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VBS Toxic Exposure Issues

#1. Today I would like to talk about the technical side of the house when it comes to presumptive illnesses. A "Presumptive Illness" is an illness that the VA concedes that the illness was caused by your military service even if the illnesses symptoms begin after your military service has ended. See veterans that served in certain places, during certain time periods were exposed to certain environmental hazards such as Agent Orange, radiation, and burn pits. These toxic environments have numerous long-term health effects on many of the veterans that were exposed to these types of environments while serving.

#2. THE FEDERAL REGISTER- When an illness is added to the presumptive illness list that means that it's been medically proven that the illness that's being added is caused and associated to exposure to whichever hazard list its been added to. Having an illness added to the presumptive list can take years if not decades to happen. This also requires the assistance of Congress who approves the illness and then directs the Secretary of the VA (General Shinseki) to add the illness to the Federal Register which effectively changes the law on the day that it's added to the register, which from that point forward those veterans can file for that illness with many of the barriers removed.

#3. When it comes to presumptive illnesses that are listed on the federal register, this only wins half of the fight for you though. See when it comes to disability claims, when you boil it all down there are 2 basic parts.

A. You have to prove that a service connection exists (which is where that presumptive designation helps).

B. SEVERITY, which means the level in which the injury/illness keeps you from working. See it's not enough to prove a service connection exists because that can easily get you a 0% rating, you have to prove that it impacts your daily life in an adverse way that hinders your ability to become and maintain gainful employment. Hence reduced work efficiency.

#4. When we began discussing "Presumptive Illnesses" many people here had numerous questions about what constitutes a presumptive illness, etc. To start off with I would like to point out that Presumptive Illnesses are NOT the only way to get a claim approved through the VA. It just simplifies things in certain instances when veterans have certain illnesses that are on the presumptive illness lists.

#5. If you take a look at the link below this will provide you with the list of Presumptive Illnesses for Agent Orange exposure.

<http://www.publichealth.va.gov/exposures/agentorange/diseases.asp>

#6. This next link has the listings of all the places that Agent Orange was used / stored that the VA currently recognizes. I would point out that this list continually grows as ships and locations are added to this list fairly frequently.

<http://www.publichealth.va.gov/exposures/agentorange/militaryexposure.asp>

#7. When a veteran files a claim for an Agent Orange Presumptive Illness, assuming that both the illness is one the list, and where they served matches up with the list as well, then a service connection will happen. This only establishes the service connection though and it still leaves the question of severity which must now be answered. See it's not enough to establish a service connection but you also have to be able to show that it impedes your ability to maintain gainful employment as well. The good part though is that it removes the giant barrier of proving the illness was caused by your service, which in cases where time is of the essence, it can really be vital!

#8. So what happens when groups of veterans are left off of the Presumptive Illness Exposure list? This happens from time to time, such as with ships that served off of the coast of Vietnam, those that served in Okinawa, Panama, etc. The only way that these veterans can get their exposures recognized is by getting it added to the Federal Register which will effectively change the law to recognize their exposures. Otherwise they usually remain in an uphill battle in trying to prove they were exposed.

#9. Close to 2 years ago a Korean War veteran contacted me one day through Veterans Benefits Support. He served in the 2nd MP Company during Korea, and everyone he served alongside each had multiple medical illnesses that were presumptive for Agent Orange exposure. While he had plenty of documentation to help prove his exposure to Agent Orange, everything he said fell on deaf ears at the VA because they were not on the list. During our initial discussions he mentioned to me several times that he was too old to fight the government. My response each time was that he needed to either get prepared to fight them or start digging because without fighting he would be in his grave soon. In his case either way he decided something was going to happen and it was up to him which action happened. You either fight for what you believe in, or handle the consequences of not fighting. Looking back now I like to think that those first discussions were about getting his head ready for battle, because once he began fighting them on this issue, he won within 6-8 months and the government added the 2nd MP Company to the list. My point in this posting is that anything is possible when you put your head to it!

