter is an introduction and overview. Chapter 2 deals with eligibility requirements. Chapter 3 covers service-connected compensation benefits, including benefits for disabilities caused by negligent VA medical care. Chapter 4 explains how the VA evaluates disabilities and discusses claims for increased ratings and rating reductions. Chapter 5 covers service-connected death benefits. Chapter 6 deals with non-service-connected disability pension and death pension. Chapter 7 explains the VA claims process, including the options claimants have after a denial by the Board of Veterans' Appeals. Chapter 8 gives a general overview of the U.S. Court of Appeals for Veterans Claims. Chapter 9 covers VA debt collection, including how an overpayment is created and how to ask for a waiver of debt. Chapter 10 explains how to apply for a discharge upgrade or correct a military record. Chapter 11 covers VA health care. Chapter 12 offers a summary of some lesser known VA benefits.



Although this is a basic course, it contains a great deal of information. You may find it helpful to read each chapter more than once, and to take the short self-quizzes that appear at the end of most chapters. (After completing a self-quiz, clicking the “view questions” button will show you the correct answers in green). These self-quizzes are designed to let readers test their knowledge of the chapter before moving on in the course. You should also take the comprehensive test that comes with the course. We will grade the test and inform you of the results. If you pass, you will earn a *Basic Training Course Certificate*. Passing this test will not make you an accredited service representative. Formal accreditation from the VA must come through a veterans service organization or state department of veterans affairs, but many veterans service organizations require their representatives to pass this course as a requirement for accreditation.

If you want to learn more about veterans law, we suggest you purchase the latest edition of the Veterans Benefits Manual (VBM). This treatise is user-friendly, well-indexed, and packed with practical information. It includes sample forms and briefs, flowcharts, checklists, citations to legal authorities, and other documents designed to streamline the claims process and save you time. Click here for a more detailed description of the VBM: <https://productsbynvlsp.org/publications/>

The Advocacy Network

People seeking benefits from the federal government often have to hire attorneys. However, claimants seeking VA benefits can rely on a national network of lay advocates—post service officers, county and state veterans’ service officers, and service officers who work (locally or nationally) for a veterans service organization. All of these people can help claimants in obtaining VA benefits. These lay advocates are prohibited by law from charging a claimant a fee.

Some of these advocates are staff in “posts” established by national service organizations. Many of these posts have a post service officer or chapter service coordinator who provides claimants with basic information and claims forms. In most instances, the national service organization prohibits their post service officers from dealing with the VA directly. This policy makes sense because post service officers usually do not have the training and support that is available to the service organizations’ more knowledgeable accredited service officers.



Every advocate's first rule should be to "do no harm." Inaccurate or bad advice from an advocate can cost a veteran time and money. In some cases, an advocate who gives bad advice may be liable to the claimant.

In general, post service officers should provide information and support, and refer the claimant to an accredited service officer. In fact, post service officers should send all applications and communications from claimants they are helping to the accredited service officer who is representing the veteran, not to the VA. They should advise veterans to contact the service officer before communicating with or responding to letters or phone calls from the VA.

Most states have state departments of veterans affairs. These organizations may employ service officers who usually represent veterans before VA regional offices (ROs). The VA allows all state departments of veterans affairs to represent veterans. Some service officers working for state departments of veterans affairs also represent claimants on behalf of national service organizations, when accredited by those organizations.

County service officers (sometimes called county directors of veterans affairs) provide a variety of services. In a few states there are no state service officers, just county service officers who provide services similar to those offered elsewhere by state or national service officers. In other states, county service officers take information and pass it along to state or national organization service officers.

To represent a veteran, a service officer, attorney, or claims agent must have a signed power of attorney from the veteran. In most cases, an individual service officer does not represent claimants for VA benefits as an individual. Most claimants for VA benefits sign a power of attorney in favor of the organization that employs or has accredited the individual service officer. The power of attorney usually permits any accredited representative of the named service organization, not just the individual service officer, to represent the veteran. On the other hand, attorneys and claims agents must represent claimants as an individual, because a law firm as an entity cannot represent a VA claimant.

It is a service officer's job as a veterans advocate to present information and, if necessary, supporting arguments. If the service officer is not prepared to argue for the claimant, another advocate should be involved in the representation.



Advocates are entitled to—and should—screen information the veteran is considering sending to the VA. The advocate is not obliged to send negative evidence to the VA unless the VA specifically requests that information.

