Glimpses of the New Veteran

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Changed Constituencies, Different Disabilities, and Evolving Resolutions

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Prologue

For me, this book is intensely personal and long overdue. I was two months old at the time of the attack on Pearl Harbor. One of my first visual memories is of my beloved dad in his Army uniform. Home was Indianapolis, Indiana, heart of the Midwest, site of American Legion National Headquarters, and always a veteran-proud town with exuberant patriotism, especially demonstrated on Memorial Day and Veterans Day. Another anecdotal recollection from childhood is standing with my mother on VE Day, in a downpour, with a little flag in hand, across Monument Circle from the Soldiers' and Sailors' Monument, built literally in the center of Indianapolis to honor Hoosier veterans of the American Revolutionary and Civil Wars, the first monument in the country to honor common soldiers. My dad would soon come home from Europe and resume his private medical practice but would spend the rest of his life as a veterans' advocate. He was an extraordinary, principled man, and for me, service to veterans was an infectious and most honorable concept.

I heard tales about a maternal grandfather who served in the American Civil War, and a paternal great-uncle who was in the Spanish-American War; but best of all, I actually met a great-aunt and a couple of her husbands. She was a matron and then they lived as retirees at the Old Soldiers Home on the West Lafayette grounds of the 1811 Battle of Tippecanoe. From ages 6 to 12 or so, listening to "war" stories over cool glasses of fresh lemonade, captioned by cannonballs sticking out of the huge tree trunks, was way better than a book (and I loved books!). (The site is now the Indiana State Veterans Home, providing nursing and domiciliary care for any Hoosier Veteran and spouse with at least one day of wartime service.)

My three younger brothers served in the Army, one in Vietnam. I did not join the military, but worked for the U.S. Department of State (during all my summers of college/law school and for two years after graduation), and spent some time where combat was never far away. By late 1968, I wanted a more pos-

itive option, preferably where I could help people, especially veterans. Mindful of my family history and guidance, I transferred to the Veterans Administration (20 years later it became the Department of Veterans Affairs (VA)). It would be, unequivocally, the best decision of my life.

I stayed at VA from 1969 to 2011, in a job I loved, working in a challenging but non-adversarial atmosphere on appellate (Board of Veterans Appeals) claims for veterans. Being at the appellate level meant that we reviewed decisions that had been denied at a lower level—and also meant we saw every kind of VA benefit. Simply, Congress determined what benefits were to be given and VA assessed the facts versus the law and determined whether a given situation qualified for those benefits. We were encouraged to absorb and learn all we could about as much as we could, and many employees specialized in areas that were of particular interest.

I can truthfully say that virtually every VA employee I met in those 40 years sincerely cared for veterans and worked hard on their behalves. Unlike any other workplace with which I was ever familiar, many fellow VA employees joined each other and me in carrying that constituent concern into our personal lives by implementing it with generous, wide-ranging, veteran-oriented donations and volunteerism. In many ways, this book is their history, but it is also about how the veteran constituency has changed, which has required adaptations in the system—a focus on some of the pivotal shifts in the system, the collateral changes in veterans, and what that means for now and the future. These changes and their impact need to be discussed and resolved. I have tried to fill this book with salient examples, including some workable options and identifying exemplary programs, and I have sought out recognized, articulate, and trustworthy experts to help discuss them.

First, my personal and professional observations:

In January 1969, when I started at VA, most of my fellow lawyers were older men, often WWII veterans, many of whom had used VA benefits. Our VA constituency included a few Civil War veterans and more of their younger widows; there were some WWI veterans and some spouses; there were thousands of WWII and Korean Conflict veterans and their spouses and children; and there were the beginnings of Vietnam-era veterans and their dependents. Most people focused on disability benefits, although I was surprised to discover that the 1944 "GI Bill of Rights" had earlier been tremendously divisive. However, by the time I got to VA, millions had used the GI Bill (particularly for education) and were back in the work force; another 2.4 million home loans had been issued to WWII veterans, and many now owned homes and enjoyed the security that brought. For

those who had been injured during WWII, vocational rehabilitation programs had been developed and were being expanded in the 1970s. WWII had been a time when everyone had done what they could to help the war effort; afterwards, to some extent, the desire to help veterans may have been present in VSOs or the USO, or the YMCA or Red Cross, but most folks just got back to what they had been doing in their own lives and VA was left with the primary responsibility. The Korean Conflict veterans received the same sort of benefits as their WWII predecessors, but many had started service near the end of WWII, and their distinctions seemed to fade into obscurity. (They later said they felt invisible.)