#10. Taking inventory! When working with veterans on these types of issues I really like to sit down and take inventory of all the tools that we have in our tool belt before we proceed. In this previous postings case he was a Korean War veteran that was highly organized, he had plenty of evidence and research at his fingertips. Being an MP, that tells me that everyone he served alongside were all law enforcement and many of them worked in law enforcement their entire careers. Additionally this veteran in particular had worked in the bonding field which tells me that creativity and thinking outside the box are going to be our strengths. Also he lived within a very good Congressional district, he had very strong ties to the community, and he was a Post

Commander within one of the veteran's organizations. All of these would be strengths in this battle which we used during the fight.

#11. Once we took a good inventory of this veteran's strengths we initially tried to take all of the evidence that he had to his VA doctors and the C&P examiners for his claims. We understood that it was a longshot but we tried to get it done with the path of least resistance. The examiners immediately informed him that they couldn't accept his records because the 2nd. MP Company was not on the list. Which is when we enlisted the assistance of Senator Burr who's, district is in North Carolina as well, and who served as the ranking member on the Senate committee on Veterans' Affairs at the time. The veteran approached the Senators liaison as a Post Commander that had a lifelong career in law enforcement. He informed them that he represented hundreds of veterans that had served in Law Enforcement that had simply been left off the list. He explained that he had a tremendous amount of evidence yet that nobody would even listen because of their being left off the Presumptive Illness list. He, as well as the hundreds of others that were still living we're being continually denied treatment due to this oversight on the VA's part. As he was doing this, the other veterans that he was in contact with were simultaneously doing the same with their Congressman/Senators as well, but the actual target was Mr. Burr because he had the power to overturn this. Upon further investigation by the Senator and the fact that many other politicians heads began looking into this information, Senator Burr and another Senator from the veterans committee discussed this issue during a meeting. They concurred that the evidence does indicate that as likely as not these presumptive illnesses were caused by Agent Orange exposure and therefore added the 2nd. MP Company to the federal register!

#12. Over the years I have lost many of my veteran friends because of Agent Orange. Most were young men and women when they joined the military just out of high school. Many volunteered while others were drafted into service. These were the lucky ones that made it home after surviving the war, and many of them went to work and started families. These became our neighbors our best friends and in many cases our parents. They have been our uncle's and our aunt's for our entire lives, and each day many of them find themselves being added to "The Wall" as they pass away do to Agent Orange Exposure!

#13. When a service member prepares for deployment to Iraq or Afghanistan there is an understanding that they are going to a hostile land, to engage a hostile enemy. They have no illusions as to if it will be dangerous or not and they continually prepare for battle against ambushes, fire fights, IED's, PRG's, land mines, etc. These are all things that can cause a service member to become severely injured or even worse in a matter of seconds. I will say though that when a service member goes off to war that they are worried about the obvious threats such as these, but they do not put any thought into

all of the environmental hazards they encountered along the way during their deployments! These next postings will be addressing these issues.

#14. Yellow Fever, Typhoid, Cholera, Meningitis, Hepatitis B, Whooping Cough, Tetanus and Polio. These are the standard vaccinations for service members that are going overseas to the Gulf. Then additionally many service members receive Anthrax and Botulinum toxoid vaccines as well. Over the years I have known many veterans that have had long-term illnesses that are by-products of these vaccinations. While the VA is usually pretty quick to point out that there is NO definitive link between vaccinations and many different long-term illnesses, I would also point out that there is a reason that they call them "Medically Unexplained Illnesses" because although science may not have made the medical links yet, it doesn't mean that the medical illnesses that many veterans have gotten from them are any less real!

#15. While vaccinations are the first major long-term health risk that service members encounter before deployments to Afghanistan and Iraq, next they are typically sent into the field for intensive training that simulates the extreme conditions they will encounter overseas. Over the years I have seen many service members that became injured and extremely ill from these extreme conditions. While some had frost bite & hypothermia from the extreme cold at Fort Dix in the winter, others have become paralyzed, broken arms/legs, etc. from different types of injuries that happened throughout their training in the field. These are just examples of some of the things that can happen while preparing FOR deployments!