Most national service organizations provide representation before the Board of Veterans' Appeals (BVA). In fact, most national service organizations have advocates located in Washington, D.C., who review appeals submitted to the BVA and provide additional arguments (and sometimes help claimants obtain additional evidence).

Overview: VA Claims System

There are approximately 22 million veterans and many more millions of family members of veterans potentially eligible for federal veterans' benefits. Millions of determinations relating to benefits are made each year within the 58 VA regional offices (ROs). For a listing of all the VA regional offices go to:
<https://benefits.va.gov/benefits/offices.asp>

The VA has a dual role: it is a friend to veterans, but it is also a guardian of the taxpayers' money. This means that the VA is required to investigate applications so that it can reject unsupported claims. Because some claims depend on the VA accepting the word of the veteran, it is important that claimants be consistent and accurate when they communicate with the VA. That is why all communications by the veteran to the VA should be reviewed by the advocate.

The VA claims system is unique in several respects. First of all, “final” VA denials are not really final. A claimant can file a supplemental claim to attempt to obtain previously denied benefits by presenting *new and relevant evidence*. “New” evidence is evidence that was not part of the record (claims file) that was before the previous VA adjudicator. “Relevant” evidence is evidence that tends to prove or disprove a matter in issue. When a veteran files a supplemental claim, the RO performs a three-step analysis. First, the RO determines whether the claimant submitted a substantially complete supplemental claim, which includes the proper completion of VA Form 20-0995, *Decision Review Request: Supplemental Claim*, with the submission or identification of potentially new evidence. If so, the RO next determines whether the potentially new evidence submitted or identified by



the claimant is “new and relevant.” If so, the RO moves on to the third step—readjudication of the claim on the merits based on all of the evidence of record.

In some cases, an RO decision can be changed if the veteran can show that the decision was based on *clear and unmistakable error*. That is, the veteran must show that, based on the facts and the law existing at the time the claim was previously denied, the VA was clearly wrong. Claimants must first identify the error made by the VA and then show that they would have been entitled to benefits if the error had not been made. Another unique feature of the VA claims system is that the system is intended to be non-adversarial—that is, the VA is supposed to be fair and help the claimant, and no one is supposed to be arguing against the claimant.

Veterans and advocates alike must know that the VA claims system does not always work the way it should. As in any complex system run by human beings, mistakes, misinterpretations, and honest errors are common. Do not become discouraged if a meritorious claim does not succeed at first. The VA must operate under set legal rules, and a claim that has been initially denied at the RO level may be granted on review or appeal.

Benefit of the Doubt

To ensure that the system favors veterans, VA law states that claimants are entitled to the *benefit of the doubt* in the adjudication of their claims. This means that the VA can deny the claim only if the weight of the evidence (more than half) is against the claim. If the evidence for and against the claim is approximately equal, then the claimant should be given the benefit of the doubt and the claim should be granted.

Advocates do not need to submit enough evidence to win overwhelmingly—just enough so that there is an approximate balance of evidence for and against the veteran’s claim. A good advocate should evaluate the evidence and explain why the majority of the evidence is not against the claim. By doing so, the advocate can help the VA apply the benefit of the doubt rule to the specific claim.



Duty to Assist

Another non-adversarial feature of the system is that the VA has a *duty to assist* claimants who submit a reasonably possible claim in developing evidence to support their claim. For example, the VA must try to obtain VA records, other government records (such as Social Security Administration records), and private records for the claimant. The VA may also be required to conduct a VA medical examination to assess the claimant's physical or mental condition and obtain an opinion from a medical expert concerning the medical issue in the case.

The VA must keep trying to obtain any relevant federal records until it is discovered that the records do not exist or are unobtainable. If private medical, hospital, employment, or other civilian records contain facts pertinent to the claim, the VA should either request them from the claimant or attempt to obtain them directly, if authorized by the claimant. Advocates should suggest possible sources of information to the VA that would help prove the veteran's claim. The VA cannot request a record it does not know about. It is better, however, if the advocate obtains this information directly. That way, the advocate can review the information to see if it supports the claim. If the information supports the *denial* of benefits, the advocate should not submit the information to the VA unless the VA requests that specific information.

Elements of a Claim

Before the VA must assist in developing evidence, the claimant must present a reasonably possible claim. Generally, claimants will receive VA development assistance unless they are legally ineligible for the benefit (for example, the claimant doesn't have qualifying service) or the claim is inherently incredible. When the claim is submitted, the advocate should present reasons why benefits should be granted and cite appropriate statutes, regulations, and the VA's Adjudication Procedures Manual M21-1. If the VA decides that the claim is not reasonably possible or decides to deny the benefit, the VA must provide its reasons for that decision. In particular, the VA must explain how it reached any medical conclusions.

