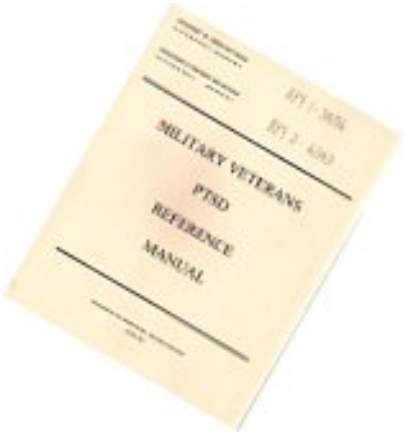
MILITARY VETERANS PTSD REFERENCE MANUAL



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UN-SOLICITED REVIEW (See more below)

"I would like to thank you for your words of wisdom. I am assisting my Father with this process, and needless to say he has grown weary of dealing with the government. What I have read has been helpful, as well as encouraging. Thank You"

Kelly Dawson

Effective April 3, 2001 my PTSD was upgraded from 50% to 70% and I am now permanently and totally disabled because of a determination of un-employability. Even though My actual combined disability is only 80% I now receive 100% for payment because of the un-employability. It has taken 3 years and 8 months to reach this point.

Social Security Update - On September 13, 2001 I received a call from the SSA to inform me that my claim for disability due to PTSD had been APPROVED

A Short Overview of PTSD and the Disability Process.

Obtaining Social Security Benefits due to PTSD.

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Ordering Information

Electronic Version Now Available

Reviews on Manual

- This page has been selected as a Military.Com (News and information for the military) distinguished site.

This Book as been reviewed and listed with the "National Center For Post Traumatic Stress Disorder".

Recent Article : "Death Stalks Survivors of Alcohol-Related Injuries".

Other Important and Related Links

Over a 1000 copies of this manual have been sold since June 1999.

You are visitor  since January 21, 2002

- Authors Biography
- E-MAIL Bub Parrish at iparrish@ptsdmanual.com

MILITARY VETERANS PTSD REFERENCE MANUAL

Down and Dirty Synopsis

According to a study (the National Vietnam Veterans Readjustment Study, NVVRS) performed in the mid 80's 15.2% of the male Vietnam veterans, surveyed at that time, suffered from PTSD and 30% of heavy combat male Vietnam veterans suffered from PTSD.

Lets split the difference and say that 20% of all the male Vietnam veterans then and now suffer from PTSD of some intensity.

The Veterans Administration confirms that approximately 8,750,000 men served in Vietnam. That would mean that some 1,750,000 Vietnam veterans suffer from PTSD and as of March 1998 only approximately 500,000 were being treated and only 102,000 are receiving disability compensation. This means that only approximately 2.8% of those male Vietnam veterans are being treated and only 6% of those being treated are receiving disability compensation.

(LET ME POINT OUT AT THIS TIME THAT I DO NOT MEAN TO SLIGHT ANY OTHER ERA VETERANS. THE PROBLEM IS THAT NO STUDIES WERE DONE ON WWII, KOREAN WAR OR GULF WAR VETERANS, THAT I AM AWARE OF. EVERYTHING ELSE IN THIS ARTICLE APPLIES TO ALL VETERANS EVEN IF I ONLY MENTION VIETNAM VETERANS)

EIGHT months after I applied for PTSD I received my C & P (Compensation and Pension) examination for PTSD. Four months after that I received a decision and an award for 10% disability for PTSD.

During that YEAR My son forced me out of our small Internet business because I was becoming very combative with our customers and angry with him over everything, I was unable to drive my vehicle in heavy traffic without getting physically ill and VERY angry and I began to seclude myself in my home because of depression and anxiety.

Within 30 days I had submitted a Notice of Disagreement (NOD) for the PTSD based on my deteriorating mental condition. After SIX more miserable months I was granted a hearing with the Regional Decision Review Officer (DRO) and after SIX more months, August of this year, I received an upgraded to my PTSD claim to 50%. It took 2 years and 5 days. I applied for and upgrade to my PTSD and for un-employability in the year 2000. In Mar 2001 I was awarded 70% for PTSD and un-employability (which makes me 100% disabled).

Getting Started

In VERY simple terms:

What causes PTSD in combat veterans? A Traumatic Event and then MEMORIES of that event. These memories cause a chemical imbalance in the brain when they are TRIGGERED by conscious and sub-conscious events.

This is the worst part of untreated PTSD, not only do conscious reminders (war buddies, smells, sounds, movies) cause the brain to go GAGA but unconscious thoughts will trigger the chemical imbalance (anniversary dates, seeing someone who looks like a buddy lost in combat). Days, weeks, months and sometime years later you begin to have anxiety attacks or become depressed. In most of us these events are short lived and we go on as before, with no noticeable change in our lives.

In many of us the events build up and finally drag us down, as happened in my case and as has happened with some of you.

Sequence of events (Bare Bones):

1. Contact the nearest VA hospital or clinic and make an appointment with the Mental Health department.

2. File a "statement of Illness" letter. This establishes the DATE of possible disability. (call 1-800-827-1000 for your Regional Office Address if you do not know what it is).

3. If you are eligable, file a claim. There should be a Service Representative in the VA facility.

4. Continue your treatment program and start on your Stress Letter.

5. Submit your Stress Letter.

Note: The extent to which you were stressed in combat has no major bearing on your disability determination. The amount of disability you may eventually end up with will be determined by your CURRENT social in-adaptability.

6. C & P (Compensation and Pension) Interview - This is where a medical doctor describes your current mental condition for the record.

Herein lies the heart of your disability determination. Your fate is decided by the comments of the C & P interviewing official, the VA "Rating Specialist", and the VA Rating Board.

7. Your Claim file is then returned to you regional office for review and determination.

ALWAYS MAKE COPIES OF EVERYTHING

There is a serious problem in the system that you should be aware of. In Feb of 2000 I attended a resident PTSD program that lasted for 45 days. I was pretty strung out when I arrived and felt some better when I left. When you attend these programs you will be given an update of your GAF score when you depart. If you show some improvement and your GAF is changed (you could be asked how you feel or you may be rated on your conduct and attitude in the program), to a higher number, the VA may request you be

re-evaluated to see if they can decrease your disability rating because of your improved condition.

ALWAYS BE AWARE OF WHO YOU SPEAK TOO AND WHAT YOU SAY

Almost EVERYTHING you say to your Doctor, at ALL appointments, is noted in your files, even your demeanor is noted. Unfortunately speaking of FEELINNG PRETTY GOOD or BETTER can be held against you at some point.

It seems that if you try to help yourself you take the chance of having your disability reduced. Something wrong here!!!

My book goes into detail as to the history of PTSD, what PTSD is, what types of therapy are currently available, how to file a disability claim, how to write a stress letter along with all of the know sources to gather information for that letter and much, much, more.

- **Ordering Information**
- **Return to Main Page**
- **E-MAIL Mr. Parrish at iparrish@ptsdmanual.com**

Obtaining Social Security Benefits for PTSD

Understanding the Ground Rules

The Social Security Administration (SSA) is government organization, ergo, waiting and frustration is in store for you. Knowing what to expect and what forms are required will help eliminate a great deal of frustration and will cut down on the time required to receive your benefits.

The SSA Internet web page is located at “www.ssa.gov” where you can download blank forms and find up-to-date information on rulings and regulations. The SSA falls under CFR (Code of Federal Regulation) 20 (Employee Benefits), Chapter III which can be found at “www.ssa.gov/OP_Home/cfr20/cfrdoc.htm”

-

Special note for Military Veterans

Duel Compensation. Under current regulations you can receive VA disability compensation and Social Security disability benefits at the same time.

Qualifying for Benefits. You are not eligible for SS benefits until you have been out of work at least 6 months and it may take an additional three months, after your claim is approved, before you actually begin receiving payments. It is even more likely that it will take over a year before you begin receiving any benefits, however, according to SSA Publication 05-10029, dated May 1996, ″…. you will receive your first Social Security disability check dating back to the sixth full month from the date we decide your disability began (but no more than one year of back benefits can be paid).″

The SSA explains how they determine a disability in their Publication 05-10029. They state ″It's a step-by-step process involving five questions. They are:

1. Are you working? If you are and your earnings average more than $500 a month (this amount may have changed. Check the SSA home page), you generally cannot be considered disabled. (Authors note: It is possible to earn more than $500 a month and retain your benefits under certain ″work incentives″, which will be explained in the booklet you will receive along with your first disability check.)

2. Is your condition "severe"? Your impairment(s) must interfere with basic work-related activities for your claim to be considered. (Authors note: The SSA has a lot of control over what the word "severe" means. More on this later.)

3. Is your condition found in the list of disabling impairments? We maintain a “List of Impairments" for each of the major body systems that are so severe they automatically mean you are disabled. If your condition is not on the list, we have to decide if it is of equal severity to an impairment on the list. If it is, your claim is approved. If it is not, we go to the next step. (Authors note: PTSD is NOT identified in the "List of Impairments" (Discussed in detail later)**,** however, there is a "Mental Disorder" section (paragraph 12.00) and symptoms of PTSD may be found in the "Anxiety Related Disorders" section. If you have been diagnosed with PTSD I will provide you with a statement later that parallels their mental disorder section definition.)

Authors note: These last two questions are where the SSA attempts to identify every SS disability claim applicant. As you will see later, should you make it to the Administrative Law Judge appeals level, almost this entire hearing is aimed at proving that you are able to perform “previous” or “any other type of work”. I had not properly prepared my initial claim for SS based on PTSD. When I received my initial denial it stated "We have determined that your condition is not severe enough to keep you from working. We consider the medical and other information, your age, education, training, and work experience in determining how your condition affected your ability to work. We understand your condition concerns you and you may not have the ability to do your past work. However we find you retain the ability to do other types of work." They did not tell me what other types of work I am capable of performing. Note also the almost 'Word for Word' text from their regulations.

4. Can you do the work you did previously? If your condition is severe, but not at the same or equal severity as an impairment on the list, then we must determine if it interferes with your ability to do the work you did in the last 15 years. If it does not, your claim will be denied. If it does, your claim will be considered further.

5. Can you do any other type of work? If you cannot do the work you did in the last 15 years, we then look to see if you can do any other type of work. We consider your age, education, past work experience, and transferable skills, and we review the job demands of occupations as determined by the Department of Labor. If you cannot do any other kind of work, your claim will be approved. If you can, your claim will be denied.

You also need to be aware of the following...."Section 404.1532(a) of such regulations (20 CFR 404.1532(a)) states:

1. If an individual performed work during any period in which he alleges that he was under a disability . . . the work performed may demonstrate that such individual has ability to engage in substantial gainful activity. . . .

And……section 404.1534(a) (20 CFR 404.1534(a)) of this regulation states, in pertinent part:

1. Where an individual who claims to be disabled engages in work activities, the amount of his earnings from such activities may establish that the individual has the ability to engage in substantial gainful activity. Generally, activities which result in substantial earnings would establish ability to engage in substantial gainful activity ……*Where an individual is forced to discontinue his work activities after a short time because his impairment precludes continuing such activities, his earnings would not demonstrate ability to engage in substantial gainful activity.*

Work to be done prior to the application

Before you begin the claims process obtain and submit a Form SSA-7050-F4 (Request for Social Security Earnings Information.) As part of your initial application packet you will be required to fill out two documents that require work history for the past 15 years. (Be certain to give the EXACT years you wish to have them provide, not "last 15 years". They will send it back to you.) Obtaining the information form the SSA insures that you do not submit incorrect data and also serves as a reminder of your work record in case you no longer have that information available in your own files. You will be required to pay approximately $50 for this information. (Be certain to enter the amount you expect to pay for this service (currently $43.75 for 15 years). If you leave the amount open they will return you application without action.)

See Appendix A for instructions on filling out this form. Go to the SSA Home page at www.ssa.gov or Appendix B of this book for a copy of the Form. Attach a copy of this to your disability application.

It will take approximately 3 weeks to receive the information you request but it is well worth the wait if you do not have past records showing your employment. The following is provided:

1. Name, address and Federal ID # of employer.

2. Years of employment with each employer and how much you received each year.

I also recommend that you have a “Medical Assessment of Ability to do Work-Related Activities - Mental” by your VA or civilian psychiatrist. There use to be a SSA-1152 Form for this exact purpose but it may or may not be available. See Appendix B for a copy of the original Form, which may no longer be an “official” form but can still be used for its intended purpose. Attach this completed form

to your disability application.

Filing your Claim

Call 1-800-772-1213. You will normally be asked if you wish to go to the nearest SSA office for an interview or if you prefer to file your claim by telephone. Save yourself time and aggravation and take the phone interview (if they do not offer this option, ask for it).

You will be informed of the time and date of the telephonic interview and that you will receive a reminder in the mail. You should also be informed that you will need an ORIGINAL copy of your DD 214 (if you served in the military) and birth certificate to submit with your claim application. If you are not so informed obtain them anyway as they are required. The SSA will obtain these forms for you but it will slow down the claims process.

Authors note: I did not receive a reminder in the mail, so, mark your calendar just in case. Also be advised that the call can come anytime within an hours time, thirty minutes prior to or after, the agreed upon time.

Accomplish the claim interview. The phone interview will take approximately 30 minutes. Most of the interview will consists of questions about your work history with emphasis on unusual changes in your work habits (sharp increases or decreases in income). Having already obtained a copy of your Social Security Earnings Information, you will be prepared for these questions. You will be asked if you were ever self employed, or if you are currently drawing Workman's Compensation.

You should be informed that it will take approximately 90 days to receive a determination and that you may appeal that determination if I did not agree with it. You should also be informed that you will receive a packet containing a medical questionnaire and a list of any documents that you will need to send in.

You will be informed that the disability claim evaluation would be done by a "local state agency" and the approximate amount you can expect to receive if your claim is approved.

Authors note: Approximately two weeks after I applied for benefits I received a letter from the "Department of Public Health and Human Services, Disability Determination Services, my home state. A representative from that office informed me by letter that they would process the medical portion of the disability application (this would be the local state agency the SSA spoke of). The letter also informed me that the process would take between 60-120 days, that my doctors would be

contacted along with past employers, schools and other sources. This agency may also require that you be examined by a doctor of their choice, at state expense. I would like to point out paragraph (D) (4) of the introduction of section 12.00 of the "List of Impairments", which is for Mental Disorders, CFR 20. When you take your "Mental Status Examination" the doctor will be making notes on the following:

"....your appearance, behavior, and speech; your thought process (is your conversation rambling or disjointed); your thought content (are you expressing unusual beliefs such as people watching you or that the government is after you); are you seeing things that are not really there; do you seem depressed, excited, or nervous; do you know where you are and are you able to concentrate and remember things; do you show signs of normal intelligence?"