#16. I remember back during middle and high school science classes the teachers would explain how pollination, the tides and moon phases all work, and it typically made sense once it was explained in layman's terms. This next series of stories when you put them all together will hopefully give everyone a really good understanding how all of the environmental exposures in Iraq and Afghanistan worked together to create all of the "Medically Unexplained Gulf War Illnesses."

#17. Oil Well Fires! When the first Gulf War began the Iraqi army lit the oil fields on fire in hopes of obstructing our attack abilities from both land and by sky. This created giant clouds of toxic soot, black rain, and numerous respiratory issues that have led to many veterans having numerous respiratory issues and lung cancer at very young ages. I would also point out that in science class we learned from Sir Isaac Newton that: "What goes up must come down" which is a basic law of gravity. Therefore all of that smoke and soot eventually lands on top of the dirt and dust over in the Gulf (which will be very important in future postings.)

#18. Here in the United States we have this little government agency we like to call the EPA. The EPA regulates how materials are disposed of, recycled, and destroyed. Over in Iraq and Afghanistan they do not have our EPA system, and many things such as tires

(which here in the US are illegal to burn because of the health and environmental hazards they pose) went almost completely unchecked throughout the entire war! Anyone here ever start wonder why we have these laws in place?

#19. Here in the United States we recycle used tires into fuel, rubber and even the chips that are used on playgrounds. They do this because of the long-term environmental issues that it will cause by not properly disposing of them and the health hazards created by just throwing them into landfills or burning them. Please take a look at the link below for the EPA's guides for disposing of used tires, because burning them in burn pits doesn't seem to be on the EPA's guidelines.

<http://www.epa.gov/osw/conserve/materials/tires/basic.htm>

#20. Question: How many pounds of waste do you think were burned per day in the Burn Pits at Joint Base Jalad in Iraq in 2007? (Please just give a best guess instead of researching the answer.)

#21. Answer: In 2007 Joint Base Jalad burned an average of 400,000 pounds of waste per day in the burn pits. That's 146,000,000 pounds of human/medical/chemical/tire/ordnance/plastics and many other types of waste in that years, time!

#22. Paint, chemicals, rubber, wood, Styrofoam, plastics, discarded food, lubricant products, petroleum, metal/aluminum cans, munitions and other unexploded ordnance, medical and human waste are all things that have been burning inside of the burn pits for the last decade in both Iraq and Afghanistan.

#23. Dr. Miller from Vanderbilt University is the doctor that uncovered many of the mysteries surrounding the respiratory problems that our returning service members face. He decided to begin taking biopsies from post deployed veterans that had respiratory problems since their deployments, and he began checking them under a powerful microscope. What he found was case after case of constrictive bronchiolitis...

<http://www.youtube.com/watch?v=2N91jAtCsKA&feature=youtu.be>

#24. In June of 2003 a giant sulfur mining plant caught fire that was near Mosul in Iraq. The sulfur fire took close to a month to contain and thousands of service members especially from the 101st Airborne Division that served in the 52nd, 326 and the 887 Engineer Battalions fought the blazing sulfur fires. Since that time many of these veterans in particular have experienced several major respiratory problems such as constrictive bronchiolitis and reactive airway dysfunction syndrome.

#25. Next up are the pesticides that deployed service members were commonly exposed to. First up is (C12 H17 NO) more commonly known as DEET, which is diethyl toluamide. DEET is the active ingredient in "Deep Woods Off" which actually has 25% pure DEET in it, which keeps insects away. Anything over 30% pure DEETS can have long-

term side effects which is why for years it was not for sale in stores here in the US and you had to purchase it online to get 99% pure DEETS if you were an avid hunter or fisherman. Several years ago this became legal to sell though and now places such as Bass Pro Shops offer 99% pure DEETS which is not to be placed on the skin but instead on your clothes. Which makes you wonder how many service members knew this when they sprayed it all over themselves if they had the stronger concentration!

#26. Next up we have "LINDANE" which is a pesticide that the military uses to treat deployed service members uniforms to prevent lice. The good part is that it's highly effective. The bad part is that the EPA has banned it because it is toxic and can cause seizures, it can weaken the immune system, it can damage the nervous system, and they feel it may cause cancer and disrupt the hormone systems as well.

