

Chapter Three

Service-Connected Compensation

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Introduction

Not every veteran is entitled to every veterans benefit. You must satisfy certain eligibility requirements before the VA will award you benefits. Certain benefits have special additional requirements. The primary VA benefit programs are service-connected disability compensation and non-service connected disability pension. You may be eligible for service-connected disability compensation if you incurred a disease or an injury or aggravated a pre-existing condition while you were in service. You may be eligible for non-service-connected disability pension if you served during a time of war, are totally disabled from a disability (even one unrelated to military service), and have low income and net worth. Even if you do not qualify for compensation or pension, you may still be eligible for one of the many other benefits programs the VA offers.

A1. General Requirements for VA Benefits

First, you must prove that you are a veteran. If you are found eligible for veterans benefits, your family may also be eligible for certain benefits described in Chapter 10. In deciding whether you are eligible, the VA will review your military department's service records and the conditions under which you were discharged from service. You will need a copy of your military discharge document which is known as the DD 214. The DD 214 provides information on your dates of service and the character of your discharge. If you have any question about whether you qualify for veterans benefits, you should go over your DD 214 with your veterans' service organization representative.

To satisfy the VA's definition of a veteran, you must have had active military service and you must have been discharged or released from service "under conditions other than dishonorable." Most former servicemembers seeking VA benefits can easily satisfy these requirements which are explained further below. If you are concerned that you do not meet these requirements, discuss the specific facts of your situation with your service organization representative or attorney. The rules are complex and contain many exceptions as explained in a later chapter of this book. Your eligibility will depend on the specific facts of your case.

a) Active Military Service Requirement

"Military service" includes full-time service in the U.S. Army, Navy, Air Force, Marines, or Coast Guard. Active military service may also include service with the U.S. Merchant Marines during World War II, commissioned officers of the Public Health Service, and cadets at military academies.

Reservists may also be eligible for VA benefits. Active service for reservists is any period of active duty training during which the reservist was disabled or died from a disease or injury that began during or was made worse in the line of duty. A reservist may also qualify for VA benefits for any period of inactive duty training during which the reservist was disabled or died from an injury (not a disease) that resulted from or was aggravated by military service. Reservists also qualify for certain VA benefits if they suffer a heart attack, cardiac arrest, or stroke during training.

Some VA benefits, for example non-service-connected disability pension, are only offered to veterans who served during a period of war. Congress has designated certain periods as wartime:

- World War I: April 6, 1917, through November 11, 1918; extended to April 1, 1920, for persons who served in the Soviet Union. Service after November 11, 1918, through July 2, 1921, qualifies the veteran for wartime benefits if the veteran also served during the basic World War I period.
- World War II: December 7, 1941, through December 31, 1946 (extended to July 25, 1947, where continuous with active duty on or before December 31, 1946).
- Korean Conflict: June 27, 1950, through January 31, 1955.
- Vietnam Era: August 5, 1964, through May 7, 1975 (in the case of a veteran who served in the Republic of Vietnam the Vietnam era begins on February 28, 1961)
- Persian Gulf War: August 2, 1990, through a date yet to be determined.

The wars in Iraq and Afghanistan are currently included in the open ended Gulf War period. You do not have to be physically present in a combat zone. You just have to have served between the start date and end date of the war.

b) Discharge Requirements

You must usually have an honorable discharge or a discharge under honorable conditions, often called a general discharge, to qualify for VA benefits. The five main types of military discharges are:

- Honorable discharge (veteran almost always qualifies for VA benefits).
- General discharge or discharge under honorable conditions (veteran usually qualifies for VA benefits).
- Undesirable discharge or discharge under other than honorable conditions (“DUOTH”) (veteran may, but usually does not, qualify for VA benefits).
- Bad-conduct discharge (veteran may, but usually does not, qualify for VA benefits if this discharge is issued as a result of a special court-martial, but a veteran will not qualify for VA benefits if this discharge is issued as a result of a general court-martial).
- Dishonorable discharge or dismissal (veteran does not qualify for VA benefits).

If you have an undesirable discharge, discharge under other than honorable conditions, or a bad-conduct discharge, the VA will review the character of your service, looking at all the facts to decide whether the quality of your service, as a whole, was sufficient to qualify for VA benefits. The reason behind the negative the discharge is a very important factor. If the local VA regional office denies benefits based on the character of your discharge, its decision can be appealed to the Board of Veterans' Appeals (BVA) and beyond that, to the U.S. Court of Appeals for Veterans Claims (CAVC). You should obtain an experienced representative to assist you with the VA appeals process if an appeal is necessary.

If you have more than one period of service for which you received one “bad” discharge and one honorable or general discharge, you may be eligible for benefits based on the period of service for which the “good” discharge was received.

c) Bars to Benefits

As mentioned above, if you have an honorable discharge or discharge under honorable conditions, you will satisfy the eligibility requirement for VA benefits that you be discharged under conditions other than dishonorable. Even where you have a discharge under other than honorable conditions, you may still be eligible for VA benefits if the VA adjudicates your “character of service” and by looking at your entire period of active duty and the specific facts of the case, finds that your service was good enough to merit receipt of veterans’ benefits.

There are a few other ways that veterans who otherwise are not eligible for VA benefits due to their discharge status may become eligible:

- A discharge may be changed by the Board of Correction of Military Records (BCMR). If you desire to challenge your discharge status, you should seek the assistance of a lawyer experienced in this highly specialized area of the law. If your discharge is upgraded by the BCMR, the BCMR’s decision is binding on the VA in determining your eligibility.
- If you committed an offense that led you to an other than honorable discharge, you may be granted VA benefits if you were insane at the time of the offense. In order to obtain VA benefits under the insanity

exception, you must have a medical opinion that you were insane at the time of the offense.

- If you served for more than one period of active duty, and one period of service ended with a disqualifying discharge and the other did not, you are still entitled to benefits based on the period of service that ended with a qualifying discharge. In some cases, the veteran may have terminated an early enlistment to reenlist for an extended period of enlistment time, thereby creating back-to-back enlistment periods. If the second enlistment ends in a non-qualifying discharge, the veteran may still be eligible for benefits if the total number of “good” service years between the first and second enlistment is equal to or greater than his or her original service obligation.

There are some automatic bars to VA benefits. The law describes certain circumstances in which a veteran is not eligible for VA benefits despite the character of his or her discharge. These circumstances include:

- when the former service member was separated from service as a conscientious objector who refused certain orders;
- when the release from active duty was by reason of a sentence of a general court-martial;
- when the servicemember was an officer resigning for the good of the service;
- when the servicemember was a deserter;
- when the servicemember was an alien sought to be discharged in time of hostility;
- when the servicemember had 180 continuous days of absence without official leave (“AWOL”) (except when the VA makes a factual determination that there are compelling circumstances that warranted the prolonged unauthorized absence).

A veteran also forfeits his or her right to VA benefits regardless of any honorable service, when the VA determines that the veteran is guilty of mutiny, treason, sabotage, or rendering assistance to an enemy of the United States or its allies, or when the veteran is convicted of mutiny or sedition, aiding the enemy, spying or espionage, treason, rebellion, sedition, subversive activities or sabotage.

d) Willfull Misconduct

The VA will not award you benefits for a disability resulting from your own willful misconduct. Willful misconduct is defined as deliberate or intentional wrongdoing with knowledge of or wanton disregard of its probable consequences. For example, a servicemember who is permanently disabled in a car accident caused by his own drunk driving is not likely to receive disability compensation for his injuries. Other potential examples of willful misconduct include alcoholism, drug addiction, venereal disease, violent crime and suicide. This is an area with many exceptions and special rules. A veteran with such a history may still be eligible for VA benefits depending on the specific circumstances involved. If one of these issues is a concern in your case, discuss the details with your service representative. You may still be eligible for VA benefits.

e) Length-of-Service Requirements

There are no minimum service length requirements for many of the most common types of VA benefits including service-connected disability compensation and death benefits. However, since September 8, 1980, you must have completed a minimum period of service to be eligible for certain other VA benefits, including education, burial, and health care benefits. The minimum service required is either 24 months of continuous active duty or the full period for which the veteran was called or ordered to active duty. Hardship discharges and separation or retirement because of a service-connected disability are exceptions to the minimum service requirement. Some specific types of benefits have their own length of service requirements (for example, 90 days of continuous wartime service non-service-connected disability-based pension and 181 days of continuous service for Vietnam Era education benefits). A BCMR decision on the length of your service is binding on the VA.

f) Eligibility of Family Members

The VA has many benefit programs that directly or indirectly assist the family members of a veteran. A veteran must be eligible for VA benefits in order for his or her family to be eligible for VA benefits. Some veterans receive additional VA benefits (larger compensation payments for example) for their

dependent family members including spouses, children and sometimes even parents. If a veteran is alive, his or her family is usually not entitled to VA benefits in their own right—entitlement is through the veteran. If the veteran has died, the surviving spouse and sometimes other family members may be entitled to special VA death benefits. Family members also have to meet certain requirements to be eligible for VA benefits.

Some of the benefits that may be available to family members are dependents' and survivors' education benefits, medical care through the Civilian Health and Medical Program of the VA (CHAMPVA), burial benefits, accrued benefits and a VA home loan guaranty. Some family members of deceased veterans are eligible for monthly payments called dependency and indemnity compensation (DIC). DIC is available to qualifying family members, including spouses, children, and dependent parents, where a main or contributing cause of the veteran's death is a service-connected condition. The death could happen during service or years later from service-connected disability. Where a veteran's death is not service connected, some surviving family members may be eligible for non-service-connected death pension. Death pension is available to surviving spouses and children with limited income and low net worth.

Under some circumstances, the spouse or dependent children of a veteran may ask the VA to apportion or assign some part of the veteran's benefit directly to them. In these cases, the VA divides the veteran's benefits between the veteran and the qualifying family members and sends each their share. Apportionment may happen where the veteran is living apart from his or her spouse, fails to support a dependent family member or is in prison. The VA may also pay benefits directly to a family member who is the fiduciary or guardian of an incompetent veteran.

g) Spouses

To be eligible for VA benefits as spouse or surviving spouse, a claimant must be validly married to the veteran. The husband or wife must have lived with the veteran continuously from the date of marriage to the date of the veteran's death. Temporary separations for health or business reasons are not a problem, as long as the surviving spouse did not intend to desert the veteran. If a permanent separation was caused by the misconduct of the veteran, such as spousal abuse, or if the veteran separated from the spouse without fault on the part of the spouse, the spouse will still be eligible for death benefits.

Common law marriages will be accepted as valid if the state where the claimant was married or resides recognizes common law marriages. In some rare circumstances, the VA may deem an invalid marriage to be valid and treat it as though it were legal. For example, a person who married a veteran without knowledge of a previous legal marriage may receive benefits when the following conditions are met:

- The claimant was married to the veteran at least one year before the veteran's death, or for any length of time if the couple had a child together; and
- The claimant lived with the veteran continuously from the date of marriage until the date of the veteran's death; and
- No other claim has been filed by a surviving spouse whom the VA has already recognized as the veteran's surviving spouse.

In the past, a surviving spouse lost all their VA benefits if they remarried. From November 1, 1990 until October 1, 1998, the remarriage of a surviving spouse ended both entitlement to further benefits and eligibility for VA benefits unless the later marriage was annulled or found to be void. As of October 1998, a surviving spouse may be eligible to have DIC reinstated, or to receive DIC for the first time, if the remarriage ends due to divorce, annulment, dissolution or the death of the second spouse or (where no legal marriage was created) if the spouse stops living with the other person or stops holding him or herself out to be that person's spouse.

h) Children

To qualify for VA benefits as a child of a veteran, the claimant must be a legitimate, illegitimate, or adopted child or stepchild who is:

- Under age 18;
- Over 18, but permanently incapable of self-support because of physical or mental disability incurred before reaching 18; or
- Over 18 but under 23 and pursuing an education at a VA-recognized institution.

VA benefits end if the child marries or enters military service even if the child is under 18 when he or she marries.

j) Dependent Parents

A few dependent parents may be entitled to monthly DIC benefits, service-connected death benefits or to an apportionment of the veteran's VA benefits. Parents must demonstrate financial need by meeting certain income limits for DIC.

A2. Service-Connected Disability Compensation

Service-connected disability compensation is a monthly payment made by the VA to a veteran who has a physical or mental disability that resulted from the veteran's time in military service. As its name suggests, this VA benefit is designed to compensate a veteran for income lost because of a disability related to service.

The amount of compensation you receive depends on how disabled you are. Once the VA determines that you have a service-connected disability, the severity of your disability will be evaluated by the VA using your medical records. The VA uses a detailed evaluation schedule that lists nearly every imaginable disability. For each disability, the rating schedule describes the symptoms a veteran must have to get compensation or to get a higher level of compensation. The VA evaluates disabilities on a scale that ranges from 0% to 100%. The VA considers a 100% disability rating to mean that you are 100% disabled and unable to work. While you do not receive a monthly payment for a 0% (non-compensable) condition, the fact that a disability is service connected has value. Even a 0% service-connected condition may entitle you to free VA medical care for that condition and preference for some jobs.

Service-connected disability compensation is not based on financial need. You can receive disability compensation even if you have a high income and lots of assets. These monthly benefits are tax-free and with some exceptions are generally not subject to garnishment. The exceptions include claims by the United States, claims against property purchased with VA benefits and military retired pay waived to obtain VA compensation benefits. States can force you to pay court-ordered child support by jailing you until the child support is paid.

To qualify for disability compensation, you must show that you suffer from a disability that was incurred in service or aggravated by service. Generally, you must be able to show three things. First, that you suffer from a current disabili-

ty; second, that something happened in service that could have caused the current disability; and third, you must show a medical link or connection between the current disability and the thing that happened in service. The VA is legally required to tell you what documents and evidence you need to qualify for benefits. In many cases, the VA is required to help you get the evidence you need. The laws governing VA benefits can be complicated and there are exceptions to every rule. Also, the laws and VA policy frequently change. You should talk to a veteran service organization representative or an attorney experienced in veterans benefits to help you figure out what you need to do to prove your claim. You want to make your best case for an award of disability compensation when you apply.

a) Current Disability

In order to receive disability compensation, you must have medical evidence that you have a current disability. You are not eligible for disability compensation simply because you suffered an injury or had a disease while on active duty. You are only eligible if you have lasting symptoms that result in disability. It is not usually difficult for a veteran who believes that he or she has current disability to prove that he or she actually does. You can submit your medical records or a statement from your doctor describing your condition. If you do not have a doctor, you can submit a statement describing your symptoms and in most cases, the VA will schedule you for a medical examination. If you do not show up for a scheduled medical examination or fail to cooperate in other ways, the VA may deny your claim.

b) In-Service Disease, Injury or Event

You also will need to show that something, such as an injury, disease or event, happened to you in service that could have caused your current disability. Exactly what you have to show depends on your claim. For example, if your claim is for a disability related to a gunshot wound, you will need evidence that you were shot. If you claim to have a back disability from an in-service motor vehicle accident, you will need evidence of the accident. If you claim post-traumatic stress disorder, you will need to show that you were exposed to a traumatic stressful event.

Many servicemembers do not realize that the cause of the disability does not have to be related to their official duties. You can get service connection for a knee injury that happens after being ordered to jump out of a helicopter during combat and you can get service connection for a knee injury that happens sliding into second base during a weekend softball game. As long as the injury, disease, or event that triggered the current disability happened at some point in time between your beginning and ending dates on active duty, you can get receive service connection for your disability.

In helping you develop your claim, the VA will get a copy of your service medical records. Often an injury or symptoms of disease are documented in a veteran's service medical records. One of the special rules that make it easier to prove service connection is called the presumption of sound condition. The VA is required to presume that you entered service in good condition unless it was otherwise noted on your entrance examination report. Although the presumption can be rebutted with other evidence, if a service medical record shows a medical problem during service or at separation and that problem was not on your enlistment examination, you are more likely to be awarded service connection for a related condition. The presumption of sound condition is discussed more in this chapter with service connection by aggravation.

c) Special Combat Rule

A special rule makes it easier for combat veterans to get service connection for disabilities related to combat. The helpful rule exists because detailed record keeping is not possible in combat situations. The rule is that a veteran's personal statement that something happened during combat can be accepted as proof of what happened even if there are no official service records to corroborate the incident. The statement must be consistent with the circumstances, conditions or hardships of the veteran's service. This means that combat veterans who are trying to prove service connection can use their own statements or statements from others to show that a disability was incurred in or aggravated by combat, as long as those statements do not conflict with service records or other evidence of service.

You have to be a combat veteran to use this special rule. Personnel records or the possession of certain awards and decorations usually, but not always, indicate combat experience and you can submit other evidence. The VA

will sometimes overlook a veteran's combat status and neglect to apply this rule.

You also have to be trying to get service connection for a disability related to combat to use the special combat rule. Even if you use the rule to prove that something happened during combat, you still have to show that you suffer from a current disability and a medical link between the thing that happened and your disability.

d) Link Between Disability and Service

Most losing claims for service connection falter on the third part of service connection which is showing a medical link between your disability and the thing that happened during service. Most veterans seeking compensation have a genuine disability and they accurately remember what happened to them during service. The problem comes in proving that the disability came from the thing they remember in service. In some cases, the law will simply assume that your disability is service connected. For example, if you were exposed to radiation and develop a certain type of cancer, the law assumes that radiation caused your cancer. In most cases, however, you will need medical proof that your disability was caused by an injury, disease or event that happened during service.