Disability compensation claims have three elements:



1. The veteran must currently suffer a disability or have suffered from a disability since the claim was filed;
2. There must have been some incident (for example, injury, disease, exposure, or event) in service that could have caused the current disability; and
3. There must be a connection between the current condition and the in-service incident.

The veteran almost always needs more than just his or her own testimony to support claims involving medical causation or diagnosis. It is extremely helpful if a medical expert states that the incident in service at least as likely as not caused the disability. For example, if a veteran suffers from a knee condition 30 years after discharge, then a statement from the veteran's doctor that it is likely (or at least as likely as not) that the current knee disability was caused by a specific incident in service would support the grant of benefits.

VA Central Office

The VA Central Office, located in Washington, D.C., directs the activities of the VA regional offices and VA medical centers. The Central Office dictates standard rules and procedures the regional offices and medical centers must follow when handling claims.

The Central Office consists of the Veterans Benefits Administration (VBA), headed by the Under Secretary for Benefits; and the Veterans Health Administration (VHA), headed by the Under Secretary for Health, who oversees the VA medical care facilities. Other departments in VA Central Office (VACO) include the office that oversees the national cemetery system, the Office of General Counsel, and the Office of Inspector General.

VA Regional Offices

There are 58 VA regional offices (ROs). There is at least one in every state, Puerto Rico, and the Philippines. Different divisions within the ROs include finance and administrative services, veterans readiness and employment, loan guaranty, district counsel, inspector general, and adjudication. Claims for compensation, pension,



and education benefits are received by the RO's adjudication division. Each adjudication division is headed by a Veterans Service Center Manager and is subdivided into an authorization unit and a rating activity.

Claims for VA Disability Benefits

There are now numerous ways to apply for VA disability benefits:

- The claimant can file a claim online at VA.gov.
- The claimant can complete and mail the appropriate claim form to the VA.
- The claimant can go to an RO and have a VA employee assist with filing the claim. To find the nearest RO, use the Veterans Affairs National Facilities Locator (<https://www.va.gov/directory/guide/home.asp>) or call the VA toll free at 1-800-827-1000.
- The claimant can work with an accredited representative, attorney, or agent who can apply on behalf of the claimant (<https://www.benefits.va.gov/vso/index.asp>).

Claims for service-connected compensation benefits go into the national work queue (NWQ). It allows the VA to have underused VA regional offices adjudicate claims when the local office has a backlog. It also means that local representatives, such as service officers, lose contact with the VA raters who decide most claims. Also, when a decision is made, the service officer is not notified. He or she is expected to search a database to find the notification letter. We advise advocates to urge their clients to send them copies of all VA correspondence.

When a veteran files a claim, the RO first examines basic eligibility issues—for example, verifying the veteran's period of military service and type of discharge. If the claimant does not meet the basic eligibility requirements, the VA will deny the claim. The VA will send the veteran a letter explaining the reason for the denial and informing the veteran of the right to appeal the determination.

If basic eligibility is established, the VA begins to develop the evidence necessary to prove the claim. For example, the VA may try to obtain important records missing from the veteran's claims file, and may write to the veteran to ask for more information or evidence.



Any response or inquiry from the VA to a veteran or representative about a particular claim will include the *claim number (claims file number or c-file number)*. This number is assigned to a claimant by the VA when the claimant files his or her first claim with the VA. It is an identifier unique to the veteran and should be included in all correspondence.

The veteran, after consulting with his or her representative, should always respond (through the advocate) to the VA's letters requesting more information. If the veteran does not respond within a certain period of time (usually 60 days), the RO may deny the claim based on the veteran's failure to take steps to prosecute the claim. If a veteran needs more time, he or she (or, preferably, his or her representative) should ask the VA for additional time to respond, before the 60-day deadline expires. In any event, the claimant typically has one year to submit the requested evidence. Therefore, even if the claim is denied after 60 days, if the claimant submits the requested evidence within one year and benefits are granted, the VA can pay from the original date of claim. The VA is also responsible for providing claimants and their representatives with information about the status of their claims, and for providing proper notice to claimants of their right to seek review of or appeal denials.