#27. The last 2 Pesticide chemicals on the list that service members that served in the Gulf were potentially exposed to are A. Pyrethroid AKA Ermethrin (which primarily kills fleas). B. Organophosphorus which is primarily a pesticide but if used in high doses it can have lasting medical effects through poisoning of the person spraying it.

#28. Next up on our list is "DEPLETED URANIUM." Over the last 20+ years now the military has widely used depleted uranium as both armor for tanks and for depleted uranium rounds that penetrate enemy vehicles on the battle field. This presents its own problems because once a depleted uranium round penetrates a vehicle, small pieces of the depleted uranium can become scattered and become embedded in the service member themselves which can be hazardous!

#29. Next up, we have the infectious diseases that some Iraq & Afghanistan veterans came home with that they were exposed to while on deployments. These are: Malaria, Brucellosis, Campylobacter Jejuni, Coxiella Burnetti (Q Fever), Nontyphoid Salmonella, Shigella, and West Nile Virus. *These each have to be diagnosed within 1 year of military separation.

Mycobacterium, Tuberculosis, and Visceral Leishmaniasis do not have to be diagnosed within 1 year of separation.

#30. Over the last few weeks we have been gearing the majority of our postings toward discussing the most common exposures that, veterans that have served in Iraq & Afghanistan faced while on deployment's. These next few postings will discuss some of the more obscure things that smaller numbers of service members faced while serving in each of these places.

#31. First up we have cold injuries such as frostbite, hypothermia and immersion foot AKA (trench foot) which are all caused by prolonged exposure to freezing

temperatures. This often applies to those that were deployed to Afghanistan or that, received training or were stationed in places like Alaska or Fort Dix in the winter time. Long-term cold injuries can cause numerous problems such as:

A. Skin cancer in the frostbite scars.

B. Vascular injuries with Raynaud's Phenomenon that has symptoms such as your arms and legs becoming painful and white or discolored when they become cold.

C. Changes in your skin, muscles, ligaments, bones and nails.

D. Neurological injuries with symptoms such as bouts of pain in your arms and legs, hot and cold tingling sensations, and constant numbness.

#32. Here is a good article about the freezing temperatures in Afghanistan during the winter months that was shared to me by a person here at Veterans Benefits Support.

<http://militaryresourcedirectory.com/aims-blog/winter-weather-in-afghanistan-temperatures-and-injuries>

#33. Next up I would like to point out that, years ago I was made aware of some serious environmental hazards that exist at Bagram Air Base in Afghanistan. Bagram was originally built back in 1976 by the Soviet Union's military during their war with Afghanistan. Back then it was common place to use things such as Asbestos, and to improperly dispose of hazmat materials which at times were just sealed into rooms within the facilities that we now occupy which at times can cause exposures to these hazardous materials.

#34. Last evening I had the pleasure of speaking with a veteran that served in both Iraq & Afghanistan. He mentioned to me that with all of the environmental hazards that I have been doing postings on that he was surprised that he made it home in 1 piece. I quickly pointed out that these were just many of the issues that surround our post deployed veterans and that we can't lose sight of the fact that while these were the things that our deployed service members were exposed to, this was before they even went on missions, came under fire, and hit IED's!

#35. I would like to tell a quick story in layman's terms that will explain the wars in Iraq & Afghanistan's version of Agent Orange. Over 10 years ago the war began in both countries. Tanks, strikers, and billions of pounds of heavy equipment began rolling across the desert which we often call the sandbox. It's ironic that our service members call it the sand box actually, because that sand is what's causing many of these illnesses once they get home. A grain of sand on its own isn't deadly, but when it gets run over by heavy equipment all day long for a decade it becomes finer and finer over time. Then we have the burn pits which presents its own set of issues from burning both medical and human wastes, plastics, rubber, styrofoam, lead, copper, and anything

else you can imagine. Fire makes smoke, and smoke settles back on top of that sand which gets run over again by another tank and then gets blown up with an IED which makes it even smaller particles with even more toxic metals inside of each particle of dust. Then the sand storms pick it all up, and eventually it goes into the lungs of our service members! X-Rays and traditional testing doesn't show it, and only through biopsies can it be seen. What you ask? Constrictive Bronchiolitis!