There are five general theories under which the VA can link a current disability to service: direct service connection, service connection through aggravation, presumptive service connection, secondary service connection and service connection for injuries caused by VA health care.

Direct Service Connection

Direct service connection is the name for the type of service connection where you can show a direct link between a current disability and something that happened during service. Essentially, direct service connection means that an injury, disease or event during your active duty service directly caused a current disability. Direct service connection is most often shown by satisfying three requirements: (1) submitting medical evidence of a current disability; (2) submitting lay or medical evidence of an injury, disease or event during service; and (3) submitting medical evidence that links the current disability to the precipitating injury, disease or event. For example, you could show direct service connection for a left knee disability by submitting to the VA a current left knee

diagnosis from your personal doctor, a service medical record of a training accident injuring your left knee, and a letter from your doctor linking the cause of your current left knee disability to the training accident.

You can also get direct service connection by being diagnosed with a chronic disease during service. For example, if you were diagnosed with diabetes while on active duty, you can apply for service connection for diabetes by showing a current disability from diabetes, even if you first apply several years after your discharge. The VA recognizes that diabetes and certain other diseases are chronic or permanent conditions. They may improve or worsen, but they never really go away.

You can also get direct service connection for a disease that is first diagnosed a long time after service if it can be linked directly back to service. The delayed condition does not have to show up during service as long as it was caused by service. For example, you can get service connection for degenerative arthritis caused by a traumatic injury years before if you submit medical evidence linking the degenerative arthritis to the traumatic injury. You could also get service connection for hearing loss by submitting medical evidence that your hearing loss was caused by earlier noise exposure during service.

While there are variations in methods to establish direct service connection, competent medical evidence is almost always required. Some veterans and their family members struggle to understand that they are not qualified to diagnose a medical condition or determine the medical cause of a disability. You will need medical evidence—usually from a doctor or another medical professional. Often the most important part of a claim for disability compensation is developing the medical evidence needed to support the claim. Your veterans service organization representative or an attorney experienced in veterans benefits can provide valuable help.

Service Connection by Aggravation

Although many claims for service-connected disability compensation are for conditions that began during active duty military service, compensation may also be paid for disabilities caused by the aggravation of an injury or disease that existed prior to service. Aggravation means that the severity of your pre-existing condition or disability worsened beyond what would have been expected in the normal progression of the condition.

The VA is generally required to presume that a veteran entered military service in sound condition. This principle is known as the “presumption of soundness.” The presumption does not apply when medical records from the

veteran's entry into service note a condition related to the present VA claim. For example, if your entrance examination noted that you had left knee problems at enlistment, you are not entitled to the presumption of soundness for your left knee. You would still be entitled to the presumption of soundness for any other condition that was not noted.

A key issue can be whether the condition was noted when you were examined, accepted and enrolled for service. If the condition was not noted, you may have an easier route to service connection because of certain rules in a servicemember's favor. In order for a condition to be considered "noted", it must actually be shown or observed on examination and then written in the examination report. The VA cannot deny a claim simply by presuming that your condition pre-existed your active duty service. Most often the VA must presume that a veteran entered the military in a sound, healthy condition. The VA may rebut the presumption of sound condition only with both clear and unmistakable evidence that the injury or disease existed prior to service and clear and unmistakable evidence that the disease or injury was not aggravated by service.

If you are seeking disability compensation for the very condition that was noted on your entrance examination, you may still win your claim. You may be entitled to the presumption that your active duty service aggravated your condition. To win your claim, you will need to show that the underlying disability worsened during your period of service. The worsening must be more than temporary and must be shown through competent medical evidence. To prove aggravation, you should provide documentation of an increase in disability which is often shown in service medical records. You may consider having an expert compare the severity of a condition before service with the severity shortly after service. You do not have to show something specifically happened in service that aggravated your disability – only that the disability worsened during your time in service. The presumption of aggravation can be rebutted if the VA makes a specific finding that your increase in disability is due to the natural progress of the disease. Such a specific finding against your claim would have to be supported by medical evidence.

Service Connection by Presumption

Some diseases are presumed service connected if they appear within a certain period of time after service. The allowed period of time is called the presumptive period. Different diseases have different presumptive periods ranging from one year to appearing any time after service. To be eligible under a presump-

tion, you must have served on active duty for at least 90 continuous days. The VA lists chronic 41 diseases that can be presumptively service connected if they appear within one year of separation from service to a degree that is at least 10% disabling:

- Anemia, primary;
- Arteriosclerosis;
- Arthritis;
- Atrophy, progressive muscular;
- Brain hemorrhage;
- Brain thrombosis;
- Bronchiectasis;
- Calculi of the kidney, bladder, or gallbladder;
- Cirrhosis of the liver;
- Coccidioidomycosis;
- Diabetes mellitus;
- Encephalitis lethargica residuals;
- Endocarditis (all forms of valvular heart disease);
- Endocrinopathies;
- Epilepsies;
- Hansen's disease;
- Hodgkin's disease;
- Leukemia;
- Lupus erythematosus, systemic;
- Myasthenia gravis;
- Myelitis;
- Myocarditis;
- Nephritis;
- Other organic diseases of the nervous system;
- Osteitis deformans (Paget's disease);
- Osteomalacia;
- Palsy, bulbar;
- Paralysis agitans;
- Psychoses;
- Purpura idiopathic, hemorrhagic;
- Raynaud's disease;
- Sarcoidosis;
- Scleroderma;
- Sclerosis, amyotrophic lateral;

- Sclerosis, multiple;
- Syringomyelia;
- Thromboangiitis obliterans (Buerger's disease);
- Tuberculosis, active;
- Tumors, malignant, or of the brain or spinal cord or peripheral nerves; and
- Ulcers, peptic (gastric or duodenal).

Any eligible veteran can claim service connection for one of these chronic diseases as long as there is evidence that the disease appeared during service or within the presumptive period. Other diseases will be presumed service connected for veterans who had certain in-service experiences. For example, veterans who were prisoners of war (POWs), who were exposed to mustard gas testing during World War II, who were exposed to radiation in service, or who served in Vietnam are entitled to presumptive service connection for additional diseases if those diseases appear at any time after discharge.

It is easier to be service connected by presumption if you were medically diagnosed with a presumptive disease within the presumptive period if there is one. If not, you will need to support your claim with evidence. You will need statements from friends or family that they observed symptoms of the claimed condition within the presumptive period. These statements may be evidence to support a conclusion by a medical expert that you had the condition and were disabled by it at least 10% during the presumptive period. You will also need statements from doctors that the symptoms you experienced are those of the disease, and that it is more likely than not that you had the disease within the presumptive period.

Secondary Service Connection

Any physical or mental disability that is caused by a service-connected disability can be service connected itself. This concept is often called secondary service connection. For example, if a service-connected left knee disability puts extra stress on your right knee and causes you to develop a right knee disability as a result, then you can get service connection on a secondary basis for your right knee disability. In addition, if the limited mobility caused by your left knee disability leads you to experience depression, you can also receive secondary service connection for depression. Secondary service connection can also be granted if a service-connected disability aggravates another disability. The worsened disability does not have to be related to service itself. The

secondary disability does not have to appear immediately and can show up years after the original service-connected disability.

If you think that a service-connected disability has caused some other physical or mental problem, you should try to get a statement to that effect from a doctor. A medical expert's opinion is necessary for secondary service connection to be granted by the VA.

Another form of secondary service connection applies to certain "paired organs" and extremities. If you have a service-connected disability of one of these paired organs or extremities and a non-service-connected disability of the other, the non-service-connected disability will be treated as if it were service connected as long as it is not the result of willful misconduct. The qualifying disabilities of paired organs or extremities are:

- Blindness in one eye that is service connected and blindness in the non-service-connected eye;
- Loss or failure of one service-connected kidney and the involvement of the other kidney as the result of non-service-connected disability;
- Total service-connected deafness in one ear and total non-service-connected deafness in the other ear;
- Service-connected loss, or loss of use, of one hand or foot and the loss, or loss of use, of the other hand or foot because of a non-service-connected disability; and
- Permanent service-connected disability of one lung evaluated as 50 percent disabling or more, in combination with a non-service-connected disability of the other lung.

Service Connection Based on VA Medical Care

Disability from an injury caused by VA hospitalization, VA medical or surgical treatment, VA exams or VA vocational rehabilitation can be service connected. Aggravation of a pre-existing condition by VA medical care can also be service connected. Eligible survivors can also receive certain VA benefits if a veteran dies because of VA health care. These benefits are often called section 1151 benefits because the law that provides for them is found in section 1151 of title 38 of the U.S. Code (federal law).

Veterans or surviving family of veterans may also be able to file a claim and then sue the government under the Federal Tort Claims Act (FTCA). Under the FTCA, a person who has been injured or the estate of a person who has died because of the actions of a U.S. government employee can sometimes recover money damages for that injury or death.

The National Veterans Legal Services Program (NVLSP) is an independent, nonprofit, veterans service organization dedicated to ensuring that the U.S. government honors its commitment to our veterans by providing them the federal benefits they have earned through their service to our country. NVLSP accomplishes its mission by:

- Providing veterans organizations, service officers and attorneys with training and educational publications to enable them to help veterans and their dependents obtain all of the benefits that they deserve.
- Representing veterans and their dependents who are seeking benefits before the U.S. Department of Veterans Affairs and in court.
- Placing meritorious cases (especially cases involving claims of servicemembers and veterans of Iraq and Afghanistan) with volunteer pro bono attorneys.

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3b. Specific War-Related “Latent” Diseases, Symptoms and Issues Relating to Exposure to Toxic Substances and Environmental Hazards

By David F. Addlestone

Military service is a dangerous job. Despite the obvious perils of war, most veterans were not exposed to combat or other enemy attempts to harm them. Still, a large percentage of support troops (so-called “REMFs,” which stands for Rear Echelon Mother F——”) in some past combat zones were sometimes exposed to enemy fire, albeit rarely (Vietnam is a good example). Nevertheless, many support troops, as well as combat veterans, face unseen risks that later can cause health problems. Sometimes these health problems do not appear for decades. (Good examples are radiation and Agent Orange exposure).

Some of these health problems are called “latent (unseen or not obvious) diseases” or “debilitating clusters of symptoms” (such as Gulf War Illnesses).

Many latent diseases can lead to entitlement to VA compensation and/or health care. Examples are exposure to infectious diseases or other environmental hazards found only in foreign territories; skin cancer brought on by excessive exposure to the sun (common for Naval personnel on ships); loss of hearing due to sustained loud noise; and, yes, even claustrophobia (fear of enclosed spaces) among those who served on submarines.

In the sections that follow, we do not attempt to deal with every single one of the above health problems. We have chosen examples that will give you an idea how health problems later in life can be related to military service and lead to VA disability compensation and other government benefits. In the sections below, we discuss hazards that have been the focus of widespread public attention or that relate to our most recent conflicts.

In some instances, the science is “not yet in” to a degree that persuades the VA or Congress to grant compensation or medical care. (Nevertheless, as discussed in Chapter 9, “VA Medical Care,” the VA seems to acknowledge the dangers of military service by granting most veterans free medical care for several years after service.)

Unfortunately, in instances where medical care is provided (on a priority basis), the VA has failed adequately to inform the affected veterans or their survivors about its availability. (For example, Congress has mandated that veterans who claim Agent Orange-or Gulf War-related health problems are to be given a higher priority in receiving medical care than certain other vets with certain other problems.) Agent Orange and PTSD are prime examples.

Where there is not enough scientific information provided by recognized “experts,” (regarding, for example, exposure to depleted uranium used in armor-piercing shells), you should be aware of the current state of medical research. Further, you should know whether the VA or DoD has developed a system to keep track of affected veterans, who may be eligible to seek future entitlement to benefits based on many of the hazards listed below. As medical research progresses in areas discussed in the following sections, we will attempt to post new findings on the Veterans for America Web site (veteransforamerica.org) or update the relevant material (chapters etc.) in the book. Also, the VA has established so-called “registries” of vets who claims to be ill due to exposure to radiation, Agent Orange, and Gulf War hazards. When a claim regarding one of these conditions is made, the VA automatically adds the vet’s name and address to the appropriate registry. Vets can also be added to appropriate registries by going to the VA’s Web Site (www.va.gov).

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1) Nuclear Radiation-Related Diseases

By Charlene Stoker Jones, Meg Bartley and Ron Abrams, National Veterans Legal Services Program

Some servicemembers are exposed to nuclear radiation (often called ionizing radiation by the VA) during the course of their active duty service. For example, a servicemember may work at a nuclear test site, be physically present during a nuclear test, or have served in Japan after World War II. A few of these servicemembers will develop cancer as a consequence of their in-service radiation exposure.

Unfortunately, it is very difficult for an individual servicemember to prove direct service connection for cancer or another disease that he or she believes was caused by in-service radiation exposure. Unlike a gunshot wound, whose effect on bone and tissue can immediately be determined by a physical examination, the effects of nuclear radiation exposure often are not immediately visible. Some of the harmful effects of radiation appear a long time, even years, after exposure. Compelling evidence of a link between radiation exposure and a particular disease is usually obtained slowly over time by a statistical analysis that compares a large number of people with known radiation exposure to a similar group of people without radiation exposure. Individual veterans lack the ability and resources to conduct this type of scientific study. Even where scientific evidence supporting a link is available, such studies do not prove that a particular veteran's cancer came from his or her in-service radiation exposure. In short, it is very difficult for an individual veteran to obtain the medical proof usually necessary to qualify for VA compensation.

Recognizing the difficulty, Congress has passed a law that reduces the burden on some veterans who may have been exposed to nuclear radiation while

in service. The law creates a rebuttable presumption of service connection for a radiation-exposed veteran who develops one of the diseases that medical science has associated with radiation exposure. The legal presumption substitutes for the medical evidence normally required to link an in-service injury, disease or event (radiation exposure) to the current disability (cancer). To be eligible for the legal presumption of service connection, you must show that you have one of certain listed cancers and you must show that you participated in a qualifying radiation-risk activity.

The diseases that may be presumed service connected are the following:

- leukemia (other than chronic lymphocytic leukemia),
- cancer of the thyroid,
- cancer of the breast,
- cancer of the pharynx,
- cancer of the esophagus,
- cancer of the stomach,
- cancer of the small intestine,
- cancer of the pancreas,
- multiple myeloma,
- lymphomas (except Hodgkin's disease),
- cancer of the bile ducts,
- cancer of the gallbladder,
- primary liver cancer (except if cirrhosis or hepatitis B is indicated),
- cancer of the salivary gland,
- cancer of the urinary tract,
- bronchiolo-aveolar carcinoma,
- cancer of the bone,
- cancer of the brain,
- cancer of the colon,
- cancer of the lung,
- and cancer of the ovary.

The last five diseases were added to the list of presumptive diseases in 2002 when new scientific evidence supported their addition. Other diseases may be added in the future. If you were exposed to nuclear radiation, you or your representative should carefully check to see if your disease has been added to the presumptive list.

In addition to having one of the listed cancers, you must also show that you qualify as a radiation-exposed veteran to receive the benefit of the presumption. You will be considered radiation-exposed if you participated onsite in an atmospheric detonation of a nuclear device, participated in the occupation of Hiroshima or Nagasaki, Japan between August 6, 1945 and July 1, 1946, or were exposed to radiation while a prisoner of war in Japan. You also may qualify if you were exposed to an underground nuclear test in Amchitka Island, Alaska, were exposed at the gaseous diffusion plants in Paducah, Kentucky; Portsmouth, Ohio; or area K25 at Oak Ridge, Tennessee, or otherwise satisfy the strict requirements. Usually service department records or your personnel records will verify that you participated in a radiation-risk activity, but you may submit other evidence to corroborate your presence including your own personal statement, statements from fellow service members, photographs, letters or any other relevant evidence. The VA is required to consider all supportive evidence when deciding your claim.

If you prove that you participated in a qualifying radiation risk-activity and you prove that you have one of the cancers on the list, then you are entitled to the presumption of service connection for your disease. The presumption of service connection can be rebutted if there is evidence that the disease was not caused by in-service radiation exposure. If the VA can find a potential non-service-connected cause of the disease, the VA may deny the claim. For example, a radiation-exposed veteran who begins smoking after service, smokes for twenty years, and then develops lung cancer, may find the presumption of service connection for lung cancer rebutted by the evidence of post-service smoking.

Even if you do not qualify for the presumption of service connection for nuclear radiation-related diseases, you can still file a claim for disability compensation. You may believe that you were exposed to nuclear radiation even though you did not participate in one of the qualifying radiation-risk activities, or you may believe that your disease was caused by nuclear radiation even if it is not on the list of presumptive diseases. You may attribute a disease to another form of radiation such as microwave radiation, electromagnetic radiation, or solar radiation (skin cancer). In such cases, you will need to support your claim with evidence including medical opinion(s) that prove that it is at least as likely as not that your particular cancer was caused by your in-service radiation exposure. If you file such a claim without any supportive medical evidence, it is possible that the VA will find your claim implausible and take no action to assist you.