The letter also said that I might be contacted and that if I had additional treatment to contact them with that information or any information that I might have left off of my original claim.

Authors note: If you need to submit an appeal you will have to "update" your claim file at each level. I make this statement now because you will need to keep track of anything that happens that might concern your claim. If you have any change in medication, visit a doctor or hospital or are treated for anything related to your claim you will have to note this on required forms between each appeal. Get in the habit of noting these things in the beginning of the process.

Filing out The Forms. Within three days after the phone interview you will received an envelope containing the following:.

a. Stamped return envelope (normally).

b. Cover letter. This letter will request that you mail them ORIGINAL copies of your birth certificate and DD Form 214, if required. There will normally be no Claim Number listed. Always reference your Social Security number when dealing with the SSA.

Authors note: If they ask for your DD 214 they mean ALL of your DD 214's. If you served more than one hitch in the military you may have several.

c. Letter SG-SSA-16. This was a three page documents more or less containing the information covered in the telephone interview. Make certain the information presented is accurate or make corrections and initial where appropriate. You will also find several items you will be agreeing to when you sign the letter such as reporting any change in your medical condition and your work status.

You will need to sign and date this letter.

d. Form SSA-3369-BK (Work History Report). See Appendix A for instructions and B for a blank form.

e. Form SSA-3368-BK (Disability Report - Adult). Again, see Appendix A and B.

Authors note: Both of the above SSA Forms are tedious and will require your patience to complete properly. Get someone to assist you if necessary, but do not submit incomplete or incorrect information.

f. Form SSA 827 (Authorization for Source to Release Information to the Social Security Administration (SSA). This is the SSA version of VA Form 10-5345 (Request for and Consent to Release of Medical Records). Do not do anything to these forms except sign them and have them witnessed. **IMPORTANT** - Have the form witnessed by a "competent adult", which the SSA states can be a spouse or social worker. Have them witnessed even if they do not ask for it. Make extra copies of the originals as you may need them again later in the process.

f. Personal Data Questionnaire. This appears to be a local questionnaire included in the packet for the benefit of the Department of Public Health and Human Services in my home state. You may or may not receive this questionnaire so I have not included it in Appendix A or B.

Within two weeks after you submit your claim you should received a letter of acknowledgement and the return of the original documents you submitted with the application.

Attach your “Social Security Earnings Information”, “Medical Assessment of Ability to do Work-Related Activities – Mental” and the following statement to your claim:

Date

TO WHOM IT MAY CONCERN:

Request for Clarification

1. Your governing regulation, CFR 20, says in Paragraph 404.1525 (Listing of Impairments in appendix 1), item (c),"…..if the medical findings needed to support a diagnosis are not given in the introduction or elsewhere in the listing, the diagnosis must still be established on the basis of medically acceptable clinical and laboratory diagnostic techniques. Following the introduction in each section, the required level of severity of impairment is shown under "Category of Impairments" by one or more sets of medical findings. The medical findings consist of symptoms, signs, and laboratory findings."

2. Within the "List of Impairments", section 12.00 (Mental Disorders) part of the introduction, section (D)(11) says, "Anxiety disorders. In the cases involving acrophobia and other phobic disorders, panic disorders, and posttraumatic stress disorders……..".

3. Under your "How We Determine Disability" section it says: "If your condition is not on the list, we have to decide if it is of equal severity to an impairment on the list. IF IT IS, YOUR CLAIM IS APPROVED."

4. I understand that the Social Security Administration uses (**The Diagnostic and Statistical Manual of Mental Disorders)** DSM-IV to determine if an applicant has a particular mental disability. (**ADD THE FOLLOWING ONLY IF YOU ARE A VETERAN)** I also understand that the reason that the SSA does not accept a disability determination by the Veterans Administration is that the VA uses the DSM-IV to make a Diagnosis, not a determination. You will find that in medical terms a Determination is the SAME as a Diagnosis. Can you clarify this please?

5. Under paragraph 12.06 (List of Impairments) Anxiety Related Disorders (the DSM-IV has PTSD listed under a "Stress Response" category, which comes under the SSA "anxiety disorder" category) which says:

"A. Medically documented findings of at least **one** of the following, referring to items 1 through 5 under "A" (I have been diagnosed by VA psychiatrists and civilian psychiatrists with having PTSD):

1. Your # 1(d) corresponds directly with item d (4) in section 309.81, "Anxiety Disorders", of DSM-IV.

2. Your # 2 corresponds directly with item c (2) in section 309.81, “Anxiety Disorders”, of DSM-IV.

3. Your # 5 corresponds directly with item b (1) in section 309.81, “Anxiety Disorders”, of DSM-IV.”

PTSD fulfills **THREE** of the requirements, not just **ONE.**

AND

“B. Resulting in at lease **two** of the following:

1. Your # 2 corresponds directly with item c (2) in section 309.81, “Anxiety Disorders”, of DSM-IV.

2. Your # 3 corresponds directly with item d (3) in section 309.81, “Anxiety Disorders”, of DSM-IV.

3. Your # 4 corresponds directly with item d (2) & d (3) in section 309.81, “Anxiety Disorders”, of DSM-IV.

PTSD fulfills **THREE** of these requirements, not just **TWO.**

The “List of Impairments” states that “The required level of severity for these disorders is met when the requirements in both A and B are satisfied……”.

6. Taking into consideration CFR 20, paragraph 404.1525 (I have been DIAGONSED with PTSD), your acknowledging the existence of PTSD in the “List of Impairments”, section 12.00 (Mental Disorders) part of the introduction, section (D)(11), your implantation of how you determine disability (http://www.ssa.gov/disability.html), and my diagnosis fulfilling the requirements of SEVERITY under paragraph 12.06 (List of Impairments) Anxiety Related Disorders, please explain what objections you may have to approving my disability claim?

(End of attachment)

Authors note: The SSA does use the DSM in determining mental disability claims, however, they do not automatically accept disability rulings from the VA for mental disorders because the VA uses the

DSM for DIAGNOSING mental problems where as the SSA uses it to DETERMINE mental disabilities. In my research of medical terminology I find that "to diagnose" means "to determine" and to "determine" is to "resolve or settle". I have not been able to find ANY medical person to tell me what the difference is.

Make copies of everything before you mail it. You may wish to return the packet back by Registered mail, particularly if it contains original copies of your birth certificate and/or DD 214.

Appeals

Types of Appeals

a. Reconsideration - This is accomplished at the same SS office where you initially applied for benefits but by a different person than the one who made the initial decision.

b. Hearing by Administrative Law Judge - This appeal is accomplished by an administrative law judge (this is a judge who presides over public hearings involving the promulgation (to post in public) of regulations and decides contested cases and appellate cases) within 75 miles of your home. You may request NOT to attend this hearing in person, however, this is not advisable unless you have a representative present. There is move information on the ALJ below.

c. Review by the Appeals Council - This is a SSA council which will make a decision based on the material presented or return your claim to the administrative law judge for further review.

d. Federal Court review - For this appeal you must file a lawsuit in a federal district court.

Filing Appeals on Time or Proving Cause for Being Tardy. Let me take a moment here and emphasize the importance of filing your appeals on time (within 60 days). If you do not file your appeal on time you may still file another application, BUT, you may lose some benefits, or not qualify

for any benefits. This is because you are starting all over again.

If at first you don't succeed…….

Personal Experience - First Denial. Approximately 48 days after I submitted my claim I received a letter informing me that my claim had been denied. The letter was some 4 pages long and listed the material used to decide my case (you may view the entire denial letter in Appendix C) . The letter informed me that I must submit my appeal on a Form SSA-561-U2 (Request for Reconsideration), which they did not provide, (see Appendix B for a copy of this form), however, a pamphlet enclosed with my denial letter says you may also submit a signed letter requesting an appeal (I would not bother with this. They are going to have you fill out the Form SSA-561-U2 anyway). Instructions of filling out the SSA-561-U2 Form can be found in Appendix A

Filing the "Request for Reconsideration". Before filing your RFR request that the SSA send you copies of any reports submitted by your doctors and the state agency Staff psychiatrist.

Authors note**: IMPORTANT**. You can save yourself another couple of weeks by submitting a Form SSA-3441-F6 (Reconsideration Disability Report) along with the Form SSA-561-U2 and a half dozen **SIGNED AND WITNESSED** Forms SSA-827 (Authorization for Source of Release Information to the Social Security Administration). If you go to the SSA web site and then the "Forms" area you will find the following statement, "If you determine you need to complete an SSA-561-U2 and your disability claim was denied because we determined you do not meet our medical, or vocational, requirements, you need to complete the SSA-3441-F6. If you are uncertain whether this is the appropriate form, review the letter you received. It will tell you why we denied your application." Instructions for filling out the Form SSA-3441-F6 are provided in Appendix A and a blank form can be found at Appendix B.

Once again you should submit the "Request for Clarification" I had you submit with your original claim, unless they have satisfactorily explained away the DSM/List of Impairments definitions of "severity".

Determination of "Request for Reconsideration" (RFR). Approximately 90 days after you submit

your RFR you should receive a determination. You may be fortunate and win your award at this time. My RFR was denied and may be seen at Appendix C.

Legal Representation

If your original claim and RFR have been denied you may wish to hire a lawyer that specializes in SS benefits. You must file a Form SSA-1696-U4 (Appointment of Representative) with the SSA as soon as you have chosen your representative, see Appendix A and B for assistance with filling out the form and a blank form. The selected representative may not charge you without first receiving permission from the SSA. (SSA Publication 05-10075).

Authors note: A Form SSA 1696-U4 (Appointment of Representative) was filled out by the lawyer I selected and faxed to me for signature (I called the SSA and they said a faxed copy was acceptable). The lawyer also sent me a simple contract outlining the current allowable charges by the SSA. He is entitled to 25% of the recovery (this recovery only includes ″back″ benefits″ owed to me by the SSA not future benefits) or a maximum of $4000.00.

If the lawyer does not win your case you will not be required to pay anything except possibly fees incurred for obtaining medical or other records. You will need to mailed a copy of the Form SSA 1696-U4 and the lawyers contract to the SSA and a copy of all the documents you have accumulated concerning the claim to the lawyer. Make certain he/she realizes that you are applying for a PTSD disability and that he/she is to concentrate on discounting the PHYSICAL jobs the SSA will say you are still able to perform.

More paperwork and lost time

Appealing to the Administrative Law Judge. Even though the RFR denial packet I received did not contain any blank forms you will need to submit the following (instructions and blanks found at Appendix A and B):

a. Form HA-501 (Request for Hearing by Administrative Law Judge) - The instructions say you may write a letter instead of this form but you can bet the SSA will send you this form after you submit a letter because some required data will be missing.

b. Form HA-4486 (Claimant's Statement When Request for Hearing is Filed and the Issue is Disability).

c. Form SSA-827 (Authorization to Release Medical Information). Send in 5 of these forms, SIGNED and WITNESSES.

d. Form HA-4608 (Waiver of Your Right to Personal Appearance Before an Administrative Law Judge). This form is required **ONLY** if you are unable to attend the hearing.

e. Form HA-4631 (Claimant's Recent Medical Treatment). If you have NOT had any medical treatment since your "Reconsideration" appeal **submit this form anyway** and check "NO" in section B (1).

f. Form HA-4632 (Claimant's Medications). This is another redundant form but fill it out anyway, making certain it is consistent with other forms asking for information on your medications.

g. Form HA-4633 (Claimant's Work Background) Fill out and return **ONLY** if you have worked since you filed your "Reconsideration" appeal.

You will receive a letter from the SSA approximately one week after submitting your appeal to go before an Administrative Law Judge. If you have a lawyer he/she will probably get the letter. The highlights are:

"We will mail a Notice of Hearing to you and your client at least 20 days before the hearing to tell you its time and place."

"At the hearing the ALJ will consider the issue(S) raised and the evidence now in the file and any additional evidence you provide."

"The Notice of Hearing will state the issues the ALJ plans to consider at the hearing."

"Because the hearing is the time to show the ALJ that the issues should be decided in your client's favor, we need to make sure that the file has everything you want the ALJ to consider. You and your client are responsible for submitting needed evidence. After the ALJ reviews the evidence in the file, he or she may request more evidence to consider at the hearing."

"If you wish to see the evidence in your client's file, you may do so on the date of the hearing

or before that date. If you wish to see the files before the date of the hearing, please call us."

"The ALJ or the ALJ's designee may decide to meet with you before the hearing to review the case. If so, we will write to tell you about the conference."

Notice of the ALJ Hearing. It will take another 90 to 120 days before you receive notice of your ALJ hearing. The packet will normally contain the following:

a. Notice of Hearing - This document announces the place and time of the hearing. It states the issues in the case. It may or may not state that a Vocational Expert and/or psychiatrist will be present to testify.

b. Letter to Vocational Expert - A request for the Vocational Expert to appear at the hearing. (This might be for a psychiatrist.)

c. Acknowledgment of Notice of Hearing - A document with your name an SSN on it asking if you will or will not be present for the hearing. **You must check the appropriate box, sign and date the form and provide your telephone #. Mail the form to the SSA in the postage free envelope provided.**

A copy of these documents are available for viewing at Appendix C.

Here comes the Judge

The Hearing – What will happen. (Authors notes: Had I know then what I know now I would not have gone to this level. The important thing is emphasizing that your disability claim is for PTSD and that it has been established as being “severe” by DSM definition and the SSA “List of Impairments” definition. If this has not been established get your lawyer to emphasize this fact at the beginning of the hearing and try and get the ALJ to answer why PTSD is not “severe” as defined by their regulations. This will totally eliminate the “past work” and “other work” angle the ALJ will seek to embellish upon, as happened to me).

There was a ALJ, my lawyer, a transcriber (the session was recorded and transcribed) and a Vocational Expert (contracted by the SSA) present. The hearing was conducted in the following

sequence:

a. The Judge started by asking me questions for about 20 minutes. He asked such questions as "Can you bend and lift items?, what do you do on a typical day? What my education was, and what my work history was for the last 10 years, and about my last job. He was setting the table for the Vocational Expert to tell what type of work I would be able to do.

b. He next let my lawyer ask me questions. My lawyer asked me clarification questions related to answers I had given the ALJ that would act in my favor.

c. The Judge next called on the Vocational Specialist to tell him what type of work I should be able to do.

d. My Lawyer was next permitted to ask the Vocational Specialists questions about other things I could not do because of my disability (unable to concentrate, unable to work for a supervisor, bad memory, etc.). After my lawyer asked his questions relating to my disability he asked the Vocational Specialist "considering the disabilities I have just listed, what jobs you have listed can my client perform?" The Vocational Specialist said, "NONE". (Authors note: As far as I can determine this answer of “none” by the Vocational Specialist had NO effect on the hearing. It was not mentioned in the denial handed down by the ALJ, see Chapter C.)

e. The Judge asked If I had anything else to add.

f. The Judge closed the hearing by telling me that I would receive a letter advising me of his decision, usually in approximately 120 days.