#36. After reading the comments from the previous posting it's apparent that I need to repost this article up! It's an article about Dr. Robert Miller from Vanderbilt University. Dr. Miller was the doctor that uncovered the cause of the respiratory illnesses that the dirt, dust and smoke from the burn pits have caused to our post deployed service members. <http://www.mc.vanderbilt.edu/reporter/index.html?ID=8270>

#37. Many times when I speak with post deployed veterans over the phone, they begin telling me about the strange illnesses/symptoms they have had since returning from the war. After they list 2-3 illnesses I often stop them and begin reading the list of illnesses of illnesses that are presumptive (meaning that the VA presumes that service in Iraq & Afghanistan) caused certain illnesses to happen. Please take a look at this list below to see if any illnesses you have are there!

A prominent condition affecting Gulf War Veterans is a cluster of medically unexplained chronic symptoms that can include fatigue, headaches, joint pain, indigestion, insomnia, dizziness, respiratory disorders, and memory problems.

#38. VA prefers not to use the term "Gulf War Syndrome" when referring to medically unexplained symptoms reported by Gulf War Veterans. Why? Because symptoms vary widely and therefore, do not meet the definition of a syndrome. A syndrome is a group of symptoms that usually occur together and characterize a certain disease or abnormal condition. That is why VA uses the terms "medically unexplained chronic multi-symptom illnesses" and "undiagnosed illnesses" instead of "Gulf War Syndrome."

#39. Gulf War Veterans who meet the criteria below do not need to prove a connection between their military service and illnesses in order to receive VA disability compensation.

VA presumes certain chronic, unexplained symptoms existing for 6 months or more are related to Gulf War service without regard to cause. These "presumptive" illnesses must have appeared during active duty in the Southwest Asia theater of military operations or by December 31, 2016, and be at least 10 percent disabling. These illnesses include:

- Chronic Fatigue Syndrome is a condition of long-term and severe fatigue that is not relieved by rest and is not directly caused by other conditions.

■Fibromyalgia, a condition characterized by widespread muscle pain. Other symptoms may include insomnia, morning stiffness, headache, and memory problems.

■Functional gastrointestinal disorders, a group of conditions marked by chronic or recurrent symptoms related to any part of the gastrointestinal tract. Functional condition refers to an abnormal function of an organ, without a structural alteration in the tissues. Examples include irritable bowel syndrome (IBS), functional dyspepsia, and functional abdominal pain syndrome.

■Undiagnosed illnesses with symptoms that may include but are not limited to: abnormal weight loss, fatigue, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders, and sleep disturbances.

#40. I would like to point out in this next posting that I assure everyone here that I am not crazy. That being said, when I first became paralyzed from Guillain Barre Syndrome every time the doctors asked me how I felt I would tell them that "I feel like there is an alien underneath my skin that is moving around like in the movie Alien!" Each time the doctors would completely dismiss what I had to say, but to this day I stand by this statement because it's the truth! Ironically enough, each time that I have met another person that's had GBS, I always ask them this same question and each of them has agreed that this is exactly what it feels like! My point to this posting is that just because the medical professionals and scientists couldn't comprehend it, does not mean that it's not real!

#41. In the past here at Veterans Benefits Support we have presented numerous articles about several military bases that had extremely toxic soil from all of the chemicals and metals that were in the soil that could cause long-term health effects to the veterans that were once stationed there. Now as a lifelong resident of Central Florida, there have been hundreds of stories run about a local community here that was built on an old WWII bombing range. To date they have found over 400 live bombs, missiles and grenades underneath people's houses, pools, and primarily underneath a local Middle School! My point being is that we as veterans when we have strange illnesses, sometimes we merely need to look at where we have been in the past to figure out how we became this way! http://articles.orlandosentinel.com/2010-06-15/news/os-bombing-range-school-20100615_1_pinecastle-jeep-bombing-range-neighborhoods-of-vista-lakes-army-corps