Once basic eligibility requirements are met and the VA has obtained most, if not all, of the evidence necessary to adjudicate the claim, the claim is transferred to the rating activity if a medical or legal determination is needed. The rating activity reviews all the evidence in a case, orders additional development (requests more evidence) if needed, applies the relevant law, and then decides whether to grant or deny the claim. Rating activities decide, for example, whether a particular injury or disease is connected to a period of military service, the level of the veteran's disability, and whether a disability is permanent and total. If the rating activity determines that the evidence in the case is not sufficiently developed to make an informed decision, it will send the case back to the authorization unit for further evidentiary development.

A claimant may also file a claim under the Fully Developed Claim (FDC) program, which has the benefit of expedited processing time. The requirements to be eligible for this program are rigorous. With a few exceptions, the claimant must submit with the claim all of the evidence necessary to establish entitlement to the particular benefit sought, such as medical evidence and lay evidence.



Once the RO makes a decision, it notifies the claimant and the claimant's representative by letter. The RO is required by law to provide in writing, among other things, a summary of the evidence considered, a listing of any findings by the adjudicator that are favorable to the claimant, and, for denied claims, the claim elements that were not satisfied. The RO's letter must also explain how the claimant can seek review of the decision.

The VA's Modernized and Legacy Review Systems

On February 19, 2019, a new system went into effect for seeking review of / appealing denials of VA benefit claims. This "modernized" system, created by the Veterans Appeals Improvement and Modernization Act of 2017 (AMA), applies to all claims that are filed with a VA regional office on or after February 19, 2019. The modernized review system also applies to all original claims, claims for an increase in disability rating, requests for reopening of finally adjudicated claims, supplemental claims, and requests for revision based on clear and unmistakable error for which the VA agency of original jurisdiction (usually the RO) issues notice of the initial decision on or after February 19, 2019, even if those claims were initially filed under the prior "legacy" system. The modernized system also applies to claims for which the RO issued an initial decision prior to February 19, 2019, but only if the claimant elects (or elected) to subject the claim to the modernized appeals system. Claimants could have opted in to the modernized system by participating in the VA's pilot program for the modernized system, which was called the Rapid Appeals Modernization Program (RAMP), or by filing a supplemental claim within one year of receiving a pre-February 19, 2019, notice of a rating decision. Claimants can now opt in to the modernized system within 60 days of receiving a statement of the case (SOC) or supplemental statement of the case (SSOC) for a claim decided under the legacy system.

The old legacy system that has been operating for decades continues to apply to those claims, requests for reopening of a previously denied claim, or requests for revision based on clear and unmistakable error in which the agency of original jurisdiction (usually the RO) issued its decision **BEFORE** February 19, 2019. The only exceptions are those noted above: (1) claims that a veteran elected to opt in to RAMP; (2) claims that a claimant elected to opt in to the modernized system by filing a supplemental claim within one year of a pre-February 19, 2019, notice of an



RO decision; and (3) claims that a claimant timely elects to opt in to the modernized system after receiving an SOC or SSOC. This means every claim for which the RO issued a decision before February 19, 2019, with the three noted exceptions, is subject to the legacy appeal system, not the modernized review system.

Review of Decisions in the Modernized System

For claims subject to the modernized review system, claimants have three basic options for trying to change a rating decision that does not grant all of the requested benefits. Claimants may: (1) request “higher-level review” by the agency of original jurisdiction, which is usually an RO; (2) file with the RO a supplemental claim with or identifying “new and relevant” evidence; or (3) file a notice of disagreement to appeal the decision directly to the Board of Veterans’ Appeals. Claimants may choose different review options, also called “lanes,” for different issues adjudicated within a rating decision. As long as the claimant takes one of these actions within one year of the notice of the decision, the claim will be considered “continuously pursued” and he or she will preserve the effective date for benefits that may ultimately be awarded. In fact, a claimant may continuously pursue (i.e., keep a claim alive) indefinitely by taking certain of these actions in succession after receiving continued denials from the VA.

Review of Decisions in the Legacy System

For claims subject to the legacy appeals system, claimants must have started the appeal process by filing a timely legacy notice of disagreement (VA Form 21-0958). The claimant may have requested in the notice of disagreement that the decision be reviewed at the RO by a Decision Review Officer (DRO). The review is conducted de novo, meaning that the DRO provides a new and complete review of the claim without giving any weight to the fact that other RO personnel previously denied the claim. If the DRO continues the denial, or if the claimant did not elect DRO review, the RO will issue a statement of the case, which is meant to provide the claimant with a better understanding of the basis for the RO’s decision. To complete the appeal, the claimant must then submit to the VA a substantive appeal, typically by filing a VA Form 9. Next, the RO certifies the appeal to the Board of Veterans’ Appeals. Finally, the Board of Veterans’ Appeals reviews the claim and issues a decision.