The Vietnam-era veterans, many of whom I had worked with at the State Department and with whom I was a contemporary, in part perhaps because of the public animosity that had developed about the war itself, often just did not even mention their service. With the fall of Saigon in April 1975, everyone was demoralized. However, there was never a thought not to care for the veterans who had fought in such an ugly circumstance. Quite quickly, VA began to expand to handle the new influx of veterans seeking help for that war's "usual" diseases, disabilities, and injuries, but also new ones, like claimed residuals to exposure to the spraying of dioxins like Agent Orange (AO). No one knew exactly what those scientifically identifiable residuals might be, and because VA was (and is) precluded by law from giving money for a residual that was not supportable in fact, world-class scientific research began in earnest and continues to this day. The first AO claims allowed only for a skin disease called chloracne, but, since 1991, the list has become quite long; with time, distinctions have become increasingly vague between things such as diabetes due to aging as opposed to that due to AO. New types of benefits were introduced: In 1997, health care was commenced by VA (or by agreement with VA and Shriners Hospitals) for children of Vietnam veterans who experienced spina bifida, after a study found that they were at greater risk of birth defects; vocational help and monthly benefits were also added.

Congressional mandates for other longstanding VA benefits were either continued or restructured. For instance, in 1984, 15 years after I arrived at the VA, and 40 years after the original GI Bill, the Montgomery GI Bill was passed, ensuring that legacy and again making a tremendous difference to our expanded veteran constituency. In the case of the VA, veterans are always defined as those who served honorably in the military, whether it was for a single period of enlistment or a decades-long career.

From 1981, legislation permitted medical treatment and nursing care for those exposed to ionizing radiation. In 1988, medical and nursing home care

was added, as long-term studies clarified the potential residuals of exposure to radiation, which applied to many veterans who had served during the detonation of nuclear test devices or during the U.S. occupation of Hiroshima and Nagasaki in WWII.

In addition, slowly but surely, collectively and compassionately, aggregate governmental efforts were made to deal comparably with other veterans' problems, some old, many new, and with the aging of the veteran population for whom many chronic problems were simply the result of the passage of time. Because airlifts and new medical treatments resulted in many war-wounded surviving who would have died in prior wars, by 1972 there were 320,000 veterans with disabilities connected to service. We VA employees took great pride in learning of ongoing, in-house VA research, and Congress agreed, earmarking funds for that purpose. New VA programs included group life insurance and outreach centers. Civilian medicine had nothing to compare with multiple, in-house VA capabilities in such areas as audiology, which was important for veterans exposed to a noisy military.

There were other big changes: After 1980 or so, disabled veterans were provided with training that included employment, encouraging independence, and working with employers to expand their possibilities. At the same time, in 1976, a major change took place with the military transitioning from draftees to an all-volunteer force. No one knew exactly what impact this would have on VA, but it was clear that education would play an important role; that was promptly implemented with additional educational benefits. In 1973, the Army also transferred to VA most of their National Cemetery System, and expansion began immediately to ensure space for veterans and eligible family members.

Women had served in or with the American military in some capacity since the Revolution, all of them as volunteers. It was astonishing when someone asked in 1980 how many women veterans there were, because no one, including DoD or VA, could answer the question; they simply did not know. From 1980 onward, both departments started to keep track of their numbers and slowly addressed their concerns. I was invited to, and well remember, the first meeting, and many thereafter, of VA Administrator Walters' new Women Veterans' Advisory Committee, which stimulated significant changes in security and privacy for women to ensure proper treatment. The slogan was coined "Women Are Veterans Too," as many of the women themselves who had served did not understand that being eligible for benefits as a veteran was never gender-specific. Some, like the WASPS (Women Airforce Service Pilots), received

long-overdue recognition. I, like many others in VA, on the Hill, in VSOs, and elsewhere, worked within the system but also outside it, with private- and membership-groups, to include and address other needs of these veterans. In areas in which VA was unable to provide a given service, whether because it was swamped or for another reason, "outsiders" eagerly and graciously volunteered to join the effort.

As I learned more about veteran constituencies through my work, I was confused with one anomaly: the treatment of former prisoners of war (POWs). For many years, the WWII POWs had often been treated badly in communities. (One good friend told me that she remembers neighbors painting yellow lines on their driveway, taunting the family that her POW father had been a coward by surrendering to the enemy.) It would take years, if ever, for those wounds to heal. Remarkably, however, the Vietnam POWs, who mostly came back as part of Operation Homecoming in March 1973, were warmly welcomed home by the public as well as the White House. It was also joyous to watch that, because the POWs had been held in groups for a time before their release, among themselves they had also developed a camaraderie that continues to date. I became aware of this myself after volunteering on my own time from my "day job" to work with the VA Secretary's Advisory Committee on Former POWs. Increasingly, from the 1980s to the 1990s, local and national activists, VA, and the DoD worked jointly with private- and membership-volunteer groups to assist and recognize them; former POWs now have substantial VA benefits, and VA research on long-term residuals of their horrible treatment is helping other veterans as well.

VA developed still more new programs, awarded claims, and regulated a vast and ever enlarging medical system. Things became incrementally busier with more aging veterans (many who lacked adequate supplemental private insurance found that they were entitled to receive all their medical treatment via the VA system, including coverage for the "regular" ailments of getting older). More and more pensions were granted for wartime veterans and their dependents. There were concomitant improvements in treatment and other programs that focused on the older veteran, and more and more facilities were built. Sometime in the late 1980s, I recall a friend saying that the military had a finite number of people at any given time, but the VA just had to keep expanding to keep up.

There were also some new medical issues that collaterally appeared in the late 1980s and early 1990s. For instance, VA medical facilities, like comparable civilian ones, noted new anomalies associated with certain skin lesions,

leading to the wasting away and dying of men and some women, first on the West Coast and then everywhere. Confusion and concern over this was widespread, and VA was no exception. At the appellate level, I saw the first three major cases of senior naval officers who had died of what was eventually called Acquired Immune Deficiency Syndrome (AIDS). All sorts of wild stories made the press, but it ultimately turned out that in that instance, a West Coast naval hospital had not had an adequate blood supply for routine surgeries for the men, so it had called on the local blood bank; all three men had innocently acquired HIV/AIDS through that unknowingly infected blood. VA paid their spouses death benefits. VA would become the source for much of the treatment for AIDS patients, the disability itself being the operative factor, and special training for medical staffs, and as always, VA research continued to investigate. Comparable VA research would be undertaken with infections, various types of hepatitis or arthritis, lupus erythematosis, other systemic diseases, new techniques, and new treatments.

With a third of the population being eligible for veterans benefits and with VA being the largest independent federal agency in terms of budget and second only to Defense in terms of the number of employees, in March 1989, VA was elevated to the Presidential Cabinet level, and renamed the Department of Veterans Affairs. For someone who had already worked there for 20 years, it was affirming and exciting. Concurrently, parallel veteran-related changes started to take place more quickly. It was not just that the draft was gone and that it was now an all-volunteer force, but WWII through Vietnam veterans were aging and required long-term care, for which their communities were ill equipped.

A rather startling observation is that, since there had been no significant war to speak of for a considerable period of "peacetime" (1975–1990), those not working with veterans all the time just simply forgot about them. In fact, from the late 1980s on, there were many in the community, including those working at the VA, who had not had the opportunity for military service; fewer had veterans in the family (as I did), and many did not even know a veteran personally. Therefore, VA (and others) started outreach programs to educate and solicit support, including in-house exhibits, seminars, guest speakers, panels, and similar efforts for employees at all levels. A VA learning service was established; we at the Board took hearings to the local VA regional offices and later conducted them by video; and even some of the many VA Secretary's advisory committees took meetings on the road to meet at local VA facilities with constituents.

The veteran demographic was to change dramatically with the Persian Gulf War (PGW), which began with Operation Desert Shield in August 1990

and Operation Desert Storm in January 1991. Regardless of whatever their general feelings about war may have been, every American family watched it on television, night after night; and this brought about a major shift in awareness and a positive attitude toward properly addressing the needs of military members, veterans, and benefits. As of mid-1992, there were more than 600,000 PGW veterans, not including Reservists called up for active duty; of those, 13.2% were women whose excellence in combat-related situations such as running remote computers to launch Patriot Missiles changed many things for both them and others. Wounds were horrendous and often unique: IEDs were accompanied by debris and filth, there were escalating cases of traumatic brain injury and diagnoses of post-traumatic stress, and veterans increasingly complained of myriad disabilities for which there seemed to be no readily identifiable cause. VA struggled to manage their care and define causation.

As the very long period of war continued, the sheer volume of entitled veterans became a staggering influx; and there were also many changes in the nature of disabilities experienced. VA developed collateral programs to speed up secure care, including universal efforts like medication bar coding. In an ever-expanding system, volumes of paperwork and claims became simply monumental and overwhelming. VA developed programs to implement the increased use of computers. Other efforts were made to keep up with increasingly mobile veteran populations and their families. However, the circumstances called for a change in the entire VA structure that had originally been made for my father and brothers, and multiple programs were instituted in the early 2000s within VA to reexamine assets and their focus.

Then came the terrors of September 11, 2001, and the subsequent military responses, which were to change forever the demographics of service in the military and, more importantly, what the country fundamentally owed to those returning service persons, families, and care-givers. As for the day of September 11, those of us in VA Central Office in Washington literally ran for our lives, as did the folks in the White House in the adjoining block; everyone travelled for many hours to get home past the still-burning Pentagon. For a long-time afterwards, there was a constant reminder of smell, smoke, and massive American flags hanging on every building in Arlington County, while the tragedy of New York City, Washington, and Pennsylvania replayed for an eternity on television. The impact was immensely visceral and lasting. The subsequent deployments to Iraq and Afghanistan, turning into the longest wars in American history, irrevocably changed not only the participants but the system that was designed to assist them.

These significant new elements compounded those circumstances that were already in play, including the aging veteran population and other serious concerns. While there have certainly been glitches, for which there is plenty of blame to go around, it remains constant that all of the older apparatuses set up to deal with the veteran constituency are struggling while VA endeavors to adapt to the multitude of massive changes. However, the community is also making similar efforts, and, working together, they have potential for positive success. There remains a solemn, primary responsibility for VA to care for the veteran and his/her family, and we would not argue otherwise; neither do we intend to suggest that there should be any shift to the private sector to sustain the entire burden of supporting our veterans. What does seem reasonable is that, when one element struggles to cope with the current load, this can be a shared responsibility from which all our veterans can benefit, and so shall the rest of us. That is what this book is about.

*Alice A. Booher**
Arlington, Virginia, Veterans Day 2014

* As editor, I have chosen to donate all of the net income from this book to nonprofits for veterans. All of the substantive work contained in this book has been donated by the authors and contributing editors; the contents reflect the experiences and opinions of these persons. Many of these individuals are government employees who are prohibited by ethics rules and criminal statutes from accepting proceeds from this work. Accordingly, they have also been excluded from exercising any input or control over any decisions as to the fate of any of the earnings from this work.

Introduction

Glimpses of the New Veteran is written out of love for and of years of experience with veterans. It has been edited and written from the perspective of someone who worked with VA as a vocation and volunteered with veterans as an avocation for more than 40 years, with the assistance of numerous recognized experts. Contributors were specially selected from the military, VA, veterans-oriented service givers, physicians, lawyers and judges, enlisted personnel, and officers, all bringing both broad expertise in subject matter and finite articulation in presentation. They speak for themselves, not the DoD, VA, or any other group. Both individually and in the aggregate, they bring decades of knowledge, and speak as one voice in saying that the changes for and in veterans are challenges that can and will be positively addressed and creatively remedied.

For veterans and those who love them and hope to address their problems, it is a difficult time. The writers of *Glimpses of the New Veteran* are an extraordinary group of professionals who graciously share their considerable wisdom to offer viable and creative options as well as hopeful understanding.

The book's premise is threefold: (1) *the veteran constituency has changed*—whether it is as a result of an all-volunteer force, guard, reserves, or newly openly gay service members, expanded jobs for women, the homeless, or the huge numbers of veterans who are both aging and living longer, requiring long-term care with added stress on their caregivers, and the need for greater numbers of honorable burials; (2) there are *differences in the disabilities* of veterans for which they are entitled to care, whether it be from disease or injuries, from unexplained illnesses to prostheses and transplants; and (3) while traditional government programs may have been strained by these new factors, compounding the already complex older more traditional ones, there are exciting and workable ways for the entire community to assist and augment, not supplant, the *evolving resolution* of these problems. Not every facet of each of

these three areas has been discussed exhaustively, but the text pinpoints major ones, and in the case of resolutions, the discussion covers some of the very best working blue-ribbon examples.

In formatting, each contributor was permitted to address their own subject matter as they wished, with editing undertaken only for comparable results. Articles are liberally footnoted so further personal reader research is facilitated and simplified. Rather than insert contributor biographies in each section, which tends to interrupt the flow of the text, these are listed alphabetically in the appendix, where they may be viewed in their entirety.

At a time where there is widespread criticism of governmental dealings with veterans, the intent of the book is *not* to bash those traditional resources, including VA, but to point out that there are many factors to be considered, and that by combining the old-standby remedies and some creative new ones, additional alternative solutions are available for addressing what have become the problems of all of us. It can and must be a work in progress, as the veterans and the country cannot survive it and thrive otherwise.