Personal Experience - Third Denial. Almost four months after the ALJ hearing I received a letter with an UNFAVORABLE decision.

Authors note: It took 16 months to receive reach this point in the claims process.

You will find the ALJ “Notice of Decision” in Chapter C.

If you have reached this point and plan to go further submit a request for a copy of the exhibits you do not have and a copy of the recorded hearing as soon as possible. You MUST get these prior to the

paperwork going to the Appeals Council or your chances or slim to know of ever seeing them. (Authors note: It was at this point that I initiated a Congressional Inquiry into my claim. I had not been able to get a copy of the hearing and had not received a reply to several letters asking for assistance. Hopefully you will not have to go this far.)

Further down the line ……

Appeals Council. Your claim will automatically be sent to the Appeals Council in Virginia. This council can overturn the ALJ decision or remand (send it back) to the ALJ.

You may file an appeal by submitting a SSA Form HA-520 (Request for Review of Hearing Decision/Order) (not furnished with the decision but available here at Appendix B with instructions at Appendix A). This appeal may be sent to your local SSA office, a hearing office or mailed directly to the Appeals Council (save time by sending it directly to the Appeals Council). If you have a lawyer it needs to go to him/her for signature. You have 60 days to file your appeal.

Go over the hearing transcript and the ALJ disapproval with your lawyer and pick out any discrepancies or information not included in the hearing and attach that to the appeal. The lawyer will lean towards sending in the SSA Form HA-520 without additional comment as otherwise creates more work for him/her. You can expect to wait up to two years, yes….two years, for a decision by the Appeals Council. When I filed an appeal on my 1999 claim the AC was still working on 1997 claims.

In the mean time ……

Reopening Your Claim. You need to immediately call and arrange to Re-open your claim. The SSA regulation, 20 CFR, states:

§404.988 Conditions for reopening.
A determination, revised determination, decision, or revised decision may be reopened--

(a) Within 12 months of the date of the notice of the initial determination, for any reason;

(b) Within four years of the date of the notice of the initial determination if we find good cause, as defined in §404.989, to reopen the case;

§404.989 Good cause for reopening.
(a) We will find that there is good cause to reopen a determination or decision if--

(1) New and material evidence is furnished;

(2) A clerical error in the computation or re computation of benefits was made; or

(3) The evidence that was considered in making the determination or decision clearly shows on its face that an error was made.

(b) We will not find good cause to reopen your case if the only reason for reopening is a change of legal interpretation or administrative ruling upon which the determination or decision was made.

Here we go again

If you Need to Reopen Your Claim. The entire process begins over again.

Call 1-800-772-1213or you local SSA office and state that you wish to “Re-Open” your claim. Make certain the representative knows that you are NOT filing a NEW claim.

The same things are about to happen as when you started your original claim. You will receive a new application packet within a few day which will contain the following:

a. Cover letter - They may or may not request items such as Birth certificate or DD 214, since these are already on file.

b. SF-SSA-16 Form - This contains the information you gave to the SSA Interviewer such as date of birth, etc.

c. SSA-827 Form - Authorization for source to Release Information to the Social Security Administration (SSA) - You will sign and return these.

d. Personal Data Questionnaire (Un-numbered form) – You filled this form out the first time you applied. Do it again.

e. SSA-3369-BK Work History Report – You filled out this form on your first application.

You are required to return the package within 10 days. Make certain all of the data matches your first claim, other than what may have changed since you first filed.

If you receive benefits as the result of this claim process payment goes back to day after your disapproval date by the Administrative Law Judge. You may still receive back payment on your original claim at a later date, if the Appeals Council finds in your favor.

MILITARY VETERANS PTSD REFERENCE MANUAL

Chapter 1 (Complete Chapter)

History and Definitions of PTSD

Section I. GENERAL

01-01. General. Since you are reading this manual one of the followings things is probably taking place:

a. You think you may have Post Traumatic Stress Disorder (PTSD).

b. You are being treated for PTSD.

c. You know someone who has PTSD.

Before you begin this journey you need to know what Post Traumatic Stress Disorder (PTSD) is.

Less than a year ago I did not know what PTSD was and I believed that Veterans who claimed to have PTSD were using their claims to shield them from the consequences of their own stupidity or alcohol/drug abuse. Boy was I wrong.

In this chapter I will present a brief history of PTSD and define PTSD in language you can understand so that;

a. You can determine whether or not you may be afflicted with PTSD.

b. When the time comes you will be better equipped to express your symptoms to your doctor, justify your claim in your stress letter, and explain your condition to your interviewer.

Section II. HISTORY

01-02. General. Prior to the studies done on Vietnam veterans, there were very few scientific studies of what we today call Post Traumatic Stress Disorder (PTSD).

01-03. The 1800’s. During the early 1800’s military doctors began diagnosing soldiers with "exhaustion" following the stress of battle. This "exhaustion" was characterized by mental shutdown due to individual or group trauma. Like today, soldiers during the 1800’s were not supposed to be afraid or show any fear in the heat of battle. The only treatment for this "exhaustion" was to bring the afflicted soldiers to the rear for a while then send them back into battle. Through extreme and often repeated stress, the soldiers became fatigued as a part of their body’s natural shock reaction.

During that time, in England, there was a syndrome know as "railway spine" or "railway hysteria" that bore a remarkable resemblance to what we call PTSD today, exhibited by people who had been in the catastrophic railway accidents of the period. In 1876 DR. Mendez DaCosta published a paper diagnosing Civil War combat veterans with "Soldiers Heart": The symptoms included startle responses, hyper-vigilance, and heart arrhythmia’s.

01-04. The 1900's. During WWI overwhelming mental fatigue was diagnosed as "soldier's heart" and "the effort syndrome". An article published on a now restricted Internet web site maintained by Med. Access entitled "Chronic Fatigue Syndrome" states that "...some 60,000 of the British forces were diagnosed with the problem and 44,000 of these were retired from the military because they could no longer function in combat". (www.medaccess.com/cfs/cfs_02.htm (this page is no longer accessible without a password))

The term "shell shock" emerged during WWI followed in WWII by the term "combat fatigue." These terms were used to describe those veterans who exhibited stress and anxiety as the result of combat trauma. The official designation of "Post Traumatic Stress Disorder" did not come about until 1980 when the Third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) was published.

01-05. The Diagnostic and Statistical Manual of Mental Disorders (DSM). This "bible", published by the American Psychiatric Association (APA) provides the "official" definition of all mental illnesses. When first published in 1952 what we now know as PTSD was called "stress response syndrome" and was caused by "gross stress reaction".

In the second edition (DSM-II), 1968, trauma-related disorders were lumped together in an area called "situational disorders". Mrs. Patience Mason, author of Recovering From The War: A woman's Guide to Helping Your Vietnam Veteran, Your Family, And Yourself, points out that those Vietnam Veterans treated for the disorder during that period were informed that if their symptoms lasted more than 6 months after their return from Vietnam they had a "pre-existing" condition, making it a "transient situational disorder", and the problem was not service connected. This resulted in a lot of "walking wounded" and I am certain attributed to the high suicide rate suffered by Vietnam Veterans of that time.

Finally, in the third edition, 1980, DSM-III the title "Post-traumatic Stress disorder" was used and placed under a sub-category of "anxiety disorders". In the current edition, 1994, DSM-IV, "Post-traumatic Stress Disorder" is again used but has been placed under a new "stress response" category and remains in the "anxiety disorder" category.

You may have noticed above that what started out as a "syndrome" turned into a "disorder". According to Taber's Cyclopedic Medical Dictionary a "syndrome" is "a group of signs and symptoms that collectively characterize or indicate a particular disease or abnormal condition" and a "disorder" is an illness. PTSD changed from being part of a collective indicator to a singular illness, a significant medical distinction.

With few exceptions, up until DSM-IV, most combat veterans were diagnosed with "shell shock", which didn't warrant long term treatment. Other combat veterans were merely diagnosed with "bad nerves" which not only didn't warrant long term treatment, but also induced a "get over it" attitude from the military and medical communities. This type attitude was personified in the movie "Patton" when General Patton, played by George C. Scott, threatened apparently uninjured military hospital patients with malingering.

The initial definition of PTSD described a psychological condition experienced by a person who had faced a traumatic event which caused a catastrophic stressor outside the range of usual human experience (an event such as war, torture, rape, or natural disaster). This definition separated PTSD stressors from the "ordinary stressors" that were characterized in DSM-III as "Adjustment Disorders", such as divorce, failure, rejection and financial problems.

Section III. DEFINITIONS

01-06. American Psychiatric Definition. The following is a quote, references to children excluded, from The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Washington, DC, American Psychiatric Association, 1994, section 309.81, beginning on page 427. All supplemental information, in parenthesis and bold, is from The Post-Traumatic Gazette, edited by Mrs. Patience Mason:

This disorder is described as occurring when:

"A. The person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self (i.e. combat, friendly fire, being mortared or rocketed, wounded, captured, driving a truck on a mined road, flying in a helicopter that was shot at, jumping our of a helicopter into a hot LT) or others (if you had a buddy who was wounded or lost squad members, family member, or seeing anyone who has recently been killed or injured such as being a medic or nurse on a trauma ward, body bagging, seeing someone you didn't know killed, seeing kids, women or other Americans or civilians who had been killed, or wounded, etc.)

(2) the person's response involved intense fear, helplessness or horror."

According to the DSM-IV, " B. The traumatic event is persistently reexperinced in one (or more) of the following ways:

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

(2) recurrent distressing dreams of the event.

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three (or more) of the following:

(1) efforts to avoid thoughts, feelings or conversations associated with the trauma (If you try not to think about the war or if you try not to feel love because you lost a beloved buddy, try never to feel guilt because you think you fucked up over there, try never to be happy because you were ambushed when you were feeling fine, trying never to get angry because you're afraid of what you might do)

(2) efforts to avoid activities, places, or people that arouse recollections of the trauma (never watch war movies, don't hunt, don't go to veterans day parades or associate with other vets, can't stand authority figures because of the REMF's or the lifers, etc.)

(3) inability to recall an important aspect of the trauma (particular battles or periods of time that you can't remember or whether those guys were killed or just wounded)

(4) markedly diminished interest or participation in significant activities (what did you used to do that you don't since your PTSD came on? Lots of guys with PTSD stay home watching TV which is this symptom. Others still get out but they've given up hunting, or going places where there are crowds or whatever)

(5) feelings of detachment or estrangement from others (No one can understand what it's like. I'm on the outside looking in at all these people who haven't a clue. I don't care about things or people the way I used to)

(6) restricted range of affect (e.g., unable to have loving feelings) (unable to cry when parent dies or kid dies, told you have no feelings, can't feel love for wife, etc.)

(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or even a long life span)." (may be still driving drunk or stoned, still jumping out of airplanes or taking other risks, afraid to commit to anyone or anything, etc.)

The Diagnostic criteria in section 309.81, DSM-IV, goes on the state:

"D. Persistent symptoms of increased arousal (not present before the trauma), as

indicated by two (or more) of the following:

(1) difficulty falling or staying asleep;

(2) irritability or outbursts of anger;

(3) difficulty concentrating (Read a page and can't remember it? Forget what your wife just told you or constantly hear "I told you that yesterday!" Feel dumb because you don't follow a lot of conversations, etc., or just can't focus because part of you is scanning for danger all the time?)

(4) hypervigilance (always looking for danger, worrying about people getting hurt, still looking for tripwires and sitting with your back to the wall, avoiding crowds, etc.)

(5) exaggerated startle response (hit the dirt at the sound of a backfire, can't be touched when asleep, etc.)

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at lease 6 months after the stresssor"

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Experiencing any or all of these symptoms does not mean you are "crazy," but that you are suffering the normal effects of trauma brought on by an abnormal event.

01-07. Department of Veterans Affairs Definition, The Short Version. The VA Home Page on the Internet says:

In order to establish service connection for PTSD, the evidence must establish that during active duty a veteran was subjected to a stressor or stressors that would cause characteristic symptoms in almost anyone. Evidence of combat or having been a prisoner of war may be accepted as conclusive evidence of a stressor incurred during active duty. Evidence of combat includes receipt of the Purple Heart, the CIB, or other similar citation. The medical evidence must establish a clear diagnosis of PTSD and must link the current symptoms to the claimed stressor. (www.va.gov/benefits/ptsdwhat.htm)

01-08. Department of Veterans Affairs (VA) Definition, The Technical Versions. The following, issued by the Department of Veterans Affairs (VA) in the Code of Federal Regulation (CFR), part 38, offers the "official" definition you will be most concerned with:

a. "Post-Traumatic Stress Disorder. 3.304 (f) Service connection for post-traumatic stress disorder requires medical evidence establishing a clear diagnosis of the condition, credible supporting evidence that the claimed inservice stressor actually occurred, and a link, established by medical evidence, between current symptomatology and the claimed inservice stressor. If the claimed stressor is related to combat, service department evidence that the veteran engaged in combat or that the veteran was awarded the Purple Heart, Combat Infantryman Badge, or similar combat citation will be accepted, in the absence of evidence to the contrary, as conclusive evidence of the claimed inservice stressor. Additionally, if the claimed stressor is related to the claimant having been a prisoner-of-war, prisoner-of-war experience which satisfies the requirements of 3.1(y) of this part will be accepted, in the absence of evidence to the contrary, as conclusive evidence of the claimed inservice stressor."

b. "Mental Disorders - 4.125 General considerations. The field of mental disorders represents the greatest possible variety of etiology, chronicity and disabling effects, and requires differential consideration in these respects. These sections under mental disorders are concerned with the rating of psychiatric conditions, specifically psychotic and psychoneurotic disorders and psychological factors affecting physical conditions as well as organic mental disorders. Advances in modern psychiatry during and since World War II have been rapid and profound and have extended to the entire medical profession a better understanding of and deeper insight into the etiological factors, psychodynamics, and psychopathological changes which occur in mental disease and emotional disturbances. The psychiatric nomenclature employed is based upon the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM - III), American Psychiatric Association. This nomenclature has been adopted by the Veterans Health Services and Research Administration of the Department of Veterans Affairs. It limits itself to the classification of disturbances of mental functioning. To comply with the fundamental requirements for rating psychiatric conditions, it is imperative that rating personnel familiarize themselves thoroughly with this manual (American Psychiatric Association Manual, 1980 Edition) which will be hereinafter referred to as the APA manual.