The Board of Veterans' Appeals

The Board of Veterans' Appeals (Board or BVA), which is located in Washington, D.C., is the highest level of review within the VA. In both the modernized and legacy systems, the Board issues decisions on appeals for entitlement to veterans benefits, including claims for service-connected disability compensation, non-service connected disability pension, educational benefits, home loan guaranties, vocational rehabilitation, and eligibility for VA medical care. The Board will not, however, consider purely medical determinations; treatment decisions must be made by medical experts.

The Board's activities are directed by a chairman, who is appointed by the President for a six-year term. The BVA has approximately 125 Board Members, including those serving in managerial capacities. Board members use the title "Veterans Law Judge." Board members are subject to periodic performance reviews to determine whether they should be recertified as Board members, receive conditional certification, or be noncertified (in which case their appointment as a Board member is terminated).

During its review of a claim, the Board is not supposed to give any special weight to the RO's decision or reasoning, except for claims in the modernized review system. For claims subject to the modernized review system, prior RO (or BVA) findings that are favorable to the claimant are binding on the Board unless there is clear and unmistakable evidence to rebut the favorable finding.

U.S. Court of Appeals for Veterans Claims

Until the U.S. Court of Appeals for Veterans Claims (CAVC) was created in 1988, there was no judicial review of veterans benefits decisions; the BVA had the last word. The court was created by Congress in the Veterans' Judicial Review Act of 1988.

Once a claim reaches the CAVC, which is a federal court, the process is no longer non-adversarial. In cases appealed to the CAVC, the claimant is opposed by lawyers from the VA's Office of General Counsel, so it is an especially good idea for veterans to obtain attorney representation when they appeal to the court.



A few national veterans service organizations provide free representation to some claimants at the CAVC, by the service organization's attorneys or by non-attorney practitioners. No service organization guarantees that it will take a case to the court.

If a veteran is having trouble locating a representative, he or she can file a notice of appeal and the court will send, on request, a list of attorneys who have been admitted to practice at the court. This list is also available on the CAVC's website at https://www.uscourts.cavc.gov/public_list.php. It is up to the veteran to contact one (or several) of the attorneys listed. Some attorneys charge fees and others may be willing to take the case *pro bono* (free) or work out a contingency agreement (the veteran pays the attorney nothing if he or she loses, but agrees to share a certain percentage of any past VA benefit award with the attorney).

The court, concerned by the number of unrepresented claimants who appear before it, helped create a program called the Veterans Consortium Pro Bono Program that matches unrepresented veterans with pro bono attorneys. The Consortium's staff screens cases for merit and trains volunteer attorneys in veterans law and practice before the CAVC.

VA Medical Care

The VA health care system is administered by the Veterans Health Administration (VHA), a branch of the VA that is separate from the Veterans Benefits Administration that runs the VA compensation and pension programs. The VA health care system is the nation's largest system of health care delivery.

Veterans are not automatically entitled to VA hospital care, nursing home care, or out-patient treatment simply because they are veterans. VA medical care is principally directed toward treating medical problems related to veterans' military service and towards helping some low-income veterans. Certain veterans are eligible for free medical care and medications at VA facilities. Other veterans must pay part of the cost of their care.



Sources of Law

Advocates might find it helpful to understand how statutes, case law, regulations, and VA directives, such as the VA's Adjudication Procedures Manual M21-1 (*Manual M21-1*), are related. Of these four sources of law, statutes, which are written by Congress, are the highest form. Statutes that govern veterans benefits are found in Title 38 of the United States Code (U.S.C.). Precedential decisions of U.S. Supreme Court, the U.S. Court of Appeals for the Federal Circuit, and the U.S. Court of Appeals for Veterans Claims ("case law") are the next highest level of authority. These decisions can be found on the courts' websites, in books called "reporters," and in a variety of other places. The VA writes regulations to carry out the laws written by Congress; these are found in Title 38 of the Code of Federal Regulations (C.F.R.). The VA's internal instructions for adjudicating claims are contained in the *Manual M21-1*. VA regulations must not conflict with any statute or case law. *Manual M21-1* provisions must not conflict with statutes, case law, or regulations.

Help Is Needed

Even though the VA claims system is not supposed to be adversarial, we strongly advise all claimants to obtain representation, and to work with an experienced veterans advocate instead of dealing directly with the VA. It is important to get the facts straight before submitting anything to the VA. Anything the claimant tells the VA can be used against him or her. Veterans are wise to take advantage of the free services provided by veterans service organizations or other advocates.