#42. Oftentimes when I speak with veterans that have mysterious illnesses, or illnesses that I immediately recognize as being presumptive, one of the first questions that I will

ask is for them to tell me the names of every military base they were ever at while in service. Reason being is that many bases had different chemicals that were later found in the soil. Example: In the picture below while this may seem like a beautiful community, it sits on the land of the old Treasure Island Naval Base in San Francisco, CA. I mention this base because I went to fire school some 20 years ago. About a year ago a veteran here made me aware of the numerous chemicals that were in the soil and the fact that just a few years ago the US Navy spent millions to clean it up. There was silver in the ground underneath where the Dental Offices were at, and there were PCB's in the ground which can cause a wide array of cancers and non-Hodgkin Lymphoma. Many of the PCB contamination in the soil were directly underneath the on base housing! This veteran shared hundreds of pages of documentation that proved that this happened at Treasure Island.

#43. Yesterday several people at Veterans Benefits Support messaged me inquiring how to find out if the bases/ships they were stationed on could have had toxic chemicals such as Agent Orange exposures. I am going to do a few postings of lists starting with Navy ships that are listed in the Federal Register as presumptive for Agent Orange exposure.

<http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp>

#44. This next link will provide each person with a listing off all the places here in the US where Agent Orange was stored, tested, and used that the VA acknowledges, as well as the timeframes during which it was used.

http://www.publichealth.va.gov/exposures/agentorange/outside_vietnam_usa.asp

#45. Over the years I have had plenty of what I call "Light bulb moments" with veterans that while talking together they realized that "As likely as not their injuries were caused by their military service" (to use a VA term). This often happens when a veteran tells me how they feel and then I go down the list of PTSD symptoms, or if they tell me they have 1 or 2 illnesses that I know are presumptive to those that served within that certain area, then I begin going down the list and after reading it they mention that they had 4 or 5 illnesses that I just listed! I guess the point to this posting is that no matter where you served, you really need to look at all the possible illnesses that are associated with serving there. Also if you become ill, do a few word searches on your computer using the illness name along with words such as Army, Navy, Vietnam, Iraq, Fort Lewis, etc.

#46. What does Ischemic Heart Disease, Ischaemic Heart Disease, Myocardial Ischaemia, hardening/narrowing of the arteries, coronary artery disease, atherosclerosis of the coronary arteries, angina, myocardial infarction, unstable angina, acute coronary syndrome, etc. all have in common?

#47. In the last posting I listed many of the common names that medical professionals use to keep from saying the words "Ischemic Heart Disease." I did this to prove a point

here because when you say the words Ischemic Heart Disease most people will automatically realize that it's associated with Agent Orange exposure but if you just call it by another name then most veterans will not make the connection. This is why I use a simple trick with many veterans that I feel could have been exposed to Agent Orange. What I do is if they mention to me that they served in a place that used Agent Orange, if they mention a heart problem by any name, I immediately do a word search with the words they used plus the words Agent Orange. More often than not I find that whichever name the doctors gave them for the heart problem, it's usually connected to Ischemic Heart Disease which is presumptive for Agent Orange exposure! The same holds true for many illnesses.

#48. The previous 2 postings were about a game of semantics that many veterans often end up getting into with the VA over their injuries. Oftentimes it takes demanding clarification from the doctors or at times making complaints to get it changed so that the claims can go forward. Also sometimes the veteran ends up submitting either a private doctors statements that A. is in fact B. to get it overcome as well. The reason being is that when it's at the rating decision team they are looking for the buzz words, and the raters are not medical professionals they are admins so they fail to make the connections!

#49. Over the years I have learned to do word searches pretty effectively while on the phones with veterans. It can be a useful tool when quickly looking for a Nexus between the illnesses they have and Presumptive Illnesses that the VA recognizes. I mention this primarily because so often I see veterans that have an illness that the VA recognizes, but unless they know that it's presumptive, the VA can easily get away with denying a service connection exists!

#50. Just a quick update on the fight to prove that Agent Orange, was used in Okinawa, Japan. <http://www.jonmitchellinjapan.com/defoliated-okinawa---island-of-evil.html>