4.126 Substantiation of diagnosis. It must be established first that a true mental disorder exists. The disorder will be diagnosed in accordance with the APA manual. A diagnosis not in accord with this manual is not acceptable for rating purposes and will be returned through channels to the examiner. Normal reactions of discouragement, anxiety, depression, and self-concern in the presence of physical disability, dissatisfaction with work environment, difficulties in securing employment, etc., must not be accepted by the rating board as indicative of psychoneurosis. Moreover, mere failure of social or industrial adjustment or the presence of numerous complaints should not, in the absence of definite symptomatology typical of a psychoneurotic or psychological factor affecting physical condition, become the acceptable basis of a diagnosis in this field. It is the responsibility of rating boards to accept or reject diagnoses shown on reports of examination. If a diagnosis is not supported by the findings shown on the examination report, it is incumbent upon the board to return the report for clarification. (CFR 38)."

01-09. The European Description. If you are not confused enough have a look at the description offered by the World Health Organization in Geneva. The good part is that PTSD is now recognized world-wide as a "real" disorder. The bad part is found in their "Diagnostic Guidelines". What follows is an exact from their Internet Home Page:

"Post-Traumatic Stress Disorder

F43.1 This arises as a delayed and/or protracted response to a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone (e.g. natural or man-made disaster, combat, serious accident, witnessing the violent death of others, or being the victim of torture, terrorism, rape, or other crime)….

Typical symptoms include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks") or dreams, occurring against the persisting background of a sense of "numbness" and

emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. Commonly there is fear and avoidance of cues that remind the sufferer of the original trauma. Rarely, there may be dramatic, acute bursts of fear, panic or aggression, triggered by stimuli arousing a sudden recollection and/or re-enactment of the trauma or of the original reaction to it….

The onset follows the trauma with a latency period which may range from a few weeks to months (but rarely exceeds 6 months). The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of patients the condition may show a chronic course over many years and a transition to an enduring personality change.

Diagnostic Guidelines

This disorder should not generally be diagnosed unless there is evidence that it arose within 6 months of a traumatic event of exceptional severity. A "probable" diagnosis might still be possible if the delay between the event and the onset was longer than 6 months, provided that the clinical manifestations are typical and no alternative identification of the disorder (e.g. as an anxiety or obsessive-compulsive disorder or depressive episode) is plausible….."

Section IV. PERSONAL EXPERIENCE

01-10. The Eye Opener. When I finally forced myself to go to a VA Clinic I was in a very high state of anxiety and depression had already begun to set in. I had had a bout with depression shortly after retirement so I was aware of some of the signs. I had never experienced a high state of anxiety before and did not even know what PTSD was. Some of you will have the same symptoms, most will not. Since my diagnosis I have been talking to more of my veteran friends about PTSD and finding out that most, if not all , of them have it to some degree and many of them have been under counseling for some time but had not spoken to me, or anyone else, about it because they thought their friends would think they were feigning illness.

SITREP- WWII Era (1939):

The cyclotron of John Ray Dunning splits an atom for the first time in America; The first commercial transatlantic passenger air service begins; New York’s La Guardia Airport opens; The first American made helicopter is flown; Hewlett-Packard is founded; FM radio receivers go on sale for the first time; "Batman" is launched by DC Comics; the books The Grapes of Wrath and How Green Was My Valley are released; the movies "Gone With The Wind" and "Drums Along the Mohawk" are released; the songs "I’ll Never Smile Again" and "South of the Border (Down Mexico Way)" are released; the New York Yankees win the World Series by defeating the Cincinnati Reds 4 games to 0.

SITREP - WW II Era (1940):

Winston Churchill succeeds Neville Chamberlain as Britain’s prime minister; the first peacetime military draft in U.S. history begins October 29; President Roosevelt wins reelection to third term with 54 percent of popular vote; the first Social Security checks go out January 30; the new Chevrolet coupe sells for $659; the book For Whom the Bell Tolls, is written by Ernest Hemingway; the Broadway play Pal Joey opens at the Barrymore theater; the songs "The Last Time I saw Paris" and "You Are My Sunshine" were released; the Cincinnati Reds win the World Series by defeating the Detroit Tigers 4 games to 3.

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MILITARY VETERANS PTSD REFERENCE MANUAL

Chapter 2 (Revised)(Partial Only)

Causes And Effects

Section I. GENERAL

02-01. General. In the previous chapter I offered several definitions of PTSD as provided by the general medical community and the Department of Veterans Affairs. This chapter will help you understand those definitions by first explaining some of the reasons you react to trauma the way you do, and secondly by explaining a little about brain chemical imbalances and the meaning and dangers of "triggers".

Section II. THE WAY WE WERE

02-02. General. To help us understand our ongoing experience with this PTSD thing we have to go back to what took place before we went to war. In a research paper written in May 1992 entitled Veterans, Combat and Stress, about Vietnam Veterans, John Russell Smith, a graduate student at Duke University, says "It is not the traumatic experience of war itself but the meaning that those events have for the individual which creates trauma".

Those events we experienced in war and believe to be inhuman or insane are only so because of our learned ethics and values. Because we believed in God and country, mom and apple pie. Because we believed that serving our country was expected and that our country was doing the right thing.

We were innocent as a people and a nation and we believed we were invincible. We were proud and honorable. We were the watch-dogs of the free world. We made a good showing in WWI, WWII and a decent one in Korea. We expected to do the same in Vietnam.

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MILITARY VETERANS PTSD REFERENCE MANUAL

Chapter 3 (Revised)(Partial Only)

Traditional Treatment

Section I. GENERAL

03-01. General. What follows are very simplified descriptions of several treatments for PTSD. An attempt has been made to use Medical jargon only where required as part of a direct quote. If the meaning of a quote is unclear, please refer to appendix B for a simpler definition.

The first short section describes the lack of understanding or real treatment of PTSD prior to the Vietnam war. The next section explains several ongoing treatment methods, and the final section details current treatment options taking place at local VA Medical Centers and Vet Centers. (A list VA facilities can be found in Appendix G).

It is beyond the scope of this manual to cover every conceivable treatment method. Treatments are often individualized and may change on a daily basis. This chapter explains the treatments which seem to be the most widely recognized at the time of this writing.

Section II. LACK OF TREATMENT

03-02. General. I would like to begin by writing a little about what is not being done. It is unanimously agreed that treatment for PTSD should start as soon as possible after a traumatic event. While the military has always participated in "debriefings" after missions I can find no history of treating soldiers for trauma immediately following an event. While I am aware, having served in Vietnam, that immediate treatment often is not feasible there are very few instances where the situation would dictate the treatment be delayed for days, weeks, or months.

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MILITARY VETERANS PTSD REFERENCE MANUAL

Chapter 4 (Partial Only)

Non Traditional Treatment: Professionally Assisted

Section I. GENERAL

04-01. General. First let me state that I AM NOT a Medical Doctor, Psychiatrist or Psychologist, nor do I hold any special training in the medical field. The topics discussed here are provided as possible additions or alternatives to "standard" PTSD treatment, and some of them may be considered "standard" at your place of treatment. Always communicate with your Doctor before trying any treatment not specifically prescribed by him/her. If you have no doctor I advise you to visit your nearest VA Treatment Facility as soon as possible and begin a supervised program.

I have tried some of the treatments listed here and will share my results as I go. Each of the treatments have been used to treat PTSD, although they vary in popularity and success. This chapter offers summaries of the Eye Movement Desensitization and Reprocessing (EMDR) technique and EEG Driven Stimulation (EDS) and Neurofeedback. With that mouth full, lets begin...

Section II. EMDR

04-02. General. EMDR stands for "Eye Movement Desensitization and Reprocessing". This revolutionary and controversial new trauma treatment technique was discovered by Dr. Francine Shapiro in May 1987, as she was walking through a public park. In her book Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures she shares [While on my walk] "I noticed that some disturbing thoughts I was having suddenly disappeared. I also noticed that when I brought these thoughts back to mind, they were not as upsetting or as valid as before….I started paying very close attention to what was going on. I noticed that when disturbing thoughts came into my mind, my eyes spontaneously started moving very rapidly back and forth in an upward diagonal [motion]."

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MILITARY VETERANS PTSD REFERENCE MANUAL

Chapter 5 (Partial Only)

Non Traditional Treatment: Self Help

Section I. GENERAL

05-01. General. The material in this chapter, like the material in chapter 4, is provided for informational purposes only. Always consult your doctor before attempting any new program or treatment.

I have tried all of the techniques listed here and will share my results as I go. Each of the techniques have been used to treat PTSD although they vary in both popularity and success. This chapter offers summaries of the effects of Color in your life, Nutritional Healing, Sound Waves that use "window frequencies" to stimulate and relax the brain, Brain exercises, Emotional Memory Management (EMM), and Writing as therapy.

Section II. USE OF COLOR(S) IN THERAPY

05-02. General. Color is one of those things we think we pay very little attention to but which actually affects us on a daily basis. Understanding how color may affect you, your thoughts, and your moods may make living with PTSD a bit easier.

05-03. Color Affects Mood and Treats Diseases. Red and different hues of Red are thought to be warm and active while Blue, Violet and Green are cool, passive and calming. Several psychologists have carried out research to determine the effect of color on moods. N.A. Wells found that "deep Orange has the most exciting influence, then Scarlet and Yellow-Orange, while Yellow-Green then Green are the most tranquilizing."

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Chapter 6 (Partial Only)

Medications

Section I. GENERAL

06-01. General. There are several types of medications you may be given for PTSD. This chapter will list possible side effects and general comments from both doctors and medical guides. This chapter also includes my personal experiences with PTSD medications. (I AM NOT advising the reader to ask for or take any of the medications listed; each is listed for informational purposes only. If you are female ask your doctor about gender specific side effects. Many of the descriptions are not clinically accurate; they are written from a layman's point of view). The definitions are not taken from any single book but rather several, which are listed in the bibliography.

06-02. Reasons for Medication. The following are PTSD symptoms which may be affected by medication:

a. Depression. Quite often you will become depressed and not even know why. Normally this depression is brought on by "Triggers" (as described in Chapter 2) set off by current events. Depression can, amongst other things, affect your memory.

b. Anxiety. This is what first began to gnaw on me several months before I turned myself in for treatment. I began to wake up in a state of anxiety which remained with me for most, if not all, of the day. I equated it, to my psychiatrist, as a feeling of waiting for a mortar attack. This began to cause me to stay up later and later at night because I didn't want to wake up with the almost consuming anxiety.

d. Nightmares. You may be having, or may start to have nightmares. I began to kick my wife during the night in attempt to fend off something happening in my dreams. Half the time I could not remember what the dream was about. Some of the dreams that I did remember were graphic and very realistic, including both smell and feeling. You may also begin, if you are not already doing so, to wake up in the middle of the night. I had the feeling there was something I was suppose to do but I did not know what it was. (I finally got to the point that I just went to the bathroom instead of wasting the up time). This is no specific medication for the elimination of nightmares.

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Chapter 7 (Revised) (Partial Only)

Working With The Department of Veterans Affairs (VA)

Section I. GENERAL

07-01. General. You will find early on that working with the Department of Veterans Affairs (VA) is like dealing with any military or governmental organization; you will have to wait for almost everything, they never have enough money or staff, if they can lose your records they will. At some point in the application and treatment process you may become frustrated and angry over the apparent combative attitudes of individuals and the institution. You have two options; strike out verbally and/or physically thereby wasting time and energy or exercise what I call the "CoPP" option. "Co"py everything, be as "P"atient as you can, and be "P"ersistent.

I feel the personnel working for the VA, with rare exception, are trying, within the framework of government regulations, to help the veterans they serve. Because you will be struggling with PTSD it will not always be easy. Sometimes you will have to ask the same question several times to several different people. Just keep asking, in a civil manner, and eventually you will get results. With these tactics in mind, and by following the suggestions in this manual, much of the frustration will be minimized if not eliminated. This chapter has information on facilities, first contact, and the claims and appeals process.

Section II. FACILITIES AND SERVICES

07-02. General. Oddly enough most veterans know very little about the VA or what the VA offers. It would take a separate book to describe all of the benefits available. I am doing my best to restrict my material to PTSD issues. If you have a general question contact your local facility, VA Representative, Service Organization (VFW, VVA, etc.) or dial 1-800-827-1000. If you have access to the Internet stop by the "Department of Veterans Affairs" home page (http://www.va.gov/benefits.htm) where you will find a complete printing of the 1998 Federal Benefits Guide for Veterans and Dependents.

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The Veterans Claim Assistance Act of 2000

This Act again allows the VA to assist veterans with the development of their claim, superseding the decision of the Court of Appeals for Veterans Claims in Morton vs. West.

One of the key words here is "well grounded", which you will not see as much now.

You should also be aware of the following, which is included in the act itself:

.....(a) In General.--Except as specifically provided otherwise, the provisions of section 5107 of title 38, United States Code, as amended by section 4 of this Act, apply to any claim--
(1) filed on or after the date of the enactment of this Act; or
(2) filed before the date of the enactment of this Act and not final as of that date.

(b) Rule for Claims the Denial of Which Became Final After the Court of Appeals for Veterans Claims Decision in the Morton Case.--
(1) In the case of a claim for benefits denied or dismissed as described in paragraph (2), the Secretary of Veterans Affairs shall, upon the request of the claimant or on the Secretary's own motion, order the claim readjudicated under chapter 51 of such title, as amended by this Act, as if the denial or dismissal had not been made.
(2) A denial or dismissal described in this paragraph is a denial or dismissal of a claim for a benefit under the laws administered by the Secretary of Veterans Affairs that--
(A) became final during the period beginning on July 14, 1999, and ending on the date of the enactment of this Act; and
(B) was issued by the Secretary of Veterans Affairs or a court because the claim was not well grounded (as that [[Page 114 STAT. 2100]] term was used in section 5107(a) of title 38, United States Code, as in effect during that period).
(3) A claim may not be readjudicated under this subsection unless a request for readjudication is filed by the claimant, or a motion is made by the Secretary, not later than 2 years after the date of the enactment of this Act.
(4) In the absence of a timely request of a claimant under paragraph (3), nothing in this Act shall be construed as establishing a duty on the part of the Secretary of Veterans Affairs to locate and readjudicate a claim described in this subsection. Approved November 9, 2000.

If you are in doubt as to whether or not this applies to you call or write your regional office and ask.

You may view the entire act at The Veterans Claims Assistance Act of 2000

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MILITARY VETERANS PTSD REFERENCE MANUAL

New VA On Line (VONAPP) benefits filing process.

A new program "Veterans On Line Applications", or VONAPP for short, is now available if you are applying for compensation, pension, and vocational rehabilitation benefits.

On the new page, found at VONAPP On Line Application Page, it says:

"The VONAPP (Veterans On Line Applications) website is an official Department of Veterans Affairs (VA) website designed so U.S. military veterans and some servicemembers within six months of separation or retirement can apply for compensation, pension, and vocational rehabilitation benefits through the Internet. This is a first step towards an electronic VA. VONAPP will allow veterans, and in the future, dependents and other VA claimants, electronic access to file applications with us on-line.

You have available:
VA Form 21-526, Veteran's Application for Compensation and/or Pension, and VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation. We plan to add more forms as fast as we can."

The forms can be downloaded in "PDF" format, printed and mailed to the VA or you can also file the form on line by going to the VONAPP home page and then clicking on the "Start VONAPP" button. For some reason the process requires you to use a LOGIN and PASSWORD to start the on line application.

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Fee Based Medical Care

Your doctor must first recommend you for fee based medical care and then submit paperwork to that effect. In remote areas like I currently live in it can mean the difference between meditation updates and treatment. You will still need to speak to a VA doctor at some point to renew your meds.

The VA clinic I have been receiving treatment from for the last two years will soon be without a mental health doctor. They are putting in a "Tele Doctor" system where you communicate your needs via TV to another location.

38 USC Sec. 1703. Contracts for hospital care and medical services in non-Department facilities

- **(a) When Department facilities are not capable of furnishing economical hospital care or medical services because of geographical inaccessibility or are not capable of furnishing the care or services required, the Secretary, as authorized in section 1710 of this title, may contract with non-Department facilities in order to furnish any of the following:**
  - **(1) Hospital care or medical services to a veteran for the treatment of -**
    - **(A) a service-connected disability;**
    - **(B) a disability for which a veteran was discharged or released from the active military, naval, or air service; or**
    - **(C) a disability of a veteran who has a total disability permanent in nature from a service-connected disability.**
  - **(2) Medical services for the treatment of any disability of -**
    - **(A) a veteran described in section 1710(a)(1)(B) of this title;**
    - **(B) a veteran who (i) has been furnished hospital care, nursing home care, domiciliary care, or medical services, and (ii) requires medical services to complete treatment incident to such care or services; or**
    - **(C) a veteran described in section 1710(a)(2)(E) of this title, or a veteran who is in receipt of increased pension, or additional compensation or allowances based on the need of regular aid and attendance or by reason of being permanently housebound (or who, but for the receipt of retired pay, would**

be in receipt of such pension, compensation, or allowance), if the Secretary has determined, based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), that the medical condition of such veteran precludes appropriate treatment in Department facilities.

- **(3) Hospital care or medical services for the treatment of medical emergencies which pose a serious threat to the life or health of a veteran receiving medical services in a Department facility or nursing home care under section 1720 of this title until such time following the furnishing of care in the non-Department facility as the veteran can be safely transferred to a Department facility.**
- **(4) Hospital care for women veterans.**
- **(5) Hospital care, or medical services that will obviate the need for hospital admission, for veterans in a State (other than the Commonwealth of Puerto Rico) not contiguous to the contiguous States, except that the annually determined hospital patient load and incidence of the furnishing of medical services to veterans hospitalized or treated at the expense of the Department in Government and non-Department facilities in each such noncontiguous State shall be consistent with the patient load or incidence of the furnishing of medical services for veterans hospitalized or treated by the Department within the 48 contiguous States and the Commonwealth of Puerto Rico.**
- **(6) Diagnostic services necessary for determination of eligibility for, or of the appropriate course of treatment in connection with, furnishing medical services at independent Department out-patient clinics to obviate the need for hospital admission.**
- **(7) Outpatient dental services and treatment, and related dental appliances, for a veteran described in section 1712(a)(1)(F) of this title.**
- **(8) Diagnostic services (on an inpatient or outpatient basis) for observation or examination of a person to determine eligibility for a benefit or service under laws administered by the Secretary.**

- **(b) In the case of any veteran for whom the Secretary contracts to furnish care or services in a non-Department facility pursuant to a provision of subsection (a) of this section, the Secretary shall periodically review the necessity for continuing such contractual arrangement pursuant to such provision.**
- **(c) The Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the furnishing of contract care and services during the most recently completed fiscal year under this section, sections 1712A, 1720, 1720A, 1724, and 1732 of this title, and section 115 of the Veterans' Benefits and Services Act of 1988 (Public Law 100-322; 102 Stat. 501).**

38 USC Sec. 1710. Eligibility for hospital, nursing home, and domiciliary care

- **(a)**
  - **(1) The Secretary (subject to paragraph (4)) shall furnish hospital care and medical services, and may furnish nursing home care, which the Secretary determines to be needed -**
    - **(A) to any veteran for a service-connected disability; and**
      (B) to any veteran who has a service-connected disability rated at 50 percent or more.
  - **(2) The Secretary (subject to paragraph (4)) shall furnish hospital care and medical services, and may furnish nursing home care, which the Secretary determines to be needed to any veteran -**
    - **(A) who has a compensable service-connected disability rated less than 50 percent;**
    - **(B) whose discharge or release from active military, naval, or air service was for a disability that was incurred or aggravated in the line of duty;**
    - **(C) who is in receipt of, or who, but for a suspension pursuant to section 1151 of this title (or both a suspension and the receipt of retired pay), would be entitled to disability compensation, but only to the extent that such veteran's continuing eligibility for such care is provided for in the judgment or settlement provided for in such section;**
    - **(D) who is a former prisoner of war;**
    - **(E) who is a veteran of the Mexican border period or of World War I;**
    - **(F) who was exposed to a toxic substance, radiation, or other conditions, as provided in subsection (e); or**
    - **(G) who is unable to defray the expenses of necessary care as determined under section 1722(a) of this title.**
  - **(3) In the case of a veteran who is not described in paragraphs (1) and (2), the Secretary may, to the extent resources and facilities are available and subject to the provisions of subsections (f) and (g), furnish hospital care, medical services, and nursing home care which the Secretary determines to be needed.**
  - **(4) The requirement in paragraphs (1) and (2) that the Secretary furnish hospital care and medical services shall be effective in any fiscal year only to the extent and in the amount provided in advance in appropriations Acts for such purposes.**
- **(b)**
  - **(1) The Secretary may furnish to a veteran described in paragraph (2) of this subsection such domiciliary care as the Secretary determines is needed for the purpose of the furnishing of medical services to the veteran.**
  - **(2) This subsection applies in the case of the following veterans:**
    - **(A) Any veteran whose annual income (as determined under section 1503 of this title) does not exceed the maximum annual rate of pension that would be applicable to the veteran if the veteran were eligible for pension under section 1521(d) of this**

title.

- **(B) Any veteran who the Secretary determines has no adequate means of support.**

- **(c) While any veteran is receiving hospital care or nursing home care in any Department facility, the Secretary may, within the limits of Department facilities, furnish medical services to correct or treat any non-service-connected disability of such veteran, in addition to treatment incident to the disability for which such veteran is hospitalized, if the veteran is willing, and the Secretary finds such services to be reasonably necessary to protect the health of such veteran. The Secretary may furnish dental services and treatment, and related dental appliances, under this subsection for a non-service-connected dental condition or disability of a veteran only (1) to the extent that the Secretary determines that the dental facilities of the Department to be used to furnish such services, treatment, or appliances are not needed to furnish services, treatment, or appliances for dental conditions or disabilities described in section 1712(a) of this title, or (2) if (A) such non-service-connected dental condition or disability is associated with or aggravating a disability for which such veteran is receiving hospital care, or (B) a compelling medical reason or a dental emergency requires furnishing dental services, treatment, or appliances (excluding the furnishing of such services, treatment, or appliances of a routine nature) to such veteran during the period of hospitalization under this section.**
- **(d) In no case may nursing home care be furnished in a hospital not under the direct jurisdiction of the Secretary except as provided in section 1720 of this title.**
- **(e)**
  - **(1)**
    - **(A) A Vietnam-era herbicide-exposed veteran is eligible (subject to paragraph (2)) for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such exposure.**
    - **(B) A radiation-exposed veteran is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disease suffered by the veteran that is -**
      - **(i) a disease listed in section 1112(c)(2) of this title; or**
      - **(ii) any other disease for which the Secretary, based on the advice of the Advisory Committee on Environmental Hazards, determines that there is credible evidence of a positive association between occurrence of the disease in humans and exposure to ionizing radiation.**
    - **(C) Subject to paragraphs (2) and (3) of this subsection, a veteran who served on active duty in the Southwest Asia theater of operations during the Persian Gulf War is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such service.**
    - **(D) Subject to paragraphs (2) and (3), a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during a period of war after**

the Persian Gulf War, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title) after the date of the enactment of this subparagraph, is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any illness, notwithstanding that there is insufficient medical evidence to conclude that such condition is attributable to such service.

- **(2)**
  - **(A) In the case of a veteran described in paragraph (1)(A), hospital care, medical services, and nursing home care may not be provided under subsection (a)(2)(F) with respect to -**
    - **(i) a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than an exposure described in paragraph (4)(A)(ii); or**
    - **(ii) a disease for which the National Academy of Sciences, in a report issued in accordance with section 3 of the Agent Orange Act of 1991, has determined that there is limited or suggestive evidence of the lack of a positive association between occurrence of the disease in humans and exposure to a herbicide agent.**
  - **(B) In the case of a veteran described in paragraph (1)(C) or**
    - **() In the case of a veteran described in paragraph (1)(C) or not be provided under subsection (a)(2)(F) with respect to a disability that is found, in accordance with guidelines issued by the Under Secretary for Health, to have resulted from a cause other than the service described in that paragraph.**
  - **(3) Hospital care, medical services, and nursing home care may not be provided under or by virtue of subsection (a)(2)(F) -**
    - **(A) in the case of care for a veteran described in paragraph (1)(A), after December 31, 2002;**
    - **(B) in the case of care for a veteran described in paragraph (1)(C), after December 31, 2001; and**
      (C) in the case of care for a veteran described in paragraph (1)(D), after a period of 2 years beginning on the date of the veteran's discharge or release from active military, naval, or air service.
  - **(4) For purposes of this subsection -**
    - **(A) The term "Vietnam-era herbicide-exposed veteran" means a veteran (i) who served on active duty in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, and (ii) who the Secretary finds may have been exposed during such service to dioxin or was exposed during such service to a toxic substance found in a herbicide or defoliant used for military purposes during such period.**
    - **(B) The term "radiation-exposed veteran" has the meaning given that term in section 1112(c)(3) of this title.**
  - **(5) When the Secretary first provides care for veterans using the authority provided in paragraph (1)(D), the Secretary shall establish a system for**

collection and analysis of information on the general health status and health care utilization patterns of veterans receiving care under that paragraph. Not later than 18 months after first providing care under such authority, the Secretary shall submit to Congress a report on the experience under that authority. The Secretary shall include in the report any recommendations of the Secretary for extension of that authority.

- **(f)**
  - **(1) The Secretary may not furnish hospital care or nursing home care under this section to a veteran who is eligible for such care under subsection (a)(3) of this section unless the veteran agrees to pay to the United States the applicable amount determined under paragraph (2) of this subsection.**
  - **(2) A veteran who is furnished hospital care or nursing home care under this section and who is required under paragraph (1) of this subsection to agree to pay an amount to the United States in order to be furnished such care shall be liable to the United States for an amount equal to -**
    - **(A) the lesser of -**
      - **(i) the cost of furnishing such care, as determined by the Secretary; or**
      - **(ii) the amount determined under paragraph (3) of this subsection; and**
      (B) before September 30, 2002, an amount equal to $10 for every
      day the veteran receives hospital care and $5 for every day the veteran receives nursing home care.
  - **(3)**
    - **(A) In the case of hospital care furnished during any 365-day period, the amount referred to in paragraph (2)(A)(ii) of this subsection is -**
      - **(i) the amount of the inpatient Medicare deductible, plus**
      - **(ii) one-half of such amount for each 90 days of care (or fraction thereof) after the first 90 days of such care during such 365-day period.**
    - **(B) In the case of nursing home care furnished during any 365-day period, the amount referred to in paragraph (2)(A)(ii) of this subsection is the amount of the inpatient Medicare deductible for each 90 days of such care (or fraction thereof) during such 365-day period.**
    - **(C)**
      - **(i) Except as provided in clause (ii) of this subparagraph, in the case of a veteran who is admitted for nursing home care under this section after being furnished, during the preceding 365-day period, hospital care for which the veteran has paid the amount of the inpatient Medicare deductible under this subsection and who has not been furnished 90 days of hospital care in connection with such payment, the veteran shall not incur any liability under paragraph (2) of this subsection with respect to such nursing home care until -**

- **(I) the veteran has been furnished, beginning with the first day of such hospital care furnished in connection with such payment, a total of 90 days of hospital care and nursing home care; or**
- **(II) the end of the 365-day period applicable to the hospital care for which payment was made, whichever occurs first.**
    - **(ii) In the case of a veteran who is admitted for nursing home care under this section after being furnished, during any 365-day period, hospital care for which the veteran has paid an amount under subparagraph (A)(ii) of this paragraph and who has not been furnished 90 days of hospital care in connection with such payment, the amount of the liability of the veteran under paragraph (2) of this subsection with respect to the number of days of such nursing home care which, when added to the number of days of such hospital care, is 90 or less, is the difference between the inpatient Medicare deductible and the amount paid under such subparagraph until -**
- **(I) the veteran has been furnished, beginning with the first day of such hospital care furnished in connection with such payment, a total of 90 days of hospital care and nursing home care; or**
- **(II) the end of the 365-day period applicable to the hospital care for which payment was made, whichever occurs first.**
- **(D) In the case of a veteran who is admitted for hospital care under this section after having been furnished, during the preceding 365-day period, nursing home care for which the veteran has paid the amount of the inpatient Medicare deductible under this subsection and who has not been furnished 90 days of nursing home care in connection with such payment, the veteran shall not incur any liability under paragraph (2) of this subsection with respect to such hospital care until -**
    - **(i) the veteran has been furnished, beginning with the first day of such nursing home care furnished in connection with such payment, a total of 90 days of nursing home care and hospital care; or**
    - **(ii) the end of the 365-day period applicable to the nursing home care for which payment was made, whichever occurs first.**
- **(E) A veteran may not be required to make a payment under this subsection for hospital care or nursing home care furnished under this section during any 90-day period in which the veteran is furnished medical services under paragraph (3) of subsection (a) to the extent that such payment would cause the total amount paid by the veteran under this subsection for hospital care and nursing home care furnished during that period and under subsection (g) for medical services furnished during that period to exceed the amount of the inpatient Medicare deductible in effect on the first day of such period.**

- (F) A veteran may not be required to make a payment under this subsection or subsection (g) for any days of care in excess of 360 days of care during any 365-calendar-day period.

- (4) For the purposes of this subsection, the term "inpatient Medicare deductible" means the amount of the inpatient hospital deductible in effect under section 1813(b) of the Social Security Act (42 U.S.C. 1395e(b)) on the first day of the 365-day period applicable under paragraph (3) of this subsection.

- (g)
  - (1) The Secretary may not furnish medical services under subsection (a) of this section (including home health services under section 1717 of this title) to a veteran who is eligible for hospital care under this chapter by reason of subsection (a)(3) of this section unless the veteran agrees to pay to the United States the amount determined under paragraph (2) of this subsection.
  - (2) A veteran who is furnished medical services under subsection (a) of this section and who is required under paragraph (1) of this subsection to agree to pay an amount to the United States in order to be furnished such services shall be liable to the United States, in the case of each visit in which such services are furnished to the veteran, for an amount equal to 20 percent of the estimated average cost (during the calendar year in which the services are furnished) of an outpatient visit in a Department facility. Such estimated average cost shall be determined by the Secretary.
  - (3) This subsection does not apply with respect to home health services under section 1717 of this title to the extent that such services are for improvements and structural alterations.
- (h) Nothing in this section requires the Secretary to furnish care to a veteran to whom another agency of Federal, State, or local government has a duty under law to provide care in an institution of such government.

Go to General Reference Application Documents to see sample packet.

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Filing for Un-Employability

UNDER CONSTRUCTION

When I received my second disability upgrade for PTSD the VA also attached a VA Form 21-8940 "Veteran's Application for Increased Compensation Based on Unemployability".

The Regulation:

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Reexaminations - When do they stop?

38 CFR - CHAPTER I - PART 3

§ 3.327 Reexaminations.

(a) *General.* Reexaminations, including periods of hospital observation, will be requested whenever VA determines there is a need to verify either the continued existence or the current severity of a disability. Generally, reexaminations will be required if it is likely that a disability has improved, or if evidence indicates there has been a material change in a disability or that the current rating may be incorrect. Individuals for whom reexaminations have been authorized and scheduled are required to report for such reexaminations. Paragraphs (b) and (c) of this section provide general guidelines for requesting reexaminations, but shall not be construed as limiting VA's authority to request reexaminations, or periods of hospital observation, at any time in order to ensure that a disability is accurately rated. (Authority: 38 U.S.C. 501)

(b) *Compensation cases* -- (1) *Scheduling reexaminations.* Assignment of a prestabilization rating requires reexamination within the second 6 months period following separation from service. Following initial Department of Veterans Affairs examination, or any scheduled future or other examination, reexamination, if in order, will be scheduled within not less than 2 years nor more than 5 years within the judgment of the rating board, unless another time period is elsewhere specified.

(2) No periodic future examinations will be requested. In service-connected cases, no periodic reexamination will be scheduled: (i) When the disability is established as static;

(ii) When the findings and symptoms are shown by examinations scheduled in paragraph (b)(2)(i) of this section or other examinations and hospital reports to have persisted without material improvement for a period of 5 years or more;

(iii) Where the disability from disease is permanent in character and of such nature that there is no likelihood of improvement;

EXCERPT FROM 38 CFR 4.17

All veterans who are **basically eligible** (SEE EXCERPT DIRECTLY BELOW) and who are unable to secure and follow a substantially gainful occupation by reason of disabilities which are likely to be permanent shall be rated as permanently and totally disabled

EXCERPT FROM 38 CFR 4.16 (a) Total disability ratings for compensation may be assigned, where the schedular rating is less than total, when the disabled person is, in the judgment of the rating agency, unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities: Provided

That, if there is only one such disability, this disability shall be ratable at 60 percent or more, and that, if there are two or more disabilities, there shall be at least one disability ratable at 40 percent or more, and sufficient additional disability to bring the combined rating to 70 percent or more. For the above purpose of one 60 percent disability, or one 40 percent disability in combination, the following will be considered as one disability:

(iv) In cases of veterans over 55 years of age, except under unusual circumstances;

(v) When the rating is a prescribed scheduled minimum rating; or

(vi) Where a combined disability evaluation would not be affected if the future examination should result in reduced evaluation for one or more conditions.

(c) *Pension cases.* In nonservice-connected cases in which the permanent total disability has been confirmed by reexamination or by the history of the case, or with obviously static disabilities, further reexaminations will not generally be requested. In other cases further examination will not be requested routinely and will be accomplished only if considered necessary based upon the particular facts of the individual case. In the cases of veterans over 55 years of age, reexamination will be requested only under unusual circumstances.

Domain	1 - 10	11 - 20	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	81 - 90	91 - 100
Symptom Severity	Persistent danger of severely hurting self or others (e.g., recurrent violence) Or serious suicidal act with clear expectation of death. Or	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) Or Gross impairment in communication (e.g., largely incoherent or mute) Or	Behavior is considerably influenced by delusions or hallucinations Or serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) Or	Some impairment in reality testing or communication (e.g., speech is at time illogical, obscure or irrelevant) Or	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting). Or	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) Or	Some mild symptoms (e.g., depressed mood and mild insomnia) Or	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument	Absent or minimal symptoms (e.g., mild anxiety before an exam), Generally satisfied with life. No more than everyday problems or concerns (e.g., an occasional argument with family members).	No symptoms

Level of Functioning	Persistent inability to maintain minimal personal hygiene	Occasionally fails to maintain minimal personal hygiene (e.g., smears feces)	Inability to function in almost all areas (e.g., stays in bed all day, no job, home or friends)	Major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friend, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home and is failing in school).	Any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).	Moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers).	Some difficulty in social, occupational or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships..	No more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).	Good functioning in all areas, interested and involved in a wide range of activities, socially effective,	Superior functioning in a wide range of activities, life's problems never seem to get out of hand. Is sought out by others because of his or her many positive qualities

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Below find miscellaneous Documents which may be of interest that I have accumulated as I have applied benefits. Some of these files are fairly big as they are images of the original pages.

Social Security

- Attorney Client Agreement (Social Security Security)
    1. Page 1
- First Application Denial (Social Security)
    1. Page 1
    2. Page 2
    3. Page 3
- Medical Assessment of Ability to do Work-Related Activities (Mental)
    1. Page 1
    2. Page 2
    3. Page 3
- Notice of Decision - Unfavorable, Third Denial (Social Security)
    1. Page 1
    2. Page 2
    3. Page 3
    4. Page 4
    5. Page 5
    6. Page 6
    7. Page 7
    8. Page 8
    9. Page 9
    10. Page 10
    11. Page 11
    12. Page 12
- Notice of Hearing - ALJ (Social Security)
    1. Page 1
    2. Page 2
    3. Page 3

- Personal Data Questionnaire (Social Security)
    1. Page 1
    2. Page 2
    3. Page 3
    4. Page 4
    5. Page 5
- Medical Examination Requirement
    1. Page 1
- Letter from Office of Hearings and Appeals, Falls Church, VA
    1. Page 1
- Second letter from OHA, Falls Church, VA
    1. Page 1
- Letter from Associate Commissioner, DSM Question
    1. Page 1
- Disability Determination and Transmittal
    1. Page 1
- Notice of Award, Retirement, Survivors and Disability Insurance.
    1. Page 1
    2. Page 2
    3. Page 3
    4. Page 4
    5. Page 5

Fee Based Non VA Treatment

- Authorization Documents
    1. Page 1
    2. Page 2
    3. Page 3
    4. Page 4
    5. Page 5

Congressional Inquiry Documents

- Privacy Act Permission
    1. Page 1
    2. Page 2

- E-MAIL Bub Parrish at iparrish@ptsdmanual.com

MILITARY VETERANS PTSD REFERENCE MANUAL

Tips on Submitting a Congressional Inquiry.

Understand that your Congressman will probably never see your paperwork. He/she has a large staff of specialized people who handle 99% of the mail and email.

Tips

- Call - Find out who your Congressman is on the Internet. There are several sites that list bio's, addresses, phone numbers, and much, much more. Call the state or Washington DC office and explain why you are submitting an inquiry and get the proper address to send it to.
- Information - Provide an outline of your problem with enclosures instead of a verbose letter of complaint. Stick to facts and stay away from politics and "feelings".
- Compile the Facts
- Submit a Privacy Act Permission Form - Submit a signed copy of the Privacy Act Permission Statement available at Privacy Act Permission
- Send a VA Permission Form
- My Senator asks 6 questions when he sends out a letter to your Doctors. They are as follows:

  1. Is the patient totally disabled? If so, is the patient expected to recover and reenter the work force within twelve months or less?

  2. What tests have been performed to substantiate the diagnosis?

  3. What are the physical and mental effects of the debilitating condition? How do these symptoms create a total disability?

  4. What medications or therapies have been prescribed? Are there any side effects from these drugs that would hinder a patient's work performance?

  5. Exactly what is the patient capable of doing? Is the patient capable of performing normal daily functions? What are the patient's limitations?

  6. Is the patient capable of obtaining and keeping gainful employment, if so, what type? Is this employment contingent on maintaining continuous prescription drug treatment?

MILITARY VETERANS PTSD REFERENCE MANUAL

Reopening of my SS Claim

Since the revision of my PTSD Manual I have filed for a "Reopening" of my Social Security claim. The original one was turned down by the Administrative Law Judge but is still in for Appeal.

I filed the "Reopening" on April 20, 2001. Within a few days I received all of the original application forms again, this time without the stamped envelope.

After three requests for a copy of my ALJ hearing and other materials shown at the ALJ hearing, and having received no answer at all, I filed a Congressional Inquiry.(This was done on June 5, 2001).

On May 14, 2001 I received a letter from the Public Health and Human Services (Disability Determination Services), just as I did the first time, advising me that they would be processing the Medical portion of the claim.

On May 21, 2001 I wrote a letter to the "Office of Public Inquiries" in Baltimore, MD asking for a clarification on what regulations or medical books they based their Mental Disability" section in their "List of Impairments". I sent a second request for that information on June 18, 2001 and on July 3, 2001 I received an envelope with two booklets pertaining to Social Security in general and a Flyer pertaining to "What prisoners should know about social security". There was NO cover letter and none of the information provided answered my question. (I forwarded this packet to my Congressman).

AUTHORS NOTE: I received a call from my Senators office on 7-16-01 and was told that the SSA DOES use the DSM (Diagnostic and Statistical Manual of Mental Disorders) to determine disabilities. However they do not accept disability rulings from the VA for mental disorders because the VA uses the DSM for DIAGNOSING mental problems NOT DETERMINING mental disabilities, which the SSA does. (In my research of medical terminology I find that "to diagnose" means "to determine" and to "determine" is to "resolve or settle". What am I missing here?).

On July 13, 2001, a Friday, I received two letters (see a copy of one of the letters in the General Documents Section Social security paragraph, medical exams. area) which directs me to have a Physical and Mental Exam. in conjunction with my SS Disability application (Authors Note: I would like to point out here that I was NOT given a physical or mental exam by an outside source when I filed my first application for SS disability. I wonder if the difference is the Congressional Inquiry or the determination by VA that I am Un-employable?) If the SSA does not set you up with any outside exams. when you submit your disability application ASK them to.

I also bring to your attention to paragraph (D) (4) of the introduction of section 12.00 of the "List of Impairments", which is for Mental Disorders. When you take your "Mental Status Examination" the doctor will be making notes on the following:

"....your appearance, behavior, and speech; your thought process (is your conversation rambling or disjointed); your thought content (are you expressing unusual beliefs such as people watching you or that the government is after you); are you seeing things that are not really there; do you seem depressed, excited, or nervous; do you know where you are and are you able to concentrate and remember things; do

you show signs of normal intelligence?"

It has now been almost 90 days since I applied to "Reopen" my claim. I have still not received ANYTHING from the SSA as relates to my first claim but I do occasionally hear from my Senators office.

In my revised PTSD Manual I mentioned that you should submit a SSA -7050-F4 Form (Request for Social Security Earnings Information). I did this after the fact to see what was in it and how long it takes to get.

I takes approximately 3 weeks to receive your "Itemized Statement of Earnings".

Be certain to give the EXACT years you wish to have them provide, not "last 15 years". They will send it back to you. Be certain to inter the amount you expect to pay for this service (currently $43.75 for 15 years). If you leave the amount open they will return you application without action.

The information is well worth the wait if you do not have past records showing your employment. The following is provided:

1. Name, address and Federal ID # of employer.

2. Years of employment with each employer and how much you received each year.

I discovered that I had worked for 12 different companies after my retirement and up to my not being able to work any more. I quit 7 jobs due to problems with management, three were temporary positions (did not want to commit), and I left 2 jobs because I just became bored and "antsy".

When filling out your Disability Claim add the following as an attachment:

Reference documents and excerpts:

1. Your governing regulation, CFR 20, says in Paragraph 404.1525 (Listing of Impairments in appendix 1), item (c),"…..if the medical findings needed to support a diagnosis are not given in the introduction or elsewhere in the listing, the diagnosis must still be established on the basis of medically acceptable clinical and laboratory diagnostic techniques. Following the introduction in each section, the required level of severity of impairment is shown under "Category of Impairments" by one or more sets of medical findings. The medical findings consist of symptoms, signs, and laboratory findings."

2. Within the "List of Impairments", section 12.00 (Mental Disorders) part of the introduction, section (D)(11) says, "Anxiety disorders. In the cases involving acrophobia and other phobic disorders, panic disorders, and posttraumatic stress disorders……..".

4. Under your "How We Determine Disability" section it says: "If your condition is not on the list, we have to decide if it is of equal severity to an impairment on the list. IF IT IS, YOUR CLAIM IS APPROVED."

The Questions:

1. I understand that the Social Security Administration uses DSM-IV to determine if an applicant has a particular mental disability. I also understand that the reason that the SSA does not accept a disability determination by the Veterans Administration is that the VA uses the DSM-IV to make a Diagnosis, not a determination.

You will find that in medical terms a Determination is the SAME as a Diagnosis. Can you clarify this please?

2. Under paragraph 12.06 (List of Impairments) Anxiety Related Disorders (the DSM-IV has PTSD listed under a "Stress Response" category, which comes under their "anxiety disorder" category) it says:

"A. Medically documented findings of at least **one** of the following, referring to items 1 through 5 under "A" (I have been diagnosed by VA psychiatrists and civilian psychiatrists with having PTSD):

1. Your # 1(d) corresponds directly with item d (4) in section 309.81, "Anxiety Disorders", of DSM-IV.
2. Your # 2 corresponds directly with item c (2) in section 309.81, "Anxiety Disorders", of DSM-IV.
3. Your # 5 corresponds directly with item b (1) in section 309.81, "Anxiety Disorders", of DSM-IV."

As you can see PTSD fulfills **THREE** of the requirements, not just **ONE.

AND

"B. Resulting in at lease **two** of the following:

1. Your # 2 corresponds directly with item c (2) in section 309.81, "Anxiety Disorders", of DSM-IV.
2. Your # 3 corresponds directly with item d (3) in section 309.81, "Anxiety Disorders", of DSM-IV.
3. Your # 4 corresponds directly with item d (2) & d (3) in section 309.81, "Anxiety Disorders", of DSM-IV.

As you can see PTSD fulfills **THREE** of these requirements, not just **TWO.

The “List of Impairments” states that “The required level of severity for these disorders is met when the requirements in both A and B are satisfied……”. Can you explain why my diagnosis of PTSD does not fulfill this requirement?

3. Taking into consideration CFR 20, paragraph 404.1525 (I have be DIAGONSED with PTSD), your acknowledging the existence of PTSD in the “List of Impairments”, section 12.00 (Mental Disorders) part of the introduction, section (D)(11), your exploitation of how you determine disability (http://www.ssa.gov/disability.html), and my diagnosis fulfilling the requirements of SEVERITY under paragraph 12.06 (List of Impairments) Anxiety Related Disorders how can there be an objection to approving my disability claim?

On July 26, 2001 I was examined by a Medical Doctor in relationship to any physical disabilities that I might have. The SSA had placed an emphasis on my arthritis and lack of hand and arm strength. The doctor did not find any significant problems. I am not certain how this will effect my application as I am trying to emphasize my mental problems.

On August 8th, 2001 I received THE FIRST EVER letter from the SSA in response to a question that I had asked them. I am certain this is only due to my Senator being involved. On May 21, 2001 I sent my first request asking if the SSA used the "The Diagnostic and Statistical Manual of Mental Disorders (DSM) to evaluate mental disorders. They sent me a "NON-Letter" earlier with a couple of standard SS hand-outs. See the complete letter at General Documents Section , Letter from Associate Commissioner, DSM Question. This is a VERY important document in light of the information I have provided above relating to the crossover between the SSA "List of Impairaments" and the DSM.

On August 27th I received a cover letter from my Senators office with a copy of a letter they had received from the Social Security Administration, Office of Hearings and Appeals, in Falls Church, VA (I note here that I have NEVER received a DIRECT reply to any of my query letters in the last two years. Even this letter went to my Senator). The letter says they are sending me copies of the Tape and exhibits that I requested earlier (request for tape was first sent in Feb 2001, I requested the exhibits on April 5, 2001). See the complete letter at General Documents Section , Letter from Falls Church, VA.

On August 27, 2001 I also had my mental status examination. The psychiatrist asked about family history (physical and mental) and asked me to define a "typical day" in my life. He did not ask about my original stressors or anything else about my military service.

On September 13, 2001 I sent a fax to my Senator's office asking how long I needed to wait for the promised "hearing tape copy" and copies of exhibits. The aid there said that it usually takes from 60 top 90 days before the appeals board does ANYTHING.

On September 13, 2001 I received a call from my Senator's office telling me that they had been notified by the SSA that my application for "reopening" my disability claim for PTSD had been APPROVED. I am to begin receiving SS payments at the end of September. Within a couple of hours I received a call from the SSA informing me that my application for disability had been approved and asking for a bank account number so they could use automatic deposit. I will receive NO back pay because my application was approved effective Mar 2001 (Authors note: After some research I discovered that the March 2001 date was the day after my disapproval date by the Administrative Law Judge. The date is not based on your re-opening date) and since I have to be out of work for 5 months AFTER the application before receiving payments it will be the end of September before I receive my first check, and no back pay. I asked the person who called from the SSA if I could still collect on my original application (now in Virginia on appeal) and he said yes and that if they approved THAT application I would receive back pay from the original application date.

After waiting over 30 days I sent a letter to the Regional SSA office in my state asking for a copy of the disability determination and general information on earning restrictions and case review procedures. I furnished a copy of this letter to my Senator for his files. Within a week I received a letter stating that they were "...unsure of what you expect for a determination.." (They did provide a copy of Form SSA-831-C3, Disability Determination and Transmittal. See a copy of this form at the General Documents Section) and instead of providing information on case review procedures I was told that the information was in CFR 20. Instead of being informed of any earnings restrictions I was told "We do not make any decisions here .... on your earnings. You must contact the SSA in XXXX for that information."

After doing my own research I finally found SSA Publication Number 05-10153, which can be found at Publication. In Part 1 it reads "Your award notice explains how much your disability benefit will be and when payments start. It also shows when you can expect your condition to be reviewed to see if there has been any improvement." Also in Part 1 of the above publication it says "After you receive disability benefits for 24 months, you will be eligible for Medicare." I was not aware of this.

Make certain you receive an "AWARD NOTICE" and a copy of SSA Pam 05-10153 from the SSA or over the internet.

On November 1, 2001 I finally received a copy of my "Notice of Award" (It was dated September 18, 2001). Nothing revealing in the document, which can be seen at the General Documents Section, Notice of Social Security Award.

On November 13, I received my OFFICIAL "Notice of Award" from a regional SSA office in Alabama. This was some two months months after I was notified of my award. The above notice was a copy from my files at my local SSA office. The promised pamphlets were also delivered.

On the same date I received a packet from the SSA "Office of Hearings and Appeals" (OHA) in Falls Church, VA. (See theGeneral Documents Section, Second Letter from OHA, Falls Church, VA.)

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Chapter 8 (Partial Only)

Writing The Stress Letter

Section I. GENERAL

08-01. General. One of the most difficult things you will be required to accomplish during your battle with PTSD is the writing of your "Stress Letter." It will be difficult because of the emotional impact and because of the effort and time required to write an effective letter. This letter is your "justification" for having PTSD and must be submitted to the Department of Veterans Affairs if you intend to apply for disability compensation. (Don’t get up-tight about having to justify your combat tour. First, remember you are dealing with the government, and second, it’s like applying for a physical disability, if you ain’t got it you don’t get it).

I would like to point out that the Stress Letter is used by the VA to establish that you experienced a stressor, not the severity of the stressor. Your actual disability and percentage of disability will eventually be determined by your PTSD C & P (Compensation and Pension) interview and your CURRENT social (in)adaptability.

This chapter will include a discussion of the dangers of writing the letter, some pointers on obtaining supporting evidence for your letter, an explanation of how you can write your stress letter, notes explaining what happened to me as I wrote my letter, and a list of places where you can get help in writing the letter.

08-02. Don’t Be Ashamed. Lets get one thing straight at the beginning of this chapter. You are a combat veteran, you have nothing to be ashamed of, and you are entitled to benefits if, as a result of your combat duty, you sustained physical, mental or emotional damage.

This page last updated 06-01

- Ordering Information
- Return to Main Page

MILITARY VETERANS PTSD REFERENCE MANUAL

In paragraph 08-04 I indicated that there was a reference to certain decorations being accepted as proof of stressors and that 38 CFR, which I quoted as being listed in my Appendix "J" attested to this. This is INCORRECT.

To the best of my knowledge these decorations are still listed in the "Guide for the Preparation and Submission of Post Traumatic Stress Disorder Research Requests" book, Section IX and M21-1 (The Adjudication Manual used by rating Specialists).

I have copies of the current paragraphs of the M21-1 below:

M21-1-3 Claims Development

5.14 POST TRAUMATIC STRESS DISORDER (PTSD)

a. Reasonably Supportive Evidence of Stressors in Service. Any evidence available from the service department indicating that the veteran served in the area in which the stressful event is alleged to have occurred and any evidence supporting the description of the event will be made part of the record. If the claimed stressor is related to combat and in the absence of information to the contrary, receipt of any of the following individual decorations will be considered evidence of participation in a stressful episode:

Air Force Cross
Air Medal with "V" Device
Army Commendation Medal with "V" Device
Bronze Star Medal with "V" Device
Combat Action Ribbon
Combat Infantryman Badge
Combat Medical Badge
Distinguished Flying Cross
Distinguished Service Cross
Joint Service Commendation Medal with "V" Device

Medal of Honor
Navy Commendation Medal with "V" Device
Navy Cross
Purple Heart
Silver Star

Other supportive evidence includes, but is not limited to, plane crash, ship sinking, explosion, rape or assault, duty on a burn ward or in a graves registration unit. POW status which satisfies the requirements of 38 CFR 3.1(y) will also be considered conclusive evidence of an inservice stressor.

b. Development

(1) If the veteran indicates pertinent treatment in a VA facility or elsewhere, request hospital report(s) and clinical records. If Vet Center participation is indicated, also request the Vet Center records.

(2) In cases where available records do not provide objective or supportive evidence of the alleged inservice traumatic stressor, it is necessary to develop for this evidence. While inservice traumatic stressors do not have to be documented to an absolute certainty, supporting evidence of record must be sufficient to permit a rating specialist to reasonably conclude that the stressful event occurred as alleged. If necessary, develop for this evidence as follows:

(a) Request the veteran to furnish specific details of the inservice stressful incident(s) such as date(s), place(s), unit of assignment at the time of the event(s), description of the event(s), medal(s) or citation(s) received as a result of the event(s), and, if appropriate, name(s) and other identifying information concerning any other individuals involved in the event(s) (see Exhibit A.1 for suggested attachment to a letter requesting PTSD information from the veteran). As a minimum, the claim must indicate the location and approximate time of the stressful event(s) in question. Inform the veteran that this information is necessary to obtain supportive evidence of the stressful event(s) and that failure to respond or an incomplete response may make it difficult or impossible to obtain this evidence.

NOTE: Avoid asking the veteran for specific details in any case in which the evidence of record already supports the stressor. Do not send a letter to the veteran needlessly asking for a reliving of traumatic events.

(b) Send VA Form 21-3101 for copies of personnel files showing units of assignment, dates of assignment, participation in combat operations, wounds received in action, awards and decorations and official travel outside the continental United States. Make a specific request for records according to the branch of service in which the veteran served.

1. ARMY: : "Personnel Qualification Record," DA Form 2-1. The form is used for both Officers and Enlisted personnel, and first came into use in January 1973. Prior to that, DA Form 20 and DA Form 66 were used.

2. NAVY: Enlisted record of "Transfer and Receipts" (p 12), pages 32 and 33. Enlisted record of "Administrative Remarks" (p 13), page 34. Officer record, NAVPERS 1301/51, "Officer Data Card," page 35.

3. AIR FORCE: Airman Military Record (AF Form 7), Enlisted, pages 36 through 39. Officer Military Record (AF Form 11), pages 39 and 40. Performance Reports for both Officer and Enlisted.

4. MARINE CORPS: NAVMC 118 (3), Record of Service, both Officer and Enlisted, pages 42 through 44. NAVMC 118 (9), Combat History and Awards, both Officer and Enlisted, pages 45 and 46. NAVMC 118 (17), Sea and Air Travel - Embarkation Slips, Enlisted, page 47.

5. COAST GUARD: Enlisted Record, "Endorsement on Order Sheet" (DOT Form CG 3312B). Officer

Record, "Service Records Card" (CGHQ Form 3359), page 48.

(3) If a VA examination or other medical evidence establishes a valid diagnosis of PTSD, and development is complete in every respect but for confirmation of the inservice stressor, contact either the Environmental Support Group (ESG) or Marine Corps.

(a) For all services except the Marine Corps send the letter to: U.S. Army and Joint Services Environmental Support Group (ESG), 7798 Cissna Road, Suite 101, Springfield, VA 22150-3197. Their telephone numbers are (703) 806-7835 or 7838.

(b) For Marine Corps veterans with service after 1956, send the letter to: Commandant of the Marine Corps, Headquarters United States Marine Corps, MMSB10, 2008 Elliot Road, Suite 201, Quantico, VA 22134-5030. Their telephone numbers are (703) 784-3935, 3939, or 3940. For veterans with service before 1956, send to: Marine Corps Historical Center, Building 58, Washington Navy Yard, Washington, DC 20374-9580. Their telephone numbers are (202) 433-3483 or 3840. All command chronologies are located at the Historical Center as well as unit diaries before 1956, and some unit diaries for the period 1956 to 1966. Quantico should have all unit diaries from 1956 on. In some instances, an RO inquiry may be forwarded to the other facility for a better answer.

(c) Enclose copies of information received from the veteran and the service department with these requests. Also, furnish the following information to the ESG or the Marine Corps:

1. Full name;

2. Claim number;

3. Social Security Number;

4. Military service number;

5. Regional office and address;

6. Units of assignment, company, battalion, regiment, and division;

7. Type, place and date of the specific stress incident(s) claimed. Paraphrase the medical evidence describing the stressor which is linked to the actual diagnosis;

8. If possible, names of other persons involved in or award of the incident (or names of close friends killed in action);

9. Copy of VA Form 119, Report of Contact, or copy of the veteran's statement involving the incident; and

10. Copy of DD Form 20 from St. Louis NPRC, if available.

(4) Do not send an inquiry to the ESG or the Marine Corps unless there is a confirmed diagnosis of PTSD adequate to establish entitlement to service connection. However, always send an inquiry in instances in which the only obstacle to service connection is confirmation of an alleged stressor. A denial solely because of an unconfirmed stressor is improper unless it has first been reviewed by the ESG or the Marine Corps.

(5) If the ESG or the Marine Corps requests a more specific description of the stressor in question, immediately request the veteran to provide the necessary information. If the veteran provides a reasonably responsive reply, forward it to the requesting agency. Failure by the veteran to respond substantively to the request for information will be grounds to deny the claim based on unconfirmed stressor.

c. **PTSD Claims Based on Personal Assault**

(1) Veterans claiming service connection for disability due to an in-service personal assault face unique problems documenting their claims. Personal assault is an event of human design that threatens or inflicts harm. Examples of this are rape, physical assault, domestic battering, robbery, mugging, and stalking. Although these incidents are most often thought of as involving female veterans, male veterans may also be involved. Care must be taken to tailor development for a male or female veteran. These incidents are often violent and may lead to the development of PTSD secondary to personal assault.

(2) Because assault is an extremely personal and sensitive issue, many incidents of personal assault are not officially reported, and victims of this type of in-service trauma may find it difficult to produce evidence to support the occurrence of the stressor. Therefore, alternative evidence must be sought.

(3) To service connect PTSD, there must be credible evidence to support the veteran’s assertion that the stressful event occurred. This does not mean that the evidence actually proves that the incident occurred, rather that the preponderance of evidence supports the conclusion that it occurred.

(4) Review the claim and all attached documents. Develop for SMRs and MPRJ information as needed.

(a)) Service records not normally requested may be needed to develop this type of claim. Responses to the development letter attachment shown in Exhibit B.11 may identify additional information sources. These include:

· A rape crisis center or center for domestic abuse,

· A counseling facility,

· A health clinic,

· Family members or roommates,

· A faculty member,

· Civilian police reports,

· Medical reports from civilian physicians or caregivers,

· A chaplain or clergy, or

· Fellow service persons.

(b) Any reports from the military police, shore patrol, provost marshal's office, or other military law enforcement. Development may include phone, fax, e-mail, or correspondence as long as documented in the file.

(5)) Identifying possible sources of alternative evidence will require that you ask the veteran for information concerning the incident. This should be done as compassionately as possible in order to avoid further traumatization. The PTSD stressor development letter used by regional offices to solicit details concerning a combat stressful incident is inappropriate for this type of PTSD claim. Use Exhibit B.10 or a letter developed locally for this type of claim.

(6) The attachment to the development letter shown in Exhibit B.9 is inappropriate for PTSD claims based on personal assault and should not be used for that purpose. Instead use Exhibit B.11 to this letter or an attachment developed locally.

(7) Rating specialists must carefully evaluate all the available evidence. If the military record contains no documentation that a personal assault occurred, alternative evidence might still establish an in-service stressful incident. Behavior changes that occurred at the time of the incident may indicate the occurrence of an in-service stressor. Examples of behavior changes that might indicate a stressor are (but are not

limited to):

(a) Visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment;

(b) Sudden requests that the veteran's military occupational series or duty assignment be changed without other justification;

(c) Lay statements indicating increased use or abuse of leave without an apparent reason such as family obligations or family illness;

(d) Changes in performance and performance evaluations;

(e) Lay statements describing episodes of depression, panic attacks or anxiety but no identifiable reasons for the episodes;

(f) Increased or decreased use of prescription medications;

(g) Increased use of over-the-counter medications;

(h) Evidence of substance abuse such as alcohol or drugs;

(i) Increased disregard for military or civilian authority;

(j) Obsessive behavior such as overeating or undereating;

(k) Pregnancy tests around the time of the incident;

(l) Increased interest in tests for HIV or sexually transmitted diseases;

(m) Unexplained economic or social behavior changes;

(n) Treatment for physical injuries around the time of the claimed trauma but not reported as a result of the trauma;

(o) Breakup of a primary relationship.

(8) Rating specialists may rely on the preponderance of evidence to support their conclusions even if the record does not contain direct contemporary evidence. In personal assault claims, secondary evidence may need interpretation by a clinician, especially if it involves behavior changes. Evidence that documents such behavior changes may require interpretation in relationship to the medical diagnosis by a VA neuropsychiatric physician.

M21_1_6 Rating Board Procedures

11.38 POST-TRAUMATIC STRESS DISORDER (PTSD)

Service connection for PTSD requires medical evidence establishing a clear diagnosis of the condition, credible supporting evidence that the claimed in-service stressor actually occurred, and a link, established by medical evidence, between current symptomatology and the claimed in-service stressor (38 CFR 3.304(f)). The issue of service connection for PTSD is the sole responsibility of the rating specialist at the local level. Central Office opinion or guidance may be requested on complex cases.

a. **Stressors.** In making a decision, exercise fair, impartial, and reasonable judgment in determining whether a specific case of PTSD is service connected. Some relevant considerations are:

(1) PTSD does not need to have its onset during combat. For example, vehicular or airplane crashes, large fires, flood, earthquakes, and other disasters would evoke significant distress in most involved persons. The trauma may be experienced alone (rape or assault) or in the company of groups of people (military combat).

(2) A stressor is not to be limited to just one single episode. A group of experiences also may affect an individual, leading to a diagnosis of PTSD. In some circumstances, for example, assignment to a grave registration unit, burn care unit, or liberation of internment camps could have a cumulative effect of powerful, distressing experiences essential to a diagnosis of PTSD.

(3) PTSD can be caused by events which occur before, during or after service. The relationship between stressors during military service and current problems/symptoms will govern the question of service connection. Symptoms must have a clear relationship to the military stressor as described in the medical reports.

(4) PTSD can occur hours, months, or years after a military stressor. Despite this long latent period, service-connected PTSD may be recognizable by a relevant association between the stressor and the current presentation of symptoms. This association between stressor and symptoms must be specifically addressed in the VA examination report and to a practical extent supported by documentation.

(5) Every decision involving the issue of service connection for PTSD alleged to have occurred as a result of combat must include a factual determination as to whether or not the veteran was engaged in combat, including the reasons or bases for that finding. (See Gaines v. West, 11 Vet. App. 113 (1998).)

b. **Evidence of Stressors in Service**

(1) **Conclusive Evidence.** Any evidence available from the service department indicating that the veteran served in the area in which the stressful event is alleged to have occurred and any evidence supporting the description of the event are to be made part of the record. Corroborating evidence of a stressor is not restricted to service records, but may be obtained from other sources (see *Doran v. Brown,* 6 Vet. App. 283 (1994)). If the claimed stressor is related to combat, in the absence of information to the contrary, receipt of any of the following individual decorations will be considered evidence of participation in a stressful episode:

Air Force Cross
Air Medal with "V" Device
Army Commendation Medal with "V" Device
Bronze Star Medal with "V" Device
Combat Action Ribbon
Combat Infantryman Badge
Combat Medical Badge
Distinguished Flying Cross
Distinguished Service Cross
Joint Service Commendation Medal with "V" Device
Medal of Honor
Navy Commendation Medal with "V" Device
Navy Cross
Purple Heart
Silver Star

Other supportive evidence includes, but is not limited to, plane crash, ship sinking, explosion, rape or

assault, duty on a burn ward or in graves registration unit. POW status which satisfies the requirements of 38 CFR 3.1(y) will also be considered conclusive evidence of an in-service stressor.

(2) **Evidence of Personal Assault.** Personal assault is an event of human design that threatens or inflicts harm. Examples of this are rape, physical assault, domestic battering, robbery, mugging, and stalking. If the military record contains no documentation that a personal assault occurred, alternative evidence might still establish an in-service stressful incident. Behavior changes that occurred at the time of the incident may indicate the occurrence of an in-service stressor. Examples of behavior changes that might indicate a stressor include (but are not limited to):

Visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment;

Sudden requests that the veteran's military occupational series or duty assignment be changed without other justification;

Lay statements indicating increased use or abuse of leave without an apparent reason such as family obligations or family illness;

Changes in performance and performance evaluations;

Lay statements describing episodes of depression, panic attacks, or anxiety but no identifiable reasons for the episodes;

Increased or decreased use of prescription medications;

Increased use of over-the-counter medications;
Evidence of substance abuse such as alcohol or drugs;

Increased disregard for military or civilian authority;

Obsessive behavior such as overeating or undereating;

Pregnancy tests around the time of the incident;

Increased interest in tests for HIV or sexually transmitted diseases;

Unexplained economic or social behavior changes;

Treatment for physical injuries around the time of the claimed trauma but not reported as a result of the trauma; and

Breakup of a primary relationship.

In personal assault claims, secondary evidence may need interpretation by a clinician, especially if it involves behavior changes. Evidence that documents such behavior changes may require interpretation in relationship to the medical diagnosis by a VA neuropsychiatric physician.

(3) **Credible Supporting Evidence.** A combat veteran's lay testimony alone may establish an in-service stressor for purposes of service connecting PTSD (*Cohen v. Brown*, 94-661 (U.S. Ct. Vet. App. March 7, 1997)). However, a noncombat veteran's testimony alone does not qualify as "credible supporting evidence" of the occurrence of an inservice stressor as required by 38 CFR 3.304(f). After-the-fact

psychiatric analyses which infer a traumatic event are likewise insufficient in this regard (*Moreau v. Brown*, 9 Vet. App. 389 (1996)).

c. **Development**

(1) For instructions regarding development of service records, medical treatment, and evidence of stressor or personal assault, refer to Part III, subparagraphs 5.14b and 5.14c.

(2) Unless medical evidence adequate for rating purposes is already of record, request an immediate examination. When requesting an examination, state in the remarks section of VA Form 21-2507, "Request for Physical Examination," "Claims folder to be made available to examiner upon request."

d. **Incomplete Examinations and/or Reconciliation of Diagnosis.** If an examination is received with the diagnosis of PTSD which does not contain the above essentials of diagnosis, return the examination as incomplete for rating purposes, note the deficiencies, and request reexamination.

(1) Examples of an unacceptable diagnosis include not only insufficient symptomatology, but failure to identify or to adequately describe the stressor, or failure to consider prior reports demonstrating a mental disorder which could not support a diagnosis of PTSD. Conflicting diagnoses of record must be acknowledged and reconciled.

(2) Exercise caution to assure that situational disturbances containing adjustment reaction of adult life which subside when the situational disturbance no longer exists, or is withdrawn, and the reactions of those without neurosis who have "dropped out" and have become alienated are not built into a diagnosis of PTSD.

e. **Link Between In-service Stressor and Diagnosis.** Relevant specific information concerning what happened must be described along with as much detailed information as the veteran can provide to the examiner regarding time of the event (year, month, day), geographical location (corps, province, town or other landmark feature such as a river or mountain), and the names of others who may have been involved in the incident. The examining psychiatrist or psychologist should comment on the presence or absence of other traumatic events and their relevance to the current symptoms. Service connection for PTSD will not be established either on the basis of a diagnosis of PTSD unsupported by the type of history and description or where the examination and supporting material fail to indicate a link between current symptoms and an in-service stressful event(s).

f. **Review of Evidence**

(1) If a VA medical examination fails to establish a diagnosis of PTSD, the claim will be immediately denied on that basis. If no determination regarding the existence of a stressor has been made, a discussion of the alleged stressor need not be included in the rating decision.

(2) If the claimant has failed to provide a minimal description of the stressor (i.e., no indication of the time or place of a stressful event), the claim may be denied on that basis. The rating should specify the previous request for information.

(3) If a VA examination or other medical evidence establishes a valid diagnosis of PTSD, and development is complete in every respect but for confirmation of the in-service stressor, request additional evidence from either the Environmental Support Group (ESG) or Marine Corps. (See Part III, paragraph 5.14.)

(4) Do not send a case to the ESG or Marine Corps unless there is a confirmed diagnosis of PTSD adequate to establish entitlement to service connection. Correspondingly, always send an inquiry in instances in which the only obstacle to service connection is confirmation of an alleged stressor. A denial solely because of an unconfirmed stressor is improper unless it has first been reviewed by the ESG or Marine Corps.

(5) If the ESG or the Marine Corps requests a more specific description of the stressor in question, immediately request the veteran to provide the necessary information. If the veteran provides a reasonably responsive reply, forward it to the requesting agency. Failure by the veteran to respond substantively to the request for information will be grounds to deny the claim based on unconfirmed stressor. (See Part III, paragraph 5.14.)

g. **Review of Evidence**

(1) If a VA medical examination fails to establish a diagnosis of PTSD, the claim will be immediately denied on that basis. If no determination regarding the existence of a stressor has been made, a discussion of the alleged stressor need not be included in the rating decision.

(2) If the claimant has failed to provide a minimal description of the stressor (i.e., no indication of the time or place of a stressful event), the claim may be denied on that basis. The rating should specify the previous request for information.

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Chapter 9 (Partial Only)

Documentation Sources

Section I. GENERAL

09-01. General. As you begin to work on your stress letter you will find that your memory is not what it use to be. This may be because many years have elapsed or since you experienced the traumatic events about which you are writing the memory lapses may be a symptom of PTSD. Either way you will need to locate a war buddy who can help you remember or you need to find some relevant data pertaining to the event or events that caused your extreme stress. What follows required months of research that included many letters and phone calls. I believe it to be the most extensive and accurate list of war material archives and related information available.

Section II. OPTAINING INFORMATION ON YOURSELF

09-02. General. Having been in the military you are aware of the mountains of paperwork created in peace and wartime. It may still be a problem to find historical data pertaining to your unit or individual operations because of carelessness by field commanders and clerks, as is the case for the early years of the Vietnam War, or because many records are still unavailable due to security classifications.

Listed below are archives and records depositories I have been able to locate where you can find information about your unit or a specific operation.

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Chapter 10 (Partial)

Letters, Forms, Notices, and Statements

Section I. GENERAL

10-01. General. As with anything you do that concerns the government there will always be a pile of forms to fill out. A quick reference list is followed by sample letters, forms, notices, and simplified instructions for all of the forms (the forms themselves can be found in appendix H) you should require when filing for initial disability, claims, records, appeals, etc.

You should **ALWAYS** make copies (remember **CoPP**) of any letters or forms you send to the VA and make copies of any letters or forms they send you. To be safe I would advise you to send any documents by registered mail.

Most of the veterans I have spoken with submit all of their letters and forms through their local benefits counselor or national Service Organization Representative. I recommend you do the same as they already know the ropes, and their association with your material will lend it some additional credence.

Using FOIA. If there is any doubt that the information will be released on your signature alone include the statement “This information is requested under the FOIA”. USASCRUR points out that requesting documents under FOIA may cause your request to slow down because of additional administrative requirements. Your call.

Section II. QUICK REFERENCE (Revised)

10-02. A list of All documents provided in this chapter. Listed alphabetically then numerical:

Located in Section III:

- Air Force Historical Research Agency Request for Microfilm Titles
- Air Force Historical Research Agency Request for Microfilm
- Claim file request under the Freedom of Information Act (FOIA)
- Freedom Of Information Act (FOIA) Request, Personnel Records
- Medical and Clinical Treatment Records
- National Archives Request for Textual Material
- Notice of Disagreement (NOD)
- Statement of Illness
- Stress Letter Package
- World Wide Locator Request for Forwarding

Located in Section IV:

- SF 180 (Request Pertaining to Military Records) (Revised)

Located in Section V:

- HA-501-U5 (Request for Hearing By Administrative Law Judge)
- HA-520 (Request for Review of Hearing Decision/Order)
- