In some instances, veterans seamlessly receive care from the Veterans Health Administration (VHA). The time or place they served during a war can grant them automatic, though often limited, eligibility for free care. Due to generations of relentless advocacy and research by veterans advocates, a number of “presumptive conditions” also provide veterans with access to care and benefits. (Many of these conditions involve exposure to toxic chemicals, like Agent Orange used during the Vietnam War and the burn pits in Iraq and Afghanistan.)

And yet, in some cases, in order to access healthcare, veterans must prove they have a “service-connected disability,” i.e. a medical condition resulting from military service. This could result from combat or, for instance, from back or knee injuries incurred while carrying 60-to-100-pound packs during basic training. Veterans must also prove that they have a low household income or are indigent in order to receive VHA care. For many, this work is an uphill battle, involving medical evaluations, lots of paperwork, and many arcane regulations within the Veterans Benefits Administration.

Another factor that determines eligibility is a veteran’s discharge status or “characterizations of military service.” These don’t just cover Honorable or Dishonorable discharges, but also the gray area in between—the Other Than Honorable Discharge—where far too many veterans are denied the benefits they earned, including basic healthcare access. Many receive these discharges as a result of behavior—like drug or alcohol use—that is chiefly brought on from unaddressed trauma or other service-related ailments.

Other Than Honorable discharges also make veterans ineligible for veterans’ hiring preferences in public sector jobs. Many struggle to find private sector employment. Although the VA could legally provide these veterans with care, its leaders have consistently chosen to withhold care to over 600,000 veterans in need.