There is a special process that the VA must undertake to help a veteran with a disease that may be a result of exposure to nuclear radiation. This process is separate from the presumption of service connection and relates to the development of the claim. It applies when a veteran manifests one of the diseases presumed to be caused by radiation exposure or manifests any other form of cancer. It also applies to other diseases when the veteran or the veteran's survivor cites to or submits medical or scientific evidence suggesting that the veteran's disease was caused by nuclear radiation. When such a claim is submitted and the veteran or survivor is not eligible for the presumption of service connection, the VA is required to assess the size and nature of the radiation dose that the veteran may have received. The radiation dose estimate and any other relevant information about the veteran's potential exposure may be developed by the Department of Defense. The radiation dose estimate and other information is then sent to the VA's Under Secretary for Benefits. The Under Secretary for Benefits may request an opinion from the Under Secretary for Health or from an outside consultant before making a determination as to whether it is at least as likely as not that the veteran's disease resulted from radiation exposure in service or whether there is no such possibility. During this review, certain factors must be considered including the amount of radiation exposure, sensitivity of affected tissue to radiation-induced disease, gender of the veteran, family history, age at exposure, amount of time between exposure and onset of disease, exposure to other known causes of cancer, and whether there is another potential cause of the disease. This opinion is then sent to the VA Regional Office and the Board of Veterans' Appeals for consideration when the claim is decided.

This development process was created to help veterans obtain supportive evidence, but as a practical matter it usually works against them. Unless a veteran qualifies for the legal presumption of service connection, it is very rare to get service connection for a disease claimed to be caused by in-service nuclear radiation. Usually, the radiation dose estimate prepared by the government is extremely low and it is rare for a VA official to find any possibility that a disease resulted from radiation in service. Usually, the negative evidence generated by the VA is found to outweigh any supportive evidence obtained by the veteran or the surviving family. Veterans and family members are also hampered by the fact that most information about radiation-risk activities is classified. They cannot obtain the data and information necessary to effectively challenge the radiation dose estimate provided by the government or successfully rebut the negative medical opinions obtained by the VA.

For help with a claim relating to nuclear radiation, talk with a service representative or a qualified attorney. Service reps are usually associated with veterans service organizations, such as AMVETS, the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars, and Vietnam Veterans of America.

The National Veterans Legal Services Program (NVLSP) is an independent, nonprofit, veterans service organization dedicated to ensuring that the U.S. government honors its commitment to our veterans by providing them the federal benefits they have earned through their service to our country. NVLSP accomplishes its mission by:

- Providing veterans organizations, service officers and attorneys with training and educational publications to enable them to help veterans and their dependents obtain all of the benefits that they deserve.
- Representing veterans and their dependents who are seeking benefits before the U.S. Department of Veterans Affairs and in court.
- Placing meritorious cases (especially cases involving claims of servicemembers and veterans of Iraq and Afghanistan) with volunteer pro bono attorneys.

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2) Agent Orange-Related Diseases

By Charlene Stoker Jones, Meg Bartley and Ron Abrams, National Veterans Legal Services Program

Agent Orange was an herbicide sprayed in Southeast Asia and other locations during the Vietnam Era. Exposure to Agent Orange has been related to several types of cancer and other serious diseases. All of the regular ways to obtain service connection are available to a veteran with a disability that he or she believes is connected to herbicide exposure in service. In addition, there is a special rule that creates service connection by legal presumption for some veterans, and in some cases their children, for certain diseases associated with Agent Orange exposure. The rules that apply in Agent Orange cases are particularly complicated because they have evolved over time in response to

emerging scientific evidence, laws passed by Congress, actions taken by the VA, and individual and class action lawsuits. The basic VA rules for obtaining disability compensation for diseases related to Agent Orange exposure are explained below, but the rules continue to evolve. If you believe you have a disability that may be related to your exposure to Agent Orange, you should discuss your case with a service representative or an attorney who is experienced with Agent Orange claims. Service reps are usually associated with veterans service organizations, such as AMVETS, the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars, and Vietnam Veterans of America.

For a veteran to be eligible for service-connected disability compensation under the Agent Orange presumption, or for a veteran's surviving family members to be eligible for service-connected death benefits under the presumption, only a few things must be proved. First, you must show that the veteran served in Vietnam during the Vietnam Era or that the veteran was otherwise exposed to Agent Orange. Second, you must show that the veteran developed a disease, or residuals of a disease, that is recognized by the VA as associated with Agent Orange and that the disease became at least 10% disabling. Third, you must show that the disease appeared within any designated time limit. There is no time limit for the appearance of any cancer or other one of certain other diseases recognized as associated with Agent Orange, but a few diseases do have time limits.

Exposure to Agent Orange

To receive the benefit of the presumption of service connection for diseases associated with Agent Orange, you must show exposure to the chemical. If you served in Vietnam during the Vietnam Era, you do not have to show that you actually were exposed to Agent Orange. Your exposure is assumed. The VA will presume that you were exposed to Agent Orange if you served at least one day in Vietnam between January 9, 1962 and May 7, 1975. If you served offshore or in another area, but visited or had duty in Vietnam, you also qualify for the presumption of exposure. Flying over Vietnam in an airplane does not qualify you for the presumption of exposure if the airplane did not land in Vietnam.

Service personnel records or medical records usually will document whether a veteran spent time in Vietnam. You can qualify for the presumption of Agent Orange exposure even if you were in Vietnam only briefly, but it may be more difficult to prove your presence. The VA has accepted a veteran's tes-

timony describing the circumstances of a brief visit to Vietnam that was not documented in the veteran's service records, but you should try to find other supportive evidence. Records such as morning reports and unit rosters may be helpful, as are letters that were mailed from Vietnam. You may want to review Section 3.8.1.1 of the *Veterans Benefits Manual* by the National Veterans Legal Services Program for further information on alternative evidence of Vietnam service and may want to work with your veterans service representative or lawyer to develop corroborating evidence.

There is an ongoing legal controversy relating to veterans who served aboard ship in waters offshore of Vietnam but never set foot on land in Vietnam. These veterans are sometimes called "Blue Water" veterans and many of them received the Vietnam Service Medal. Due to a now rescinded provision in the VA's manual for adjudicating claims, some of these veterans with the Vietnam Service Medal were awarded service connection for Agent Orange-related disabilities without actually setting foot in Vietnam. Other veterans with similar claims were denied. The U.S. Court of Appeals for Veterans Claims addressed this controversy in the *Haas* case and held that veterans who served in waters offshore from Vietnam are entitled to the presumption of Agent Orange exposure. The VA disagreed with the Court's decision and is now appealing. The VA Regional Offices and Board of Veterans' Appeals are waiting to decide similar pending claims until the legal controversy is settled. The latest developments in the *Haas* case will be posted on the website of the National Veterans Legal Services Program (NVLSP), www.nvlsp.org, as NVLSP is representing the claimant in *Haas*.

Thousands of servicemembers were exposed to Agent Orange in Korea and other places outside of Vietnam, but unlike veterans who served in Vietnam, they may not qualify for the presumption of exposure, with a few exceptions in the case of Korea.. Currently if a veteran is able to prove that he or she was exposed to Agent Orange outside of Vietnam and the veteran has one of the diseases on the presumptive list, the disability will be presumed to be related to Agent Orange unless there is reason to believe otherwise. The difficulty is in proving that the veteran was actually exposed outside of Vietnam. Based on information from the Department of Defense, the VA recognizes that Agent Orange was used at various dates in Korea, Thailand, Laos, and at testing or storage sites around the United States and in Puerto Rico. It may have also been used in Panama and Guam. If you believe you may have been exposed to Agent Orange during its use, testing, manufacture, storage, or transportation, you are entitled to an Agent Orange physical

examination by the VA and your name may be added to the Agent Orange Registry. You may also be entitled to a higher priority for medical care.

Diseases Associated with Herbicide / Agent Orange

After showing that you were exposed to Agent Orange, the next step to qualify for the presumption of service connection is to show that you developed one of certain listed diseases. If you have a disease listed by the VA as associated with Agent Orange, you do not need medical evidence linking your particular disease to service. The legal presumption provides the medical link for you. The cancers that are presumptively service-connected based on herbicide exposure are cancer of the bronchus, lung, larynx, trachea, and prostate; multiple myeloma; Hodgkin's Disease; non-Hodgkin's lymphoma; and chronic lymphocytic leukemia. Many types of soft tissue sarcoma are service-connected by presumption, but not osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma. Other diseases associated with Agent Orange include Type 2 (adult-onset) diabetes mellitus, acute and subacute peripheral neuropathy, porphyria cutanea tarda, and chloracne. Biological children of veterans who served in Vietnam may also be entitled to benefits, if they were born with spina bifida. Certain other birth defects are recognized if the child's mother served in Vietnam.

It is important to know that the medical names and terminology used for diseases sometimes change over time. Consult with a medical expert to see if your disease is listed under another name. If you develop one of the listed cancers, but it was caused by the spread of an earlier, different cancer that is not presumed service-connected, the VA is not required to grant you service connection under the Agent Orange laws. If you have an "Agent Orange-presumed" cancer and it later spreads to another part of the body, you should be service-connected for the original cancer, and in rating your degree of disability that VA should consider the disability caused by the original cancer site and all the secondary cancer sites.

Some of the diseases that can be service-connected by the Agent Orange presumption are likely to cause other medical problems. Medical problems or diseases that are caused by a service-connected disability may be service-connected themselves using the legal theory of secondary service connection. For example, diabetes has many common complications, including arteriosclerosis, hypertension, kidney problems, neuropathy, various eye problems, circulation problems, skin conditions, and depression. You may be able to get secondary service connection for these conditions and a resulting increase in

your level of disability compensation if you submit medical evidence from your doctor that associates your secondary conditions to your primary service-connected disability.

Onset of Disease Within the Required Time Period

Most of the diseases and all of the cancers on the presumptive list can be service-connected anytime after service no matter when symptoms first appear. To be presumptively service-connected, chloracne and porphyria cutanea tarda must appear within one year of the date on which the veteran left Vietnam; acute or subacute peripheral neuropathy must appear within months of exposure and resolve within two years after symptoms appear. All presumptive diseases or their residuals must cause a disability of at least 10% within the presumptive period for service connection to be granted.

Some diseases previously had a presumptive time limit which is no longer in effect. For example, until 2002 there was a 30-year time period for cancer of the lung, larynx, bronchus, and trachea to manifest to a degree of disability of 10% or more after a veteran's last day in Vietnam. If you had a claim denied because of a time limit that is no longer in effect, you should file a new claim and cite the change.

Delayed Recognition of Diseases Associated with Agent Orange

It was not until the 1990s that the VA began to recognize that many serious diseases are associated with Agent Orange exposure and began to award Vietnam veterans disability compensation for these diseases. Some diseases were recognized earlier than others. If a veteran or a surviving family member filed a claim for a disease that was not then recognized by the VA as associated with Agent Orange, the claim was usually denied. Thousands of claims that would be granted if filed today were denied in the past by the VA. The *Nebmer* class action lawsuit brought by attorneys from the National Veterans Legal Services Program (NVLSP) resulted in a court order requiring the VA to identify claimants whose claims were previously denied and reevaluate those claims under the new rules. Unfortunately, the VA has been found to be in violation of this court order.

A Vietnam veteran or surviving family member whose claim for VA benefits was previously denied should file a new claim application for the same benefits under the new rules. Those who reapply and are found eligible will be awarded future benefits and may be eligible for retroactive benefits. The effective date for back benefits depends on several variables, including the date the

previous claim(s) was filed and the particular date the VA associated the claimed disease with Agent Orange. If you question whether you should be service-connected for an Agent Orange-related disability or whether the VA has assigned you the earliest effective date to which you are legally entitled, consult with your veterans service representative or an attorney. If he or she is not familiar with the intricacies of Agent Orange claims, find another representative who is. You can also visit the NVLSP Web site at www.NVLSP.org for information on reopening Agent Orange claims.

Essentially, some veterans may be able to be paid from a date earlier than the date they filed their claims for service connection based on exposure to Agent Orange. This is because even if a claim is filed more than one year after the effective date of a change in the law, benefits may be authorized for a period of one year prior to the date of receipt of such request.

Vietnam Veterans With a Disease Not Currently Recognized as Caused by Agent Orange Exposure

If you are a Vietnam veteran and your particular disease is not recognized as associated with Agent Orange, you may still be able to get service-connected disability compensation. Even if you do not qualify for the legal presumption of service connection, you can still be awarded service connection by producing medical evidence linking your current disability to service by the methods explained earlier in this chapter. You will need to submit with your claim a statement from your doctor diagnosing you with a medical disability and stating that it is as likely as not that your current disability is related to your Agent Orange exposure. Your claim may be granted. It is likely that the VA will schedule you for a medical examination with one of its own doctors or will obtain an independent medical opinion on whether your disease could be a result of Agent Orange exposure even if it is not on the presumptive list. The VA must consider your claim under direct service connection and examine and weigh all of the evidence. The VA cannot deny a claim for a disability attributed to Agent Orange by medical evidence simply because the disability is not currently found on the presumptive list.

New diseases have been added to the presumptive list. With ongoing medical research it is possible that additional diseases will be added. Even if your disease is not currently on the presumptive list, it may still be worthwhile to file a claim for benefits as soon as possible. If your disease is later added, you may be more likely to receive retroactive benefits.

Lawsuits Against Manufacturers of Agent Orange

Vietnam veterans and their surviving family members have been filing lawsuits against the chemical companies that manufactured Agent Orange since the late 1970s. The first set of lawsuits resulted in a class action settlement with the chemical companies that created a settlement fund worth hundreds of millions of dollars. Qualifying veterans or their survivors could apply to the fund to receive financial compensation until January 1995. The entire settlement fund has been now been distributed and no funds remain.

Unfortunately, some Vietnam veterans have diseases associated with Agent Orange exposure that did not appear until after January 1995 and they were not able to participate in the class action settlement. Some of these veterans have brought new court cases which are currently in federal district courts or on appeal. The issues in these cases include whether these veterans have lost the right to sue because of the previous class action, whether it would be unfair for these veterans to lose their right to compensation because of the previous class action, and whether the chemical companies are immune to such lawsuits under the “government contractor defense” because they were making a product for the U.S. government to government specifications. If you wish to contact the lawyers who are bringing these lawsuits, please note that they include:

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The National Veterans Legal Services Program (NVLSP) is an independent, nonprofit, veterans service organization dedicated to ensuring that the U.S. government honors its commitment to our veterans by providing them the federal benefits they have earned through their service to our country. NVLSP accomplishes its mission by:

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- Representing veterans and their dependents who are seeking benefits before the U.S. Department of Veterans Affairs and in court.
- Placing meritorious cases (especially cases involving claims of servicemembers and veterans of Iraq and Afghanistan) with volunteer pro bono attorneys.

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3) Undiagnosed Illnesses from the Gulf War and Iraq War

By Charles Sheehan-Miles

Shortly after the end of the 1991 Gulf War, tens of thousands of servicemembers reported a variety of symptoms which they believed were related to service in the Gulf. Among others, these included rashes, fatigue, joint point and nausea. Collectively, the media has referred to these issues as “Gulf War Illnesses” or “Gulf War Syndrome,” however, there is little evidence that there

is any single illness impacting Gulf War and later veterans. Rather, a variety of exposures during the conflict resulted in a variety of illnesses.

This chapter covers, in brief, what some of those exposures were. It will also cover some of the science that is currently known about those exposures, and what related conditions are service-connected for purposes of compensation and pension.

Because Congress has not set an end date to the Gulf War, any veteran who served in the Southwest Asia theater of operations after August 2, 1990 is eligible for benefits. However, this theater does not include Afghanistan, Turkey or a number of other countries where servicemembers have deployed since 2001.

In order to be eligible for compensation for undiagnosed illnesses, you must have served in one of the following areas: 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.

Symptoms for Undiagnosed Illnesses

Some symptoms which are examples of undiagnosed illnesses include:

- Chronic fatigue
- Fibromyalgia
- Skin disorders
- Headache
- Muscle pain
- Joint pain neurologic symptoms
- Neuropsychological symptoms
- Respiratory problems
- Sleep disorders
- Gastrointestinal symptoms
- Cardiovascular problems
- Abnormal weight loss
- Menstrual disorders

Qualifying illnesses are not limited to this list. In order to be considered chronic, the symptoms must have existed for at least six months, and is measured from the beginning date of the onset of symptoms.

Required Evidence

The veteran applying for compensation for undiagnosed illnesses is not required to demonstrate or prove a link between the illness and service in the Persian Gulf. However, it limited evidence must be shown off the existence of the illness. This can include both the statements of doctors as well as friends or family members. For example, a written statement from a family member documenting sleep problems since service in the Gulf War, qualifies.

If the evidence exists of a non-service-connected condition which could cause the same symptoms, such as alcohol or drug abuse, the VA may use that as grounds for do not.

Additionally, the existence of a diagnosis for the illness, can work against that. For example, if a Gulf War veteran suffers from long-term fatigue and headaches, and that illness is undiagnosed, the new veteran is eligible for compensation. If, however, a VA doctor gives a diagnosis of any kind for these symptoms, the veteran may then be rendered not eligible for compensation. In this circumstance, it actually works against the veteran, to get a clear diagnosis for their illness.

Once a veteran receives a diagnosis, there are two basic options. First, the veteran can seek an alternative medical opinion which indicates that the specific symptoms cannot be clearly attributed to a diagnosable illness. Second, the veteran can seek service-connected compensation for that diagnosis.

The second option can actually be much more difficult, because the veteran then has to prove a big clear medical link between military service and the illness through the normal channels available to every veteran. Generally, to prove such a link, the veteran must document that the illness began within one year of service.

A third option may come open in the future, which is presumptive service connection due to exposure to specific toxins. Those specific exposures are currently under review by the National Academy of Sciences.

Scientific Reviews of Exposures from the Persian Gulf

For several years the National Academy of Sciences has been reviewing research and studies related to the exposure of US troops to a variety of toxins during the 1991 Gulf War. This research is conducted under an official contract with the Department of Veterans Affairs, and is intended to guide VA in establishing presumptive service connection for specific exposures, including

sarin (nerve gas), depleted uranium munitions, anti-nerve agent pills (pyridostigmine bromide), as well as a number of others.

Until recently, the NAS had made no conclusions linking exposures to specific illness. However, new research reported in the Proceedings of the National Academy of Sciences in March 2008, clearly linked exposure to pyridostigmine bromide and pesticides to specific types of neurological damage.

Because this new research is not part of the official NAS contract, it does not directly impact compensation issues for Gulf War veterans. However, it opens the door that during the next official literature review, NAS may well recommend presumptive service connection to the VA for specific neurological conditions. Stay tuned for more news in this area.

In November 2008, the VA's Research Advisory Committee on Gulf War Veterans Illnesses issued a report which strongly linked exposure to specific toxins and the illnesses suffered by Gulf War veterans, and criticized VA for not spending enough money on research into effective treatments. It is unclear at this time what the impact on policy will be.

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

Amyotrophic Lateral Sclerosis (ALS) is commonly known as Lou Gehrig's disease. A degenerative neurological disorder; the disease kills motor neurons, which causes muscles to degenerate. There is no known cause for the disease, and it is typically fatal within 5 years.

Two studies published in 2003 by Baylor University (sponsored by the VA) and Texas Southwestern Medical Center reported that Gulf War veterans were about twice as likely to be diagnosed with ALS as individuals in the general population.

Though the statistic risk of ALS for Gulf War veterans is much higher than the general population, it is still extremely rare, with less than 100 cases identified amongst all Gulf War veterans.

Unlike undiagnosed illness claims, which are extended to any veteran who served in Southwest Asia since August 2, 1990, veterans who suffer from ALS can only be service-connected if the veteran served in the theater on any date between August 2, 1990 to July 31, 1991.

Charles Sheehan-Miles is the author of *Prayer at Rumayla* and *Republic: A Novel of America's Future* (Cincinnatus Press, 2007) and is currently completing

work on his third novel, *Insurgent*. He served in combat with the 24th Infantry Division during the 1991 Gulf War, and was decorated for valor for helping rescue fellow tank crewmen from a burning tank during the Battle at Rumayla. Since then, he has been a regular speaker on issues relating to the Gulf War, ill veterans, and policy in Iraq. He is a former President and co-founder of the National Gulf War Resource Center and has served on the board of the Education for Peace in Iraq Center. Prior to becoming executive director of Veterans for Common Sense in August 2004, he was director of the Nuclear Policy Research Institute in Washington, DC. Since 2006, he has worked with Veterans for America as its director of information technology. Charles lives in Cary, North Carolina with his wife Veronica and their two children.

4) Post-Traumatic Stress Disorder

a) PTSD Explained

(For PTSD compensation claims, see section [b], which immediately follows this section.)

By David Addlestone and Arthur S. Blank, Jr. M.D.

Editor's note: Part of this chapter is based on an earlier work by David Addlestone, which was supplemented and otherwise revised for this book by Addlestone and Arthur S. Blank, Jr., M.D.

Most people think a war ends when the fighting stops and people come home. A lot of war veterans know they're wrong. For hundreds of thousands of vets—and their loved ones—the psychological effects of the war are a part of everyday life. Most of these vets suffer from Post-Traumatic Stress Disorder (PTSD). Some have other war-related psychological problems or a war-related dependence on drugs or alcohol.

For many men and women who served in combat zones in Vietnam, the Persian Gulf, Iraq, Afghanistan and earlier wars, the experience there and on coming home has had a lasting and powerful effect on life. For most vets, the adjustment back to civilian life posed few or no major problems. But for others—perhaps 25 percent or more of vets who served in any war—things haven't gone well. In fact, sometimes things seem to be getting progressively worse. These and other complaints are often heard:

“I can't keep a job.”

“I have no skills or training that will get me a decent job.”

“Here I am thirty years old and I feel my life is going nowhere.”

“I can’t stay in a relationship. I’ve been married and divorced [once or several times] and the same thing keeps happening over and over again—I go so far and that’s it.”

“I just can’t get close to anybody. I don’t trust anybody.”

“Sometimes I have nightmares about Iraq [or another combat zone] or I wake up in a cold sweat, trembling”

“I’m always tense, wired for something to happen, can’t relax.”

“I thought when I left Iraq [or another combat zone] I left all that behind me, but things keep coming back—memories, thoughts, feelings, for no apparent reason.

“I’ve got bad paper and I can’t get any help from the VA.”

“I feel so dead [or empty] inside, just numb to people and things that happen.”

“I started drinking [or taking drugs] over there and now I’m doing the same thing, even though I’ve been through rehab programs.

“I just don’t fit in anywhere in society.”

“I look around, and I seem to be the only one who is having these emotional problems.”

“During certain times of the year I just seem to lose it, and that’s not normal.”

“I feel so alone.

“I don’t know what’s happening to me.

“At times I think I must be going crazy

“How can something that happened one, two, ten, fifteen, twenty years ago still be influencing my life?”

This book does not mean to paint a picture that is entirely grim. As will be explained, the feelings expressed in the quotations just given can be a normal reaction to an abnormal situation, such as war. But when the normal healing process of adjusting to terrible experiences becomes disrupted, a normal stress reaction can worsen, becoming a “stress disorder.”

This is not a “mental illness,” although mental health workers are trained to deal with PTSD. The disorder can be understood by the vet and corrected. This subchapter will describe this disorder and how to get help.

Psychological Problems

Post-Traumatic Stress Disorder (PTSD) has received much more publicity than all other psychological problems of war veterans combined. This is as it should be.

This part of this subchapter will focus on this disorder. Still, war vets also suffer from other psychological problems. Although this book does not have the space to describe the symptoms of other psychological conditions experienced by vets (both war-related problems and conditions having little or nothing to do with war), information is available elsewhere. VA and private psychotherapists—psychiatrists, psychologists, social workers, nurses, counselors, and others—can evaluate a vet's problems and help solve them. Countless books and articles exist on psychological conditions. The most official source on conditions and their symptoms is the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition adopted by the American Psychiatric Association, which publishes it. People who are not trained in psychotherapy or counseling often misinterpret both their own symptoms and the information in DSM IV and other publications. Therefore, while vets may want to refer to books and articles, they should review the information they read with a trained psychotherapist or counselor.

Post-Traumatic Stress and Post-Traumatic Stress Disorder

“Post-Traumatic Stress Disorder” is a modern term for an old psychological condition. In this century it has been called by names including “shell shock,” “combat fatigue,” “war neurosis,” and “survivor’s syndrome.” Since the Vietnam War, it has been called by names including “Vietnam Stress,” “Post-Vietnam Syndrome” (“PVS”), “Delayed Stress,” and “Post-Iraq Syndrome.”

The VA found that last least 25 percent of Viet vets have readjustment problems related to their military experience (these include, but are not limited to, PTSD); similar percentages are appearing in studies of soldiers returning from Iraq and Afghanistan.

PTSD did not “officially” exist—in DSM and at the VA—until 1980. In that year, DSM III recognized PTSD as a disorder that could be diagnosed. And in that year, the VA added PTSD to its list of disabilities that could be rated and for which disability compensation could be paid.

But PTSD, by whatever name, has existed for perhaps as long as people have been exposed to horrifying or shocking events. It has been seen not only in veterans of the Vietnam War and other wars but also among accident and crime victims, survivors of the Nazi holocaust, people who lived near the Three Mile Island nuclear plant when in 1979 it nearly experienced a melt-

down, residents of the Mount St. Helens area after the volcanic explosion of 1980, those who were in the Kansas City Hyatt Regency in 1981 when a “sky-walk” collapsed, killing and injuring dozens of people, those who were in New York City on September 11, 2001, and those who have witnessed severe vehicular crashes.

PTSD occurs in some people who experience a traumatic event and does not show up in others. It occurs in many people who did not previously have any psychological disorder. In other words, you can be “normal” and then begin to suffer from PTSD.

It is important to distinguish (1) the normal stress associated with the period of recovery from a traumatic event (Post-Traumatic Stress) from (2) a disrupted recovery process (Post-Traumatic Stress Disorder).

Normal stress during recovery typically includes the avoidance (or numbing) of feelings and the avoidance of some activities or relationships. It also commonly involves the repeated, unwanted re-experiencing of the traumatic event through thoughts, memories, or dreams.

In a normal recovery, stressful memories can keep reappearing until they are sealed over or healed (the two are not the same). The healing process is helped by the sympathetic understanding of others, by rational explanations of the event, and by normal progress toward life’s goals.

For many veterans, war and the homecoming make it difficult to undergo the healing process (more so with Vietnam vets than Iraq vets, because many of the former were met with indifference or even hostility from their fellow citizens). When the normal process of recovery is delayed by the inability to heal the memories of the traumatic event and if, as a result, the veteran’s life and relationships suffer, the process may be said to be “disordered”: the vet may have PTSD.

According to DSM IV-TR, PTSD is the experiencing of a certain set of symptoms following a psychologically traumatic event that is generally outside the range of usual human experience. A vet with PTSD generally has one or more *combinations of symptoms*. Though different vets have different symptoms, the symptoms include:

- A psychological numbness, usually directly after the event, and continuing for weeks, months, or even years
- Guilt over surviving when others did not
- Anxiety or nervousness
- Depression or deep sadness

- Nightmares or flashbacks in which the veteran reexperiences the traumatic event
- Jumpiness, especially in response to sounds that remind the veteran of the event or of the war in general
- Difficulty developing close relationships with people at work, at home, or in social settings
- Difficulty sleeping
- Difficulty concentrating
- Avoidance of certain memories
- Attempts to calm down by using alcohol or drugs (sometimes called “self-medication”)

For some vets the symptoms are mild and infrequent, for others they are strong and frequent. And just because you experienced a traumatic event in a war and have one or more of the symptoms just listed, you don't necessarily have PTSD: you may be dealing with stress in a normal and generally successful manner. Or you may have seen friends killed in combat and may now have anxiety, but your current anxiety may be the result of something other than any wartime experience. (On the other hand, you may have symptoms that you think are not war-related but that really are connected to the war: your mind may be “masking” the painful source of your feelings.) A trained psychotherapist who is familiar with PTSD is the best judge of whether you have it.

Military experiences that may result in PTSD include, but are not limited to

- Combat
- Combat service as a medic or corpsman
- Close combat support
- Violent acts (done or witnessed) that may be accompanied by guilt. Such acts include the killing or other brutal treatment (e.g. abuse or torture) of civilians—especially women, children, and the elderly — and prisoners
- Confinement as a POW or being kidnapped.
- Medical or nursing duties where serious injuries were common
- Handling the dead in a military mortuary or in a graves registration unit

Post-Traumatic Stress Disorder has sometimes been called “Delayed Stress.” This is because PTSD symptoms often appear years after the traumatic event connected with them. A delay may occur for any number of reasons. A veteran at first may have been distracted from the traumatic event by his or her

continuing experiences in the war or by experiences directly following his or her service (such as school or marriage). Or perhaps the stress the vet feels as a result of the traumatic event is triggered or compounded by challenges that come later (sometimes long after the war) when he or she takes on the many responsibilities of raising a family. Or the delay may be due partly to a temporary “numbing” or “blocking out” of traumatic memories or feelings.

Although PTSD has been around about as long as violence has been around, it apparently has been more common in wars and other conflicts beginning with Vietnam than among American veterans of any other war. There are many reasons for this.

One is the age of American service members in Vietnam. The average combat soldier in World War II was 26, the average service member in Vietnam was just 19. Soldiers who were 26 had generally completed their adjustment to adult life. Those who were not yet out of their teens, however, had experienced little of life past high school, and were just beginning to become adults. Because they were in the process of change, they were especially likely to feel changed by the events of the war: they were especially likely to come home “feeling like a different person.” Nevertheless, the experience of Iraq and Afghanistan is showing that vets of any age many be susceptible to PTSD.

While soldiers from other wars came home slowly—such as on troop ships—and came home together, veterans since Vietnam often come home suddenly and alone. Many vets were in a combat environment and then, a shockingly short 36 hours later, were sitting in their family’s living room; they had had almost no time for “decompression.” Coming home alone, veterans cannot talk over their experiences with others who would understand; and, instead of feeling like part of a group, they felt like outsiders.

Also, the Vietnam War and those in Iraq and Afghanistan are by far the most unpopular war in U.S. history. At certain points, the majority of the American public wanted the U.S. out of Vietnam and now that is the case for Iraq. The U.S., and its individual soldiers, were seen by many Americans as the unjustified killers who were defending their homeland. As a result, veterans—already young, already returning by plane a day after combat, and already coming home alone—also came home only to be called “murderers by some of their fellow Americans (more so with Viet vets than more recent ones, though war crimes trials are raising more and more questions among the public). By contrast, the vets of World War II returned to ticker-tape parades at the end of the popular war against Hitler and the bombers of Pearl Harbor.

Nothing said here is meant to diminish the valor of American soldiers in other wars or to ignore the fact that many from WWII saw horrors as bad as anything experienced in later wars, or the fact that veterans of all combat eras have also suffered from PTSD. It is simply to say that because of certain circumstances, Vets beginning with Vietnam are more likely than American vets of any other war to suffer problems of readjustment.

The Treatment of PTSD

Can PTSD be treated? If you have it, can you get better? The experts say yes.

Many of the experts are war veterans who have come out of the Viet Vet self-help movement of the 1970s or have received special training since 1980. They recommend talking with a counselor (at a facility such as a Vet Center, which will be described later). If the condition is severe, they recommend more intensive treatment. Counseling and other treatment often centers on group discussions. These discussions try to help the vet understand that:

Traumatic events can produce stress symptoms in almost anyone.

It is normal after a traumatic event to have intrusive thoughts, “numbing, rage, grief, and other symptoms. In fact, it would be unusual not to have at least some “psychological aftershocks.”

Some who have experienced a traumatic event continue to have significant symptoms years or even decades after the event. (This is most likely if effective counseling has not been provided.)

Following a traumatic event, it is not unusual to fear that one will lose control of some emotions.

Once a vet starts focusing on the traumatic event and his or her symptoms, the symptoms usually get worse before they get better. So it's important to be patient: the worsening is temporary.

PTSD definitely responds to treatment.

Some symptoms may not go away completely or forever.

After all, there are a number of experiences in life, both negative and positive, that a person will never forget.

Though this may be difficult for the vet to believe at the beginning of counseling, there may turn out to be important benefits from having gone through the experiences of the war and from having faced and worked through the resulting problems.

Dependence on Drugs and Alcohol

War veterans don't just have more cases of PTSD than veterans of other wars. They also apparently have more cases of dependence on drugs, and perhaps on alcohol as well. Among the reasons for this are some of the reasons for the high number of PTSD cases: a very young group of soldiers fighting a very unpopular war. Another reason is that drugs were more readily available (and their use was more acceptable) during the Vietnam War than during any previous war involving the U.S. A 1971 VA poll found that five percent of Viet Vets—some 150,000 people—had used heroin since their discharge. (And of course many of these vets started using heroin while in the service.) Abuse of cocaine and other drugs, as well as alcohol, is also widespread among Viet Vets and Vietnam Era Vets. There are reports of drugs entering Iraq from Iran and strong homemade alcohol is plentiful in Baghdad. Of course, Afghanistan is the world's leading producer of opium.

GETTING HELP

Vet Centers

For vets suffering from PTSD, other psychological problems, or dependence on drugs or alcohol, there has been, since 1979, a system of informal offices known as Vet Centers. For many vets, they are the best place to turn.

In 1979, Congress authorized the establishment of Vet Centers under what was originally known as “Operation Outreach.” There are now more than 200 Vet Centers all over the United States and Puerto Rico. We expect that many more will open as the veterans of our current conflicts increase the demand for readjustment assistance. Congress has become very sensitive to the demand. Vet Centers are open to any Vietnam Era Vet—any vet who served in the period from August 5, 1964, to May 7, 1975—not just to those who served in Southeast Asia, and to veterans of all conflict zones, such as WWII, Korea, Somalia, Grenada, Persian Gulf I, Iraq, and Afghanistan.

Vets like Vet Centers. It may therefore come as a surprise to readers that Vet Centers are part of the VA. They are. And they aren’t. Although they are officially part of the VA, they are located away from VA hospitals and other VA facilities. They are found not in giant, imposing buildings, but (usually) in small, storefront facilities.

Most Vet Centers have a staff of four, including professionals and paraprofessionals. Many staff members are war veterans who previously have not worked for the VA.

Vet Centers have an informal atmosphere. Vets just walk in. Appointments usually are not needed and staff members are able to see most vets shortly after they arrive. Many Vet Centers are open in the evenings. Services are provided without charge.

Paperwork is minimal. The vet’s identity is kept strictly confidential. Vet Center client folders are kept entirely separate from the VA medical record system.

To help the vet deal with his or her experience in war and in coming home, Vet Centers provide counseling and other assistance. Counseling is available on a one-to-one basis and in groups. Counseling sometimes involves the vet along with his or her family or other people significant in his or her life. In counseling between a staff member and a vet, discussion usually focuses on what happened in the war zone, the impact of war experiences on the vet, and how the war continues to interfere with his or her life.

Once in the Vet Center—surrounded by other vets, and benefiting from counseling—the vet often begins to unburden. He or she talks about the war

with others who understand, and who accept what he or she says without being frightened and without condemning the vet for his or her statements. In many cases, the vet begins to feel no longer alone or isolated. He or she realizes he or she's not crazy, that his/her problems can be worked out, and that he or she need no longer run from these problems.

In addition to dealing directly with the vet, most Vet Centers also offer group settings in which the spouses and friends (“significant others”) of vets can learn to understand the effect Vietnam has had on vets. The spouses and friends in many cases find ways to improve their relationship with vets.

Besides helping vets with problems such as PTSD, other psychological conditions, and dependence on drugs or alcohol, many Vet Centers provide other assistance. In emergencies, many help with food, shelter, and clothing. Many also assist with employment and with discharge upgrading. In addition, many Vet Centers answer questions about VA benefits, about how to file a claim for disability compensation, and about Agent Orange.

The help a Vet Center can provide is not limited to the center's four walls. Most Vet Centers have a network of contacts in local, state, and federal agencies. They can therefore help the vet find the agency that can deal with his or her problem and can help the vet find the right person at the agency. Some staff members at some Vet Centers will accompany a vet to a VA hospital or to appointments at other facilities, providing support and, perhaps, cutting red tape. Where appropriate and where vets desire, Vet Centers also refer vets to psychotherapists and other professionals.

Most Vet Centers also offer help to vets who never set foot in their offices. Staff members sometimes visit the homes of vets who are in a crisis. They also contact mental health professionals, law enforcement personnel, veterans groups, civic organizations, and other groups to explain the nature and treatment of PTSD and the struggle some vets are having in readjusting to civilian life. Some Vet Centers also conduct programs for vets in prison. (See Chapter 14, “Veterans in the Criminal Justice System.”)

In some areas of the country where Vet Centers don't operate or can't handle the demand for their services, readjustment counseling is provided by groups paid by the VA to deal with the problems of vets. To qualify for assistance from one of these groups—called “private fee contractors”—you must be referred to one by a Vet Center or VA hospital.

This book cannot guarantee that every vet will be happy with every Vet Center, or even that every Vet Center is doing a good job. If you believe a local Vet Center (or private contractor) is not meeting your needs, make your views

known. First, talk with the Vet Center team leader. Then, if necessary, check with the nearest post or chapter of a veterans service organization (such as The American Legion, AMVETS, the Disabled American Veterans, the Veterans of Foreign Wars or Vietnam Veterans of America) to see if the chapter has investigated the center. If not, suggest an investigation. If the organization can't help, complain to the Regional Manager for Vet Centers in your part of the country.

If even that does no good, write to the national Director of the VA Readjustment Counseling Service (which runs the Vet Centers). The addresses of the six Regional Managers and of the Director can be found on the VA Web site, va.gov.

To locate the Vet Center nearest you, call (800) 827-1000 or see the VA Web site. If the list includes no center near you, call the nearest Vet Center on the list and ask whether any new Vet Center has been established near you: the Vet Center system has grown rapidly, and since this book was written, a new center may have opened near you. Also ask the nearest Vet Center on the list whether there is a private contractor in your area.

Special Facilities for PTSD

For years after Vietnam, vets with PTSD and other psychological problems felt that VA psychiatric facilities did not understand them. Until recently, most of these facilities were little better than wards for chronic psychiatric cases and drug and alcohol abusers from earlier eras. At many facilities, vets were not wanted, felt unwanted, and received little useful treatment. Often, treatment consisted of little more than overmedication. Often, the result was violence or other conflicts between patients and against staff (at one facility, patients set punji stick traps for doctors).

Pressure inside and outside the VA has since led to, and continues to lead to, the establishment of outpatient programs designed for vets. These programs focus on PTSD and related readjustment problems.

The programs are too few. They are understaffed. But some are run by psychotherapists who are highly skilled, who are widely respected by vet groups, and who are themselves veterans.

At this writing, it may not be easy to get treatment at these facilities. Most have waiting lists. Also, different directors set different guidelines that determine who is accepted. Many will accept only vets who live in their region of the country.

Outside pressure may help you get in. Sometimes a Vet Center can help you get treatment. If you have been convicted of a crime and a judge has given you a choice between jail and PTSD treatment, you or your attorney may be able to get you admitted to a program by bringing the judge's choice to the attention of a program director or a politician (such as your Member of Congress).

More psychiatric programs for vets are needed. In fairness to the VA, it should be said that it seems finally to be trying in this area. And it must be understood that the VA cannot suddenly create hundreds of centers: there are not yet enough potential staff who are appropriately trained. Progress is being made.

For a list of special VA PTSD facilities, see the VA Web site (again, va.gov). To check on whether a new program has begun in your area, contact your nearest Vet Center or the Chief of Psychiatry at the nearest VA hospital.

If there seems to be strong resistance to establishing a psychiatric program in your area, political pressure can be brought to bear. In some places, posts and chapters of veterans service organizations (examples are above) have waged petition campaigns and have alerted the local media.

You may also want to contact the local media as well as local politicians (particularly your Member of Congress). (A word of caution: don't charge off into a public campaign until you have spoken with a person of authority at the VA. Hear his or her explanation before you start a public debate; otherwise, you may be made to look foolish by an experienced bureaucrat or by the disclosure of facts of which you were not aware.)

Other VA Psychiatric Facilities

If you need the sort of intense inpatient therapy not possible at a Vet Center but there is no special VA PTSD program in your area, all is not lost. Some areas have "unofficial" VA inpatient PTSD programs, such as in the "Mental Hygiene Clinic" at a Day Treatment Center or in a general psychiatric inpatient program. Check with a Vet Center, a service representative associated with a veterans organization (see list above), or the Chief of Psychiatry at the nearest VA hospital.

If there is no official or unofficial specialized program, you still may benefit from treatment as an inpatient or outpatient within the standard VA hospital system. Check with a Vet Center or veterans organization about the quality of care for PTSD and other psychological problems at the nearest VA hospital. Some hospitals are better in this area than others. And, because of all the at-

tention now being given to PTSD, hospitals that a short time ago did little for PTSD patients are now doing a much better job.

For more information on VA medical care, see Chapter 9, “VA Medical Care.”

State and Private Psychotherapy

For psychiatric treatment or any other kind of medical care, vets are not limited to VA programs. VA programs do, however, have at least two advantages. One is that they are free. The other is that in many cases they involve therapists who—because they have dealt with many vets and may be vets themselves—are especially familiar with PTSD and other psychological problems of veterans.

Some states also offer free psychotherapy services. Check with a post or chapter of a veterans service organization (again, examples are above) a Vet Center, your state department of mental health (sometimes called by other names), a community mental health group, or a state veterans department.

Still, private programs and private therapists do exist. In some areas, private, community-based organizations sponsor “rap groups” for vets. Also, in some areas mental health organizations run group therapy programs charging relatively low fees. Of course, there are also countless private psychiatrists, psychologists, social workers, and other psychotherapists. Some of these people are skilled in the treatment of veterans’ problems and some don’t know the first thing about them (but may, improperly, try to treat them anyway).

To find out whether there are helpful private programs or appropriate private psychotherapists in your area, contact your nearest Vet Center or your nearest veterans service organization chapter or post (examples list above).

Self-Help for Psychological Problems

Vets with serious psychological problems should always seek help from professionals. But vets with serious problems may be able to get partial relief—and vets with minor problems may be able to get substantial relief—by helping themselves. Many people with psychological discomfort—especially anxiety—have found athletics very valuable. Many find that, in particular, endurance athletics—running, swimming, bicycling—can dramatically reduce stress. Some prefer competitive sports, exercise programs, or weight lifting. Other people reduce anxiety and other problems not through sport but through meditation and related techniques. An improved diet can also improve the psychological outlook. Books on all these subjects (some by experts, some by quacks) can

easily be found at most any bookstore or at Amazon.com and other Internet book retailers.

Programs to Treat Drug and Alcohol Dependence

The choices for the vet with a drug or alcohol problem are similar to those for the vet with a psychological condition. One option, as indicated, is a Vet Center. See the discussion of Vet Centers earlier in this chapter.

Another alternative are more traditional VA programs. Many VA hospitals have programs for the treatment of drug or alcohol dependence. For general information on VA medical care, see Chapter 9, “VA Medical Care.”

As with PTSD, the VA has in some areas of the country arranged with private contractors to provide assistance to vets with drug or alcohol problems. The programs operated by these contractors are known as “community treatment programs.”

Again, as with psychological problems, drug and alcohol conditions can be treated by state agencies or privately, by both groups and individuals.

Before choosing which course to take, it’s important to get advice on which VA and private programs and individuals in your area are most likely to be helpful in your case. For guidance, visit a Vet Center or contact the nearest chapter or post of a veterans service organization (again, examples include The American Legion, AMVETS, the Disabled American Veterans, the Veterans of Foreign Wars, and Vietnam Veterans of America).

Social Security Benefits

The Social Security Administration operates the Supplemental Security Income program and the Social Security Disability Program. These programs provide payments to disabled persons. If PTSD has interfered with your ability to hold a job, you may qualify for payments from the Social Security programs. You can receive these payments in addition to any VA disability compensation you may be getting. Payments from the Social Security programs may, however, reduce the amount of the VA pension (not VA compensation) for which you may qualify.

Disability Compensation for Drug or Alcohol Dependence

Although the VA provides treatment for dependence on drugs or alcohol, it is difficult to get VA approval for compensation for disability due to dependence. It is possible, however, to receive compensation for the physical results of the

abuse of drugs or alcohol if the abuse is directly related to a service-connected disability such as PTSD.

For more information, check with your service rep and see section (b), which directly follows this section. Cases for compensation for drug and alcohol dependence are hard win unless you have a good advocate. See section (b) and Chapter 5, “Explaining the VA Claims and Appeals Process.”

Appealing VA Decisions

If you apply for disability compensation on the basis of a psychological disability and receive a denial, think about appealing it to the VA regional office or the Board of Veterans Appeals. You will have an especially good chance of winning an appeal if your claim was based on PTSD. Ask your service representative for advice and see section (b), which directly follows this section, and Chapter 5, “Explaining the VA Claims and Appeals Process.”

Suicide

In several highly publicized cases, veterans have committed suicide apparently due to despair over their belief that life would never improve. Some of these veterans had been to VA facilities and had ended their lives by consuming a month’s supply of VA-provided medication. Some had never sought help from the VA.

It is possible for the vet’s survivors to receive financial benefits, including Dependency and Indemnity Compensation (DIC). To do so, survivors must establish that the vet’s death was service-connected. Also, in some cases, medical malpractice claims (or lawsuits) have resulted in large awards of money damages.

For information on compensation for survivors, see this chapter (3), section A, “Eligibility for VA Benefits”; Chapter 5, “Explaining the VA Claims and Appeals Process,” and Chapter 10, “VA Programs for Veterans Family Members and Survivors.”

More important than compensating survivors is avoiding more suicides. It is important to communicate to vets suffering from PTSD or other psychological conditions that these problems can be treated: impossible as it may seem to some veterans, they can—and in almost all cases will—get better. If you know a vet who needs help, be sure he or she gets it.

The VA has established a PTSD hotline, (800) 273-TALK. The VA is hiring suicide-prevention counselors at each of its 153 medical centers. In early

2008, Illinois became the first state to establish a 24-hour hotline for veterans needing help with PTSD. We hope other states will follow.

Web Sites

Two particularly useful sites on PTSD and related issues are www.centerforthestudyoftraumaticstress.org and www.ptsdhelp.net.

Minorities and the Disabled

Minority vets have special problems, many of them relating to psychological readjustment to civilian life. Although much published information about minority vets is about African American vets, it is reasonable to assume that some of what is true about African Americans is also true for members of other minority groups.

African American Veterans

African Americans, vet-for-vet, have many more cases of PTSD than vets in general. According to *Legacies of Vietnam*, a 1981 study commissioned by Congress and prepared by Arthur Egendorf, Ph.D., Robert S. Laufer, Ph.D., and others, nearly 70 percent of African Americans who were in heavy combat in Vietnam suffer some degree of PTSD. The figure for whites was “only” 23 percent. The percentage may be so much higher for African Americans partly because African Americans as a group were more sympathetic than whites toward the Vietnamese people and were more opposed to the war. As a result, they presumably suffered more guilt in connection with the killing and brutalization of Vietnamese soldiers and civilians. It remains to be seen whether similar findings will emerge from subsequent wars.

Studies show African Americans in Vietnam also had special problems behind the lines, where racism against them was much more pronounced than in combat. Due to racism and other causes, African Americans, vet-for-vet, received far more bad discharges than vets in general. And bad discharges sometimes add to psychological problems. Presumably studies on more recent vets will show the same problems for African Americans as those just described.

In addition, African American veterans of Vietnam, depending on the communities to which they come home, even more than whites, returned to a society that made them feel different, made them feel alone. As discussed, Viet

vets suffered because of the unpopularity of the war and because they generally came home rapidly from the war zone. But African Americans felt even more alienated than most other vets because, war or no war, they represented a small minority of the society and belonged to a minority group that had always been subjected to racism and discrimination.

What can the minority veteran do about his or her psychological problems and other problems? Mostly, he or she can do the same thing all other vets can do: get help from the same veterans service organizations (again, they include The American Legion, AMVETS, the Disabled American Veterans, the Veterans of Foreign Wars, and Vietnam Veterans of America). Vet Centers, which have many minority employees, and the other facilities mentioned in this chapter can also help. Joining minority veterans groups can make these groups stronger and can help them get more attention from politicians and the media for the special problems of minority vets.

Hispanic Veterans, Native American Veterans, and Disabled Veterans

Editor's Note: The following material is taken verbatim from The Viet Vet Survival Guide, published in 1985 by Ballantine Books. It was authored by Craig Kubey and several others, including David Addlestone. Kubey and Addlestone have managed the current project and contributed to it as editors and writers. Under the time pressures of this book, which accelerated just before publication, we could not readily locate experts to update the material below. Nevertheless, we believe that while at least a little of it is outdated, most of it remains accurate and valuable today. Much of it is appealingly impassioned.

Therefore, we chose to present it rather than delete it, but with the warning that because it was published 23 years ago, at least a little of it has become inaccurate. The authors of the discussions of Hispanic veterans, Native American veterans, and disabled veterans made critically important contributions to the previous book but were not involved in the current project and cannot be held responsible for any statement that, after preparation of the previous book, became outdated. (Also, the biographical information about them is as of 1985.) Readers should keep in mind that the three parts in question were written not for veterans in general, but for Vietnam veterans. Still, much of each part still has value today.

Hispanic Veterans

By Richard L. Borrego, Assistant Regional Manager for Counseling, Readjustment Counseling Service (the Vet Centers). (Like all other material about minorities and disabled, this bio is from the original, 1985 book.)

In discussing Hispanic veterans, it is important to point out that this is a very heterogeneous population. In this group are Mexican-Americans, Puerto Ricans, Cubans, and Latin Americans. Hispanics may be almost totally submerged into traditional Hispanic culture, or nearly completely assimilated into the predominant Anglo culture.

In spite of this heterogeneity, a majority of Hispanics have had to cope with a triple oppression: poverty, racism, and cultural oppression. Such oppression has resulted in fewer opportunities for good jobs or careers which require higher education. Military service became the alternative for many Hispanics.

While in Vietnam, Hispanics often served in the infantry. In many cases this was by choice, because of the value Hispanics place on pride and courage.

Upon return from Vietnam, Hispanics found that the triple oppression, coupled with what was often a combat role in the war, complicated their reintegration into society. Generally, human service agencies have not been utilized by Hispanic Veterans to facilitate the reintegration process. There is a need for such agencies to evaluate their services in terms of how to make them more responsive to Hispanics.

Fortunately, the strong family and extended family network among Hispanics provided support for readjustment. Also, many Hispanics have a strong Catholic background and may find peace through their religion.

For some, the survival skills learned in dealing with oppression helped. On the other hand, the added stress of war, and the racism involved in the war, increased anger and the desire to remain isolated from the main culture. Given the war experiences, it is important for Hispanic Veterans to channel their anger into adaptive behaviors as opposed to self-destructive behaviors. This can be done by joining or developing Hispanic Veteran organizations which serve as a forum for the ventilation and resolution of their unique problems.

Such organizations could serve as a link to existing resources such as VVA, the Disabled American Veterans (DAV), and the Vet Centers.

The key to survival for the Hispanic veteran, or for any war veteran, is to reach out to those you feel most comfortable with. For Hispanics, this is often *la familia* or other Hispanic community resources. In addition, our comrades in arms can provide a supportive role.

Hispanics have traditionally been enthusiastic about meeting the call to duty. In the Vietnam war they served with honor and suffered heavy casualties. Those who returned deserve nothing less than the utmost respect and support in their quest for successful reintegration into "the World."

Native American Veterans

Editor's note: Though the part on Native American vets is repeated verbatim from the previous book, most any reference to "Indian" would today be to "Native American."

By Frank Montour, Chairman, Readjustment Counseling Service (the Vet Centers), National Working Group on American Indian Vietnam Veterans. (Like all other material about minorities and disabled, this bio is from the original, 1985 book.)

The interesting thing about American Indians (Native Americans if you prefer) in Vietnam is that each non Indian vet we in the Vet Centers talk to had an Indian in his unit. That Indian was invariably called "Chief" and usually walked point. But even after spending a year or more with him in Southeast Asia, after coming home, there remained a general feeling of never really having known the Indian dude called Chief, who walked point.

The mysteriousness about Indian vets, unfortunately, is not limited to their service in Vietnam. It seems to prevail, even now, in the VA and other service-providing agencies. The Department of Defense can't tell us how many Indians served in Vietnam. The 1980 Census states 82,000 American Indians are Vietnam Era Veterans but makes no estimate of how many were in Vietnam.

In September 1983, a number of Indian vets, already working in Vet Centers, were pulled together to form the National Working Group on American Indian Vietnam Veterans. It was the Group's charge to find answers to a great many questions concerning service delivery to this unique population.

The Group devised a fairly comprehensive survey questionnaire and distributed it through various Vet Centers and the Vietnam Era Veterans Inter-Tribal Association, the largest national organization of Indian veterans.

The number of completed questionnaires returned was far greater than the Working Group had imagined, including results from some 55 tribes in the U.S. and Canada.

According to the survey, close to 90 percent of the Indian vets had enlisted (many before their 18th birthday, with parental consent). Most chose combat-arms military occupations in the Marines or Army and felt that being Indian helped in securing positions in combat specialty or elite groups. A significant number felt their "Indianness" made them better prepared for Vietnam service. Close to half were counseled, spiritually prepared, or ceremonially protected by their individual tribes before passing into the madness of war. Upon return to their communities, many were counseled, spiritually cleansed, or ceremonially reaccepted as proven warriors with varying degrees

of special status or regard. Very few entered the military for reasons of national patriotism. The reason in most cases was related to tribal or family honor. Most Indians who served in the war have felt sorrow that “other Viet Vets” have been treated so poorly by their own people.

Does the American Indian Vet have service-related problems?

Yes. Even with the special family and tribal support mechanisms remaining intact within the Indian culture, more than half of those surveyed report having dealt with (or continuing to deal with) the same problems of night terrors, sleep disturbances, and the like noted by so many other Viet Vets. But many Indians perceive their combat residuals to be a part of the price one pays to become a warrior.

For various reasons, Indians have not much used Vet Centers, other VA facilities, or the Indian Health Service. IHS facilities are located in or near Indian communities, so why don't Indian vets take advantage of their services?

They do, to some extent, for medical problems. But Indian Vietnam Vets, while reporting the IHS to be more culturally sensitive than the VA, find that when it comes to dealing with warrior issues, such as PTSD, Agent Orange, and veterans benefits, IHS personnel have little specialized insight.

The Working Group has recommended that the two agencies (VA and IHS) form an interagency agreement in the near future. The Group hopes the agreement would allow for joint or shared training, or some other mechanism through which Vet Centers might gain an understanding of the culture of the Indian world while contributing special insights from the problems of Vietnam Vets.

Inter-Tribal Association membership is open to all Vietnam Era Veterans (regardless of discharge status) of all tribes in North America. As of this writing, membership is free and provides a quarterly newsletter highlighting Indian Vietnam Veteran news, announcements, and a calendar of coming events, such as Pow Wows, ceremonials, and unit reunions. To join this organization, drop a note with your name, address, and tribal affiliation to: Vietnam Veterans Inter-Tribal Association; 4111 North Lincoln, Suite 10; Oklahoma City, OK 73105.

Disabled Veterans

By Steven N. Tice, Chairman, Readjustment Counseling Service (the Vet Centers), National Working Group on Physically Disabled Vietnam Veterans.

(Editor's note: Like all other material about minorities and disabled, this bio is from the original, 1985 book. Also, please note that the percentage of WIA [wounded in action] as

contrasted to the percentage of KIA [killed in action] is dramatically higher in the current war than in Vietnam.)

There are special factors associated with Post Traumatic Stress Disorder cases among physically disabled Vietnam veterans. The nature of the war, homecoming, hospitalization, and the rehabilitation process, as well as “living disabled” in America had impact upon and continue to influence the stress recovery process of those who were injured in Vietnam.

Vietnam, with its booby traps and rocket-propelled grenades, its snipers and sappers, lent itself to the likelihood of serious injury. Modern technology, replete with rapid helicopter evacuation by Medevac and corresponding superior emergency medical care, assisted in prolonging lives that in past wars would have ended.

The legacy of Vietnam includes 303,704 wounded American soldiers of whom over half required hospitalization. The Vietnam War created an unprecedented wave of seriously disabled individuals (some seventy-five thousand) in America. The probability of incurring a permanently disabling injury was far greater for soldiers in that war than for previous warriors. In Vietnam G.I.s suffered amputation or crippling wounds to the lower extremities at a rate 300 percent higher than in World War 11.

Once he was stateside, the soldier’s hospital experience was focused on the healing of physical wounds. Certainly for those in an emergency condition, this focus seems appropriate. However, as the individual’s physical condition improved, a corresponding emphasis on the emotional stress recovery process too often did not emerge.

While the quality of stateside medical care varied, attention to the psychological components of rehabilitation appears to have been minimal. Instead the focus was on physical, vocational and monetary issues. Many veterans failed to receive adequate emotional preparation for living disabled in America.

Some writers attribute to hospitalized warriors an advantage over their unscathed counterparts, who quickly separated and were essentially denied an opportunity to process their wartime experiences. This popular theory hails disabled veterans as achieving an earlier and often more complete readjustment in large part due to peer support during hospitalization.

Certainly, in the hospital, the camaraderie borne of battle was fortified by the continuing struggle to survive. The primary group was intact; soldiers continued to aid their comrades. This care most often took the form of physical

assistance, with those with appropriate working body parts supporting those without.

Impromptu rap groups emerged, but outside of building camaraderie, they completed little work of substance. This is not meant to minimize the value of the hospital relationships. Powerful feelings were expressed. However, little direction was provided by staff, family, or veterans themselves in the processing of those feelings.

Instead, the hospital setting provided the means to deny or numb the emotions associated with combat and recovery. Drugs and alcohol were used, and indeed, sanctioned, to numb physical as well as emotional pain. The attitude changed very little during the ongoing rehabilitation process.

The regimen of rehabilitation is often so intense and prolonged that the veteran's focus becomes preoccupied with the process. It is when this effort is perceived as completed or is interrupted that the veteran may experience psychological distress. It is when the physical "rehab" battle subsides that the unfinished business of emotional stress recovery often emerges. The return to "routine" can be accompanied by the surfacing of unresolved feelings associated with combat and disability.

Physically disabled Vietnam Veterans experienced multiple losses. Comrades were killed in battle; the soldier's belief in his own immortality often was a casualty; and, importantly, individuals lost body parts and/or functioning. Many have not grieved for those losses and carry an untold, unspent sadness through their lives. Anger, both internalized and/or externalized may be a regular dynamic of that life. Frustration is a routine feature of the ongoing rehabilitation process. The injured veteran may experience depression, pain, guilt, dependency, as well as difficulties with intimacy and sexuality. These are often aggravated by the lack of mobility, by isolation, and by substance abuse. While many disabled veterans have worked or are working through these issues others have found the process blocked.

There is a reluctance for the disabled to seek assistance from the temporarily-able-bodied population. The stereotype of the "problematic" Vietnam Veteran is heightened by prevailing stigmas surrounding the disabled. Racial, gender and cultural factors increase the probability of prejudice. Disabled veterans hesitate in drawing any further negative attention to themselves. The result is an atmosphere that discourages the disabled vet from soliciting help when difficulties arise.

Outreach, education and participation are paramount in the healing process. Veteran organizations are important tools for the breaking down of

negative public views and for building positive, useful ones. A number of national and local veterans organizations represent specific disabled populations, while Vietnam Veterans of America and other organizations focus on all disabled veterans. The Vet Center program is addressing the issue through a National Working Group on Physically Disabled Vietnam Veterans.

The myth of the “adjusted” disabled Vietnam Veteran prevails today. Although disabled vets have, through personal sacrifice, made enormous strides in the readjustment process, the time to finish the work is now. The task for disabled Vietnam Veterans is to take on the pain of working through the stress recovery process. The task for America is to encourage them to do so.

See the subsection 9 of this chapter, on traumatic brain injury, and subsection 11, on chronic pain.

Spouses

Spouses (usually wives) of veterans sometimes have special problems too. One problem is that their spouses often have problems connected with the war, such as PTSD, illnesses, injuries, and bad discharges. And of course these problems affect the relationships between the vet and his or her spouse and any children. For example, some vets have trouble controlling their impulses and their anger, and, as a result, the spouse or children may suffer physical abuse. Or a vet may find it difficult to share or express feelings, causing his or her spouse or children to feel that the vet has little interest in them or affection for them.

Another problem is that in many cases the veteran returned from the war a seemingly different person from the one who left for the war zone. A third problem for spouses is that their problems are largely ignored: the problems of vets are often greater and get much more media attention, and as a result many people view the problems of spouses as small.

But the problems are substantial, and the spouses need help. The programs described in this chapter are designed for vets, and some are available only to vets. But some are open to spouses (and some to other family members and friends too). In particular, many Vet Centers and some VA hospitals counsel family members along with vets and also offer counseling and “rap” sessions exclusively for families of vets.

Some spouses are also eligible for traditional VA psychiatric care. Those eligible are generally the spouses of vets who are permanently and totally disabled or who are deceased. For more information, see Chapter 9, “VA Medical Care.”

Spouses are also eligible for free care from some state and private mental health facilities. Some Vet Centers can provide information on programs available to spouses.

Of course spouses can also—if they can afford it—get help from psychiatrists, psychologists, and other therapists who are in private practice. Just because their psychological problems have a lot to do with their relationship with another person (a vet), spouses who are suffering should not hesitate to get help for themselves.

Regarding psychological problems and most any other kind of problem having to do with a spouse's relationship with a veteran, veterans groups can sometimes provide assistance. Some posts and chapters of veterans service organizations have special “rap” groups for the spouses of vets.

Bad Paper

Many vets got bad discharges because of PTSD or other psychological problems (or due to use of drugs or alcohol). Bad discharges in many cases prevent vets from getting VA benefits, including disability compensation and medical care (although in some cases vets with other than honorable discharges can get medical treatment). In late 2007 Congress held hearings concerning the alleged abuse by some military commands in discharging servicemembers for “personality disorders” instead of PTSD. Personality disorder-related discharge, even if honorable, very often lead to the loss of VA education benefits and harm a claim for PTSD. See discussions at the Web site of Veterans for America, www.veteransforamerica.org.

If you have a bad discharge, you can try to get it changed. If your bad discharge is due to PTSD, you have a fairly good chance of getting an upgrade—if your upgrade application is supported by evidence. A typical applicant who has a strong chance of upgrade is a veteran who, as a service member, had a good record in war followed by a series of petty offenses during stateside service. Some Discharge Review Boards understand PTSD and are often sympathetic to vets with PTSD who apply for an upgrade.

For more information on bad discharges and on how to get them upgraded, see Chapter 15, “Upgrading Less than Fully Honorable Military Discharges.”

Vets in Prison or Charged with a Crime

Some vets are in prison because they committed a crime for reasons relating to PTSD. Others are there for reasons unconnected to PTSD or any other reason

related to military service, but still need treatment for the disorder. And still other vets with PTSD have been arrested for a crime but have not yet stood trial. All of these vets may benefit from special legal procedures or special programs for vets with PTSD who have been charged with or convicted of a crime. See Chapter 14, “Veterans in the Criminal Justice System.”

Vets with Employment Problems

In some cases Vets who have PTSD have been fired or had other employment problems due to conduct associated with their disorder. In some cases these vets have a right to get their jobs back or to get a better job than they currently have. See Chapter 11, “Employment, Self-Employment and the Small Business Administration” and Chapter 12, “Re-Employment Rights and Associated Rights for Time Spent in Military Service.”

A Parting Word

This subchapter on PTSD—and this whole book—is designed to help the veteran. But the book is here to help the vet who deserves help, not the occasional vet who may be trying to get benefits for which he or she doesn’t qualify or which he or she doesn’t need, and not the occasional vet who may be trying to shirk his or her responsibilities to others and to himself or herself.

These points are especially important to make in a chapter that focuses on PTSD. This chapter will therefore approach its end with a quotation from Arthur Egendorf. Egendorf, a Viet vet, is also the clinical psychologist who began a large study on veterans of the Vietnam War, *Legacies of Vietnam*, which this chapter previously mentioned. Here’s what he says:

It’s one thing for a vet to speak up about real troubles. It’s another thing when guys make themselves out to be sickies to avoid responsibilities to themselves, to people who love them, or to society. Veterans should be warned that fake claims don’t work in the long run. Somebody else might fall for it. But you lose self-respect—something we veterans need too much to throw away.

The great majority of vets who claim to have PTSD or other psychological problems are telling the truth, are genuinely suffering, and deserve help from specific programs and from their country at large. This chapter is for them.

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courts-martial and administrative proceedings. He has worked for several non-profit organizations specializing in military and veterans law and co-authored numerous articles and books on these subjects. He is a member of the board of directors of Veterans for America.

Arthur S. Blank, Jr., M.D. is in full-time private practice of psychoanalysis and psychiatry in Bethesda Maryland, and is Clinical Professor of Psychiatry at George Washington University. He was an Army psychiatrist in Vietnam and helped to establish the Vet Centers in 1979-1981 for which he received a commendation from Max Cleland, then head of the VA. After teaching for 15 years at Yale, he was the national director of the Vet Centers at the headquarters of the Department of Veterans Affairs in Washington from 1982 to 1994.

b) Compensation of PTSD Claims and Secondary Disorders Related to PTSD

(See Chapter 3. B. 4. (a), directly above, for a discussion of the non-compensation aspects of PTSD.) For veterans and others who may read only subsection (a) or only subsection (b), some information found in (a) is repeated in (b).

By Charlene Stoker Jones, Meg Bartley and Ron Abrams National Veterans Legal Services Program

Post-Traumatic Stress Disorder (PTSD) is a recognized psychological disability that sometimes occurs in people who have witnessed an extremely traumatic event. In earlier times, it was called “shell shock,” “combat fatigue,” “battle fatigue,” “war neurosis,” or “survivor’s syndrome.” More recently, in addition to being called “Post-Traumatic Stress Disorder,” it has also been called “Vietnam Stress,” “Post-Vietnam Syndrome,” and “Delayed Stress.” It can happen to a veteran who fought in a bloody battle. It also is found in civilians who witnessed a natural disaster. It was seen in the concentration camps of World War II.

PTSD can have debilitating effects on the people who suffer from it. Symptoms include emotional numbing, nightmares, anxiety or nervousness, jumpiness, flashbacks, trouble sleeping, guilt about surviving when others did not, avoiding reminders of the event, social isolation, and the use of alcohol or drugs to “self-medicate” symptoms. Almost every veteran will experience some

degree of stress when placed in a combat environment, but the majority of them will not develop PTSD. A diagnosis of PTSD may be made when the duration and intensity of the person's stress response is greater than average and the source of the stress can be identified.

You should know that each branch of the military has programs for PTSD and the Department of Veterans Affairs offers free counseling sessions. It has been estimated that more than one-third of U.S. soldiers receive counseling soon after returning from Iraq and that more than 15% of soldiers returning from Iraq show signs of PTSD. The stigma of mental illness discourages many from seeking help, so the true incidence of the disorder may be much higher.

The essential feature of PTSD is the development of its characteristic symptoms following exposure to a traumatic event, also known as a "stressor." You must have had direct personal experience of an event involving actual or threatened death, serious injury, or other physical harm. You also could have witnessed an event that involved death, injury, or physical harm to another person.

A PTSD claim does not necessarily have to be combat-related. For example, the stressor triggering PTSD could include experiencing or witnessing physical attack, sexual assault, torture, explosion, natural disaster, car or plane crash, ship sinking, or witnessing a dead body or body parts. Other examples could be being held a prisoner of war or working in a grave registration or burn care unit.

To win a PTSD-based claim, you need three things: first, a diagnosis of PTSD; second, evidence of a stressful event occurring during your military service; and third, a medical opinion that connects the diagnosis of PTSD to the stressful event in service. Remember, even if the VA accepts that you have PTSD, it can still deny your claim if it does not accept that your claimed stressor happened. The rules the VA must follow in developing and deciding a claim for service connection of PTSD are complex and you should discuss your PTSD claim with your veterans service representative or an experienced veterans attorney to determine how best to proceed. Service reps are usually associated with veterans service organizations, such as AMVETS, the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars, and Vietnam Veterans of America.

A key part of a PTSD claim is identifying and providing the VA with details of a confirmed stressor. The stressor you experienced generally needs to be documented. If your stressor was related to combat with the enemy, your

testimony alone should be enough to convince the VA that you experienced the event. The VA should accept your statement when you have a combat-related job description or received a Purple Heart or other combat-related award.

If your claimed stressor is not related to combat, you must provide a detailed description of the stressor and corroborating evidence, or the VA may deny your PTSD claim. The VA will attempt to help confirm alleged stressors, but in order to successfully help you gather evidence of the stressor, the VA needs as much detailed information about the event as possible (where, when, who was with you). The VA will look through your service records and other service department records to corroborate the stressor experience. Often the VA will accept buddy statements, letters, or other forms of non-traditional evidence to prove that the stressor event happened. Your veterans service organization representative or a qualified veterans attorney should be able to help develop this evidence.

Unfortunately, all too frequently veterans with PTSD are either misdiagnosed with another condition, such as personality disorder or substance abuse, or are diagnosed with PTSD but not service-connected for other conditions related to their PTSD. If you have been misdiagnosed with another condition, it is imperative that the doctor diagnosing you with PTSD explain how PTSD could have been misdiagnosed. Your doctor may need to explain how your current diagnosis of PTSD relates to other disorders. If a veteran “self-medicates” with alcohol or drug in order to lessen the symptoms of PTSD, this should be stated in the claim. It may be possible to get service connection on a secondary basis for alcohol or drug addiction or another disorder that is a result of the primary disability, PTSD. Service connection for a death by suicide may be available if evidence shows the death resulted from PTSD. Sometimes survivors can apply for death benefits based on a veteran’s suicide due to PTSD.

Important

In some cases, veterans are not diagnosed with PTSD because they have another condition that masks the problems caused by PTSD. Veterans (especially of Iraq and Afghanistan) who suffer from the residuals of Traumatic Brain Injury (TBI) should be checked by a mental health expert for mental conditions secondary to the TBI. It is possible that veterans suffering from TBI also have secondary PTSD and depression.

If you suffer from symptoms of PTSD or depression, you should seek medical treatment and should obtain a medical opinion linking the mental disability (or disabilities) to the TBI. (Some signs of depression are loss of interest in normal daily activities and feeling sad, helpless, or hopeless.)

Evidence of a Stressor

In February 2008, the VA announced that a veteran who is diagnosed with PTSD while on active duty will no longer be required to provide additional evidence corroborating the in-service stressor to have PTSD recognized for VA compensation purposes. This change in how PTSD claims are handled should make the claims process fairer and speed up the adjudication of PTSD claims. While we wait for the VA to provide details on how this change will be implemented, it is important to remember that the announced change applies only to servicemembers diagnosed with PTSD while on active duty. While corroborative evidence that the in-service stressor actually occurred may no longer be required in some situations, the identification of a stressor event does remain a requirement for a diagnosis of PTSD under the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), published by the American Psychiatric Association.

The National Veterans Legal Services Program (NVLSP) is an independent, nonprofit, veterans service organization dedicated to ensuring that the U.S. government honors its commitment to our veterans by providing them the federal benefits they have earned through their service to our country. NVLSP accomplishes its mission by:

- Providing veterans organizations, service officers and attorneys with training and educational publications to enable them to help veterans and their dependents obtain all of the benefits that they deserve.
- Representing veterans and their dependents who are seeking benefits before the U.S. Department of Veterans Affairs and in court.
- Placing meritorious cases (especially cases involving claims of servicemembers and veterans of Iraq and Afghanistan) with volunteer pro bono attorneys.

5) Desert-Borne Diseases Relating to Service in Southwest Asia

By Charles Sheehan-Miles

A small number of returning veterans from Southwest Asia have been diagnosed with various desert-borne diseases. DoD and VA have identified the following conditions as potential risks to those serving in Southwest Asia:

- Viral Hepatitis A and E, typhoid fever and diarrheal diseases, such as dysentery
- Malaria, West Nile fever, Crimean-Congo fever and dengue fever from mosquito and tick bites
- Tuberculosis
- Leptospirosis from swimming, wading, or other skin contact with contaminated water.
- Rabies from direct animal contact
- Leishmaniasis (very rarely) from sandfly bites.

Treatment and/or compensation for these illnesses is handled through the normal programs of VA.

6) Adverse Reactions to Anthrax and Other Inoculations

Since the 1991 Gulf War, a number of military personnel and veterans have reported adverse reactions to the mandatory anthrax vaccine. This issue has been significantly controversial: many veterans believe that the vaccine or contaminants in them are responsible for illnesses they suffered following service, yet the official investigations conducted by DoD, VA and the National Academy of Sciences stating that no scientific link has been found between the vaccine and health problems.

In the late 1990s, the vaccine was made mandatory for all servicemembers, and a number of servicemembers accepted court-martial and bad discharges rather than take the vaccine.

Because the science is still out on this question, the VA offers no compensation programs specific to the anthrax vaccine. If you believe you have suffered an adverse reaction to the vaccine it is important to document everything related to it. As soon as possible following the exposure, file a report with the Vaccine Adverse Event Reporting System (VAERS) maintained by the Food and Drug Administration. More information on how to file this report is

available by calling the FDA at 1-800-822-7967 or on the web: www.fda.gov/opacom/backgrounders/problem.html

7) Exposure of Military Personnel to “Project SHAD”

Experiments

Project SHAD (Shipboard Hazard and Defense) was an experimental program conducted by the Department of Defense starting in 1962, and was part of a larger program called Project 112. It involved servicemembers from the Navy and Army, and may have involved smaller numbers of personnel from the Marine Corps and Air Force.

The military is continuing to declassify reports related to these projects. Additional experimental exposure of military personnel to a variety of chemical and/or biological agents took place from 1955 to 1975, primarily at military facilities at Edgewood, Maryland.

According to documents available on the VA website, exposures may have included chemical warfare agents (Sarin/VX) and a variety of bacterial agents.

Detailed information about these exposures is available at www1.va.gov/SHAD.

Veterans concerned that their health issues may be related to exposure to agents or participation in these experimental programs should file a claim for compensation. Because of the complexity of these claims, it is important to work with a knowledgeable veterans service officer from one of the Veterans Service Organizations, including VFA, American Legion, VVA or others.

8) Exposure to Depleted Uranium

Depleted Uranium (DU) is used by the U.S. military primarily in the M1A1 Abrams Tank as a kinetic energy weapon, and was first used in combat during the 1991 Gulf War.

DU has been an incredibly controversial issue, and one which has given rise to substantial amounts of misinformation on all sides of the issue. Although this book will not go into all of the details of the arguments, it will lay out what is clearly known.

DU primarily gives off alpha particles, which are a short-range, high energy form of radiation which is effectively stopped by clothing, paper or even

the dead layer of skin on the body. External exposure to depleted uranium is generally not considered a health hazard.

That said, under certain circumstances, there may be more risk. Because DU is pyrophoric (meaning it burns), when it strikes a vehicle the DU rounds can burn up into a fine, respirable dust. Military personnel who have contact with destroyed vehicles or equipment which has been hit by DU rounds are at risk of breathing these particles and taking them into the lungs, which MAY have a cancer risk similar to that of radon (which is also an alpha particle emitter).

At this time the science is largely still out on these questions. Studies conducted by the military have shown that rats with implanted depleted uranium pellets may develop health problems. However, no human studies have been conducted. Consequently, at this there is no compensation program available to veterans who may have been exposed to DU.

If you believe you may have been exposed to DU during military service, you should take the following steps:

- 1) Document the exposure. This documentation should include all the possible information you can gather, including photographs, unit reports, medical records, and buddy statements.
- 2) If you are still in the military, report the possible exposure.
- 3) Register with the VA's Gulf War Registry, and ensure you provide the documentation of your exposure. To participate in the Gulf War Registry, call 1-800-749-8387.

9) Effect of Traumatic Brain Injuries

Often referred to as the “signature wound” of the Iraq and Afghanistan wars, traumatic brain injury (TBI) can result from the head being violently hit or shaken. Because of the large numbers of roadside bombs and other explosions, substantial numbers of servicemembers may have experienced brain injury and not be aware of it. Research into traumatic brain injury shows that people who survive multiple concussions can develop serious health problems including:

- Trouble with memory, attention or concentration
- Sensitivity to sounds, light or distractions
- Impaired decision making ability or problem solving

- Difficulty with inhibiting behavior, impulsiveness
- Slowed thinking, moving, speaking or reading
- Easily confused or overwhelmed
- Changes in sleep patters
- Changes in sexual interest or behavior

Symptoms of TBI can easily be confused with that of other conditions, such as Post-Traumatic Stress Disorder (PTSD) and therefore can easily be misdiagnosed. Currently VA policy requires all veterans of Iraq and Afghanistan to be screened for possible TBI when they receive medical care.

In September 2008, the VA announced new regulations that make it easier to establish a compensation claim based on traumatic brain injury. However, the rules only apply to claims received *after* September 23, 2008. Claims received before that date, or which have already been decided, are evaluated under the older, more difficult criteria. If you filed a claim before September 23, 2008, you must explicitly notify VA that you wish your claim to be considered under the new rules. As of the writing of this chapter, the procedure for requesting a review has not been made available.

10) Anti-Malaria Drugs (Larium)

Malaria is a serious, sometimes life threatening illness which is a risk to anyone in the tropics, and has long been a serious problem for U.S. military forces deployed around the world.

Currently the mostly commonly provided anti-malaria drug provided to U.S. troops is mefloquine, also known as Larium.

In general, larium is tolerated well by most people who take it, and it is an effective preventer for malaria. However, individuals susceptible to seizures, or who suffer psychiatric problems or depression should not take it.

Potential side effects of the drug have been documents. However it is important to remember that these have been reported in only a small minority of those taking the drug. They include include dizziness, lethargy, insomnia, severe headaches, violent mood-shifts, seizures, panic attacks, and in rare cases, serious psychosis.

If you think you may have problems related to having taken Larium, take the following steps:

- 1) Document that you took it. Check your medical records for the terms mefloquine or Larium. Because it is not routinely recorded in medical records, you should also check with the corpsmen/medic

- (if you are still on active duty) because it may be recorded in the dispensing logs of the unit. Check with buddies you served with to find out if they have documentation.
- 2) If you don't have any documentation, ensure you write down what you remember of what you were given, instructions you were provided on how much to take and when. Include any side effects you may have experienced.
 - 3) Fill out the Larium side effects questionnaire provided by Larium Action U.S. at:
www.lariaminfo.org/pdfs/side_effects_questionnaire.pdf
 - 4) Consult a physician for diagnosis and treatment, and ensure your exposure is documented by the VA. Provide the physician with the "Information for Military Service Members and Their Families" fact sheet available from the Deployment Health Center of the Department of Defense, available at
www.pdhealth.mil/downloads/Mefloquine_SM_fs_4104.pdf

11) Chronic Pain

By the American Pain Foundation

Introduction

Pain is a growing issue among members of the military, past and present. Yet, many do not receive timely, adequate pain relief. Too many veterans and military personnel fail to seek timely medical attention for their pain. Instead, they tend to abide by the military directive to be tough and push through any pain or adversity. While this may be a good coping skill on the battlefield, it is potentially harmful when returning to civilian life.

(Editor's note: there is no VA disability compensation for chronic pain unless it is linked to a diagnosis. For more on disability compensation, see other sections and subchapters of this chapter.)

Although pain is among the most common complaints for all returning military, appropriate medical resources are limited and facilities are potentially unprepared to care for the volume of service members expected to return with pain-wrenching injuries. According to published reports, in the present con-

flicts more than 50,500 U.S. soldiers have suffered non-fatal injuries as of September 2006, which translates to 16 wounded servicemen/women for every fatality—the highest killed-to-wounded ratio in U.S. history (Bilmes, 2007). Although today's body armor and rapid evacuation to medical care is saving lives, there are more maimed and shattered limbs than ever before, with instances of amputation double previous rates. At the same time, an increasing number of veterans, especially those from the Vietnam era, are moving into their senior years when war wounds deepen and can become more problematic.

If left untreated or undertreated, pain can lead to a host of negative health outcomes, including limited function, difficulty working and chronic anxiety, depression and feelings of isolation. Pain is also a leading cause of short- and long-term disability among veterans. *Early pain assessment and treatment is essential to avoid long-term problems and needless suffering.*

“Toughing it out” by leaving pain untreated can lead to years of needless suffering, which can destroy lives and families, negatively impact military morale and over-burden the military/veteran healthcare system. This is not an acceptable legacy for those who have sacrificed their lives, limbs and future in order to serve and protect our country. It also places a heavy burden on military families, many of which are struggling to cope with military separation and subsequent war-related stress and injuries.

The good news is that there are a growing number of resources and treatments available for members of the military to effectively manage pain and reclaim their lives. In this chapter, we provide an overview of special pain conditions, practical information about the diagnosis and treatment of pain, as well how to cope. A comprehensive list of resources is also included.

For more comprehensive information about pain treatment options, the difference between physical dependence and addiction, the burden of pain in the military, common fears and misperceptions, and to access online support services, visit the **American Pain Foundation's** web site at www.painfoundation.org or call the toll-free message line at 1-888-615-7246.

Special Considerations

Pain is a public health crisis across this country. But for member of the military, who are at heightened risk for injury and combat wounds, effective pain management is particularly challenging. Many present with PTSD, traumatic

brain injuries, amputations and other injuries, which further complicate their care, especially in areas that lack appropriate medical resources.

PTSD commonly affects soldiers returning from war, and is triggered by exposure to a situation or event that is or could be perceived as highly threatening to a person's life or those around him/her, and may not emerge for years after the initial trauma. Chronic pain symptoms and PTSD frequently co-occur and may intensify an individual's experience of both conditions. Chronic pain and PTSD result in fear, avoidance behaviors, anxiety and feelings of isolation.

Amputations have long been a tragic, unavoidable consequence of combat injury—"one of the most visible and enduring reminders of the cost of war," according to the Amputee Coalition of America. While there have been major advances in medicine, prosthetics and technology that allow amputees to lead more independent lives, most of these patients continue to need specialized long-term or lifelong support. Managing wound, post-operative, phantom and stump pain is important to reduce suffering and improve quality of life.

A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain and is a major cause of lifelong disability and death. Managing pain in veterans with TBIs may be complicated by memory lapses affecting medication management, difficulty organizing and following complicated and sometimes even simple pain management regimens, and difficulty learning new coping skills. Rehabilitation should incorporate efforts to relieve associated pain.

Unfortunately, many of today's wounded combat veterans will face a life of chronic pain. The devastation and impact of chronic pain on veterans' lives cannot be ignored. In his testimony for the Congressional Briefing on Pain in June 2006, Rollin M. Gallagher, MD, MPH, director of pain management at the Philadelphia VA Medical Center stated:

"We will have tens of thousands of veterans home with us for the rest of their lives, trying to restore a life, following blast injuries causing severe tissue and nerve damage that leave them in a state of permanent severe pain. Mechanical devices can help restore functioning of limbs. *However, more often than not, it's the severe and unrelenting pain that will prevent them from obtaining a reasonable quality of life, for it takes over a person's brain.*"

Studies of VA patients show that the pain of veterans is significantly worse than that of the general public (Kazis et al. 1999, 1998). Veterans have greater exposure to trauma and psychological stress (Arnstein et al. 1999), both of which increase pain and compound therapy. Chronic pain is an important contributor to the development of post traumatic stress disorder, depression,

anxiety, panic attacks and substance abuse and, if untreated, worsens their outcome (Schatzberg, Archives General Psychiatry).

Common Concerns and Perceptions among Veterans and Military Members Suffering with Pain

- The acknowledgement of pain is a sign of weakness
- Perception that if pain medication is prescribed they will be “drugged up” and that the meds will change their personality
- Taking medication will reflect negatively on them; fears that they will lose their military/civilian job and benefits.
- Concerns that they’ll be on medications for life and become addicted
- Believing medication(s) will affect sexual functioning and health over the long term (e.g., organ problems)
- Even if they do take medicine, thinking that it won’t help
- That they “can’t” tell others especially military/veteran peers
- REMEMBER: Pain is not a sign of weakness, and is often an inevitable result of injury or trauma associated with the duty to serve one’s country.

Why is Managing Pain Important?

If you are reading this and suffer with pain, it is critical that you seek appropriate medical care and social support. Persistent pain can interfere with your enjoyment of life. It can make it hard to sleep, work, socialize with friends and family and accomplish everyday tasks. When your ability to function is limited, you may become less productive. You may also find yourself avoiding hobbies and other activities that normally bring you happiness in order to prevent further injury or pain. Ongoing pain can cause you to lose your appetite, feel weak and depressed. Failure to treat acute pain promptly and appropriately at the time of injury, during initial medical and surgical care, and at the time of transition to community-based care, contributes to the development of long-term chronic pain syndromes. In such cases, pain signals remain active in the nervous system for weeks, months or even years.

Consequences of Pain

- Untreated pain can have serious physiological, psychological and social consequences, which may include:
- Weakened immune system and slower recovery from disease or injury
- Decreased quality of life. Pain adversely impacts almost every aspect of a person’s life including sleep, work, and social and sexual relations.
- Human suffering, fear, anger
- Depression/anxiety
- Deterioration of relationships, marriages, intimacy
- Loss of independence (can’t perform activities of daily living)
- Loss of self-esteem

Goals of Pain Therapy

Your pain management team will work with you to map out a treatment plan tailored to your specific needs. Successful pain management aims to:

1. Lessen the pain
2. Improve functioning
3. Enhance your quality of life

In most cases, a “multi-modality” approach is recommended. For example, your healthcare provider may prescribe a medication along with activities to reduce stress (e.g., deep-breathing exercises). To improve daily functioning, specific therapies may be suggested to increase muscle strength and flexibility, enhance sleep and reduce fatigue, and assist you in performing usual activities and work-related tasks. Non-drug, non-surgical treatments could include relaxation therapy, massage, acupuncture, application of cold or heat, behavioral therapy, and other techniques.

Diagnosing and Assessing Your Pain

To correctly diagnose your pain, your healthcare provider may:

- Perform a complete physical exam
- Complete a pain assessment
- Ask detailed questions about your medical history and lifestyle
- Order blood work, X-rays and other tests

Note: Because of the current state of medical science and limited pain research, there are some causes of pain which may not be able to be confirmed with current medical technol-

ogy and diagnostic tests. Just because a concrete cause for your pain can't be found, doesn't mean that your pain doesn't exist.

It is important to give your healthcare provider a complete picture of your pain history. This information will help him or her to determine the right treatment plan for you. To complete a pain assessment, your healthcare provider may ask about seven aspects of pain to help LOCATE your pain and make the correct diagnosis.

L = the exact Location of the pain and whether it travels to other body parts.

O = Other associated symptoms such as nausea, numbness, or weakness.

C = the Character of the pain, whether it's throbbing, sharp, dull, or burning.

A = Aggravating and Alleviating factors. What makes the pain better or worse?

T = the Timing of the pain, how long it lasts, is it constant or intermittent?

E = the Environment where the pain occurs, for example, while working or at home.

S = the Severity of the pain (See discussion of pain scales below).

Be sure to share how your pain affects your sleep, mood, appetite and activity levels. Remember to use descriptive language when explaining your pain. Describe your pain with words like: sharp, crushing, throbbing, shooting, deep, pinching, tender, aching, among others. Your healthcare provider may also use a pain scale to help assess your pain. Pain scales are tools that can help you describe the intensity of your pain and help your doctor or other healthcare providers diagnose or measure your level of pain. Three types of scales are commonly used: numeric, verbal and visual.

With numerical scales, you use numbers from 0-10 (0 being no pain and 10 being the worst pain ever) to rate the intensity of your pain.

Verbal scales contain commonly used words such as "mild," "moderate" and "severe" to help you describe the severity of your pain.

Visual scales use aids like pictures of facial expressions (from happy, or no hurt, to agony, or hurts most), colors or gaming objects such as poker chips to help explain the severity of the pain. Body diagrams may also be used to help pinpoint where your pain occurs.

Your Pain Management Team

Common pain problems can often be managed by your primary care provider or treating healthcare professional. This individual could be a physician, nurse practitioner or physician's assistant. When pain is more difficult to treat, help from additional healthcare professionals and others with specialized training in pain may be required. Some of these disciplines may include, but are not limited to:

Specialty physicians from the fields of pain medicine, neurology, neurosurgery, physical medicine, anesthesia, orthopedics, psychiatry, rheumatology, osteopathy, for example.

Nurses

Pharmacists

Social Workers

Psychologists

Case Managers

Chiropractors

Physical Therapists, Occupational Therapists, Psychiatrists

Complementary/Alternative Medicine Practitioners (massage therapists, yoga instructors, acupuncture, etc.)

Be sure to find a healthcare professional not only trained to treat your pain disorder, but who is also willing to work with you to manage your pain. At each follow-up visit, a re-assessment of your pain and pain management plan is very important in order to evaluate the effectiveness of your treatment.

Mapping a Treatment Plan

There are many ways to treat pain. Find out about the benefits and risks of drug and non-drug therapies. Learn about the different ways drugs can be prescribed. For example, opioids—strong medications for relieving serious pain—can be delivered through pills, a transdermal patch, or a pump. Many non-drug therapies, used alone or in combination with medications, can also help reduce pain. A few include relaxation therapy, exercise, psychological counseling, acupuncture and physical therapy, the application of cold or heat, as well as a host of complementary and alternative treatments, such as massage, acupuncture, and yoga.

Pain is complex and unique to each individual. For this reason, your healthcare team will consider many aspects of your pain and daily life before recommending a treatment program, including:

Type of pain (whether it is acute or chronic)

Intensity of your pain

Your physical condition, coping ability and challenges

Your lifestyle and preferences for treatment

Your treatment plan will likely include a combination of the following:

Pharmacotherapy (e.g., non-opioids, opioids and other medications)

Psychosocial Interventions (e.g., stress management, coping, counseling)

Rehabilitation Techniques (e.g., re-conditioning, exercise therapy, application of heat or cold, myofascial therapy)

Complementary and Alternative Medicine (e.g., meditation, tai chi, dietary supplements, aromatherapy, therapeutic massage)

Injection and Infusion Therapies (e.g., nerve blocks, patient-controlled analgesia, or PCA)

Implantable Devices and Surgical Interventions (e.g., pumps, stimulators)

NOTE: *When used for medical purposes and under the guidance of a skilled healthcare provider, the risk of addiction from opioid pain medication is very low.*

For more detailed information about specific therapies within each of these areas, visit the American Pain Foundation's web site, www.painfoundation.org, to download or order *Treatment Options: A Guide for People Living with Pain* (www.painfoundation.org/Publications/TreatmentOptions2006.pdf). Also, take advantage of the online support services and information specifically for members of the military and veterans. It helps to talk to others who understand.

Getting Help/Pain Resources

Finding good pain care and taking control of your pain can be hard work, but there are a number of resources you can turn to for support. Look for pain specialists by:

Asking your healthcare provider for a referral to a pain specialist or pain clinic.

Asking friends, family members, co-workers—particularly those who've had pain or know someone with pain—for suggestions.

Contacting the referral service of the largest hospital in your area.

Checking resources available through your area VA facility.

Speaking with people who belong to pain support groups in your area or region. Ask which doctors they like and what they look for in a specialist or pain center.

Contacting your local chapter of the American Society of Pain Management Nurses (ASPMN) or the American Academy of Pain Medicine (AAPM).

Researching your State Pain Initiative at aspi.wisc.edu/state.htm.

If you are in a managed care program, call your representative and get the list of approved pain specialists. Also be sure to check the American Pain Foundation's *Pain Resource Locator Links* at www.painfoundation.org.

Remember, you are part of your health care team, so play an active role in your pain care and work with your healthcare providers to come up with a treatment plan that works best for you.

Some people have found that getting involved with advocating on a state and/or national level about the issue of better pain care has helped them feel more empowered and has positively impacted their pain. If you are interested in exploring this, please go to the American Pain Foundation's web site at www.painfoundation.org and click on "Take Action Now" to find out how you can become involved with advocacy activities.

Helpful Hints on Your Road to Recovery

Managing your pain is an important step to reclaim your life. It's important to remember that getting help for your pain is not a sign of weakness. And the earlier you seek treatment, the better. Here are some helpful tips:

Seek out a "battle buddy," someone else who has faced a similar experience and can help you through your war on pain.

Speak up! Only you know the extent of your pain and how it affects your quality of life.

Tell your healthcare provider about past treatments for pain. Have you taken prescription medication or had surgery? Tried massage? Applied heat or cold?

Knowledge is power. Learn all you can about your pain and possible treatments. Remember, there are a variety of drug and non-drug therapies (e.g., physical therapy, yoga, meditation) available to effectively control pain; these are typically used in combination.

Tell your provider what over-the-counter medications, vitamins and supplements you take, at what dose and how often. Also let him or her know about other personal health habits (e.g., smoking tobacco, alcohol use), which can interfere with some pain treatments and increase pain levels.

Keep a pain journal to record the frequency and intensity of your pain. Use descriptive words, such as sharp, crushing, throbbing, shooting or tender. Also, take note of how well your treatment plan is working and what makes your pain worse or better.

Write down questions and concerns that you have before each appointment.

Take advantage of the VA and other health care services, which are *earned* by veterans.

Bring a relative or friend with you for support and to help take notes and remember what was said.

Research available support groups and educational programs, like the American Pain Foundation's Military/Veterans Initiative, which includes a dedicated section of the web site, including online bulletin boards, chats, articles, news, education and support to address veteran/military pain issues.

Talk with your family about how you are feeling. Mental health issues and depression, although not visible on the outside, can also cause pain.

Accept support from loved ones—you need and deserve all the help you can get. Long-term pain often results in physical and psychological challenges.

“Pain is a powerful thing. It changes everything. Your whole life is altered to accommodate it. In military hospitals all around the nation I witnessed strong young Infantrymen, Medics, and Snipers buckle under its crushing weight. Exhausted emotionally and physically they cried out in pain.”

— Captain Jonathan D. Pruden of the U.S. Army at a Congressional Hearing provided testimony for a Congressional Hearing on Chronic Pain, December 8, 2005.

The information in this chapter is provided to help readers find answers and support. Always consult with health care providers before starting or changing any treatment. This information is provided for educational and information purposes only. APF is not engaged in rendering medical advice or professional services, and this information should not be used for diagnosing or treating a health problem. APF makes no representations or warranties, expressed or implied.

RESOURCES

Military/Veteran-Specific Resources

There are a number of resources available to military service members, veterans and their families, including the Veterans Administration, Veterans Service Organizations (e.g., Veterans For America, American Legion, VFW, DAV) and state-level programs through state veterans’ office. The below lists helpful organizations and health care resources to suit your needs.

American Pain Foundation

(888) 615-PAIN (7246)

www.painfoundation.org

APF has launched a comprehensive initiative to reach out to active military and veterans who are in pain and provide them with educational information, and support to improve their pain care, decrease their sense of isolation, and encourage them in their pursuit of a better quality of life for themselves and their families.

American Legion

www.legion.org

The world's largest veteran’s organization, supporting and assisting military veterans and their families.

Amputee Coalition of America

www.amputee-coalition.org/military-instep/

Consumer educational organization reaches out to people with limb loss and empowers them through education, support and advocacy. The Amputee Coalition of America, in partnership with the United States Army Patient Care program, has just published: Military in-Step, a full-color, 98-page publication aimed at meeting the informational needs of returning military personnel with service related amputations. Copies are available to all as a PDF download through the Amputee Coalition of America's Web site.

Angel Flight for Veterans

angelflightveterans.org

Angel Flight for Veterans provides no-cost or greatly reduced rate, long-distance charitable medical transportation/travel. Angel Flight for Veterans serves veterans and active duty military personnel and their families.

Center for Women Veterans

www1.va.gov/womenvet/

The Center for Women Veterans ensures that women veterans receive benefits and services on a par with male veterans, encounter no discrimination in their attempt to access these services, are treated with respect and dignity by VA service providers, and acts as the primary advisor to the Secretary for Veterans Affairs on all matters related to programs, issues, and initiatives for and affecting women veterans.

Defense and Veterans Brain Injury Center

www.dvbic.org

The mission of the Defense and Veterans Brain Injury Center (DVBIC) is to serve active duty military, their dependents and veterans with traumatic brain injury (TBI) through state-of-the-art medical care, innovative clinical research initiatives and educational programs.

Disabled American Veterans (DAV)

www.dav.org

DAV provides a nationwide network of services to America's service-connected disabled veterans and their families.

Fallen Citizen

www.fallencitizen.org

New nonprofit project of the National Heritage Foundation, has been established to help veterans and their families who have suffered because of death or injury, and face financial uncertainty as a result.

House Committee on Veterans' Affairs

veterans.house.gov/index.htm

The House Committee on Veterans' Affairs reviews veterans' programs, examines current laws, and reports bills and amendments to strengthen existing laws concerning veterans and the Department of Veterans Affairs (VA).

Institute of Medicine Health of Veterans and Deployed Forces

veterans.iom.edu

The Institute of Medicine has created an Internet web site with information about a variety of military-related health issues. The web site has separate sections for health care issues affecting veterans of World War II, the Korean War, the Vietnam War and the Gulf War. Other sections list IOM's reports, while another area contains studies about chemical and biological agents. Another section contains reports and information about deployment health.

Iraq and Afghanistan Veterans of America

www.iava.org

The nation's first and largest group dedicated to the Troops and Veterans of the wars in Iraq and Afghanistan, and the civilian supporters of those Troops and Veterans.

Iraq War Veterans Organization

www.iraqwarveterans.org/

The Iraq War Veterans Organization provides information and support. The web site has links to information about Veterans Administration health care, readjustment after deployment, education, employment, military discounts, PTSD issues, support-chat forums, family support and deployment information.

MedlinePlus: Veterans and Military Health

www.nlm.nih.gov/medlineplus/veteransandmilitaryhealth.html

MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations. MedlinePlus also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and latest health news.

Military OneSource

www.militaryonesource.com/skins/MOS/home.aspx

Supplements existing installation services, provides free help and information, by phone with a professionally trained consultant or online, on a wide range of issues that affect you and your family—from budgeting and investing to relationships and deployment.

National Gulf War Resource Center, Inc.

www.ngwrc.org

The National Gulf War Resource Center is an international coalition of advocates and organizations providing a resource for information, support, and referrals for all those concerned with the complexities of Persian Gulf War issues, especially Gulf War illnesses and those held prisoner or missing in action.

National Veterans Legal Service Program

www.nvlsp.org

The NVLSP is an independent, non-profit veterans service organization that has been assisting veterans and their advocates for more than 25 years. NVLSP achieves its mission through education, advocacy, litigation, training advocates who represent veterans, and publications.

Paralyzed Veterans of America

www.pva.org

The Paralyzed Veterans of America is a veterans service organization founded in 1946, provides services and advocacy for veterans of the armed forces who have experienced spinal cord injury or dysfunction.

Purple Heart Organization

www.purpleheart.org

The Military Order of the Purple Heart provides services to all combat wounded veterans and their families, and supports necessary legislative initiatives.

Soldiers Angels

www.soldiersangels.com

Soldiers' Angels are dedicated to ensuring that our military know they are loved and supported during and after their deployment into harms way.

Veterans Administration Chronic Pain Rehabilitation Center

www.vachronicpain.org

The Chronic Pain Rehabilitation Program is a comprehensive, inpatient chronic pain treatment program established in 1988 to help veterans with chronic pain cope with their condition. Since that time it has evolved into a nationally known center for pain diagnosis, treatment, research, and education.

Veterans Administration Survivor Benefits Web site

www.vba.va.gov/survivors

The Department of Veterans Affairs (VA) has created a new internet web site for the surviving spouses and dependents of military personnel who died on active duty and for the survivors and dependents of veterans who died after leaving the military.

Veterans Consortium Pro Bono Program

<http://www.vetsprobono.org>

A consortium of four organizations: American Legion, Disabled American Veterans, National Veterans Legal Services Program, Paralyzed Veterans of America – Providing volunteer lawyers to help eligible veterans and their families with appeals to the Court of Appeals for Veterans Claims.

Veterans for America

www.veteransforamerica.org

Veterans for America (VFA), formerly the Vietnam Veterans of America Foundation, is uniting a new generation of veterans with those from past wars to address the causes, conduct and consequences of war. Together, Veterans

offer a crucial perspective when addressing public and political concerns about war in the 21st century.

Veterans Health Administration Directive on Pain Management

www1.va.gov/Pain_Management/

Provides information on VA resources and policies related to the effective management of pain. This site includes information on VA national pain management policy, the names of key contact people in the VA who may be of assistance in pain management efforts, links to VA facility web sites that contain information about their pain programs and policies, and links to non-VA pain management organizations that may serve to support pain management efforts.

Veterans of Foreign Wars

www.vfw.org

The VFW mission is to “honor the dead by helping the living” through veterans' service, community service, national security and a strong national defense.

Wounded Warriors

www.woundedwarriorproject.org

The Project seeks to assist those men and women of U.S. armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other hot spots around the world.

ADDITIONAL RESOURCES

American Chronic Pain Association

(800) 533-3231

www.theacpa.org

National Chronic Pain Society

(281) 357-HOPE (4673)

www.ncps-cpr.org

National Pain Foundation

www.nationalpainfoundation.org

Prescription Drug Assistance

Partnership for Prescription Assistance

(888) 4PPA-NOW / (888) 477-2669
www.pparx.org/Intro.php

Patient Advocacy
Patient Advocate Foundation
(800) 532-5274
www.patientadvocate.org

Palliative Care
National Hospice and Palliative Care Organization
(703)-837-1500
www.nhpco.org

Finding A Pain Specialist

American Academy of Medical Acupuncture
(323) 937-5514
www.medicalacupuncture.org/acu_info/generalinfo.html

American Academy of Pain Management
(209) 533-9744
www.aapainmanage.org/info/Patients.php

American Academy of Pain Medicine
www.painmed.org/membership

American Academy of Physical Medicine and Rehabilitation
(312) 464-9700
www.aapmr.org

American Association of Naturopathic Physicians
(866) 538-2267
www.naturopathic.org

American Chiropractic Association
(703) 276-8800
www.amerchiro.org/level1_css.cfm?T1ID=13

American Holistic Medical Association

(505) 292-7788

www.holisticmedicine.org/public/public.shtml

American Holistic Nurses Association

(800) 278-2462

www.abna.org/practitioners/index.html

American Osteopathic Association

(800) 621-1773

www.osteopathic.org/index.cfm?PageID=findado_main

American Pain Society

(847) 375-4715

www.ampainsoc.org

American Society of Addiction Medicine

(301) 656-3920

www.asam.org/search/search2.html

American Society of Interventional Pain Physicians

(270) 554-9412

www.asipp.org

American Society for Pain Management Nursing

(888) 34-ASPMN / (888) 342-7766

www.aspmn.org

American Society of Regional Anesthesia & Pain Medicine

(847) 825-7246

www.asra.com

Pain Assessment Scales

Pain Assessment Scales

www.partnersagainstpain.com/index-mp.aspx?sid=3&aid=7825

Pain Assessment Scales for Children

www.childcancerpain.org/content.cfm?content=assess07

Pain Assessment Scales in Multiple Languages

www.partnersagainstpain.com/index-mp.aspx?sid=3&aid=7692

Clinical Trials

Pain Clinical Trials Resource Center

www.centerwatch.com/ctrc/PainFoundation/default.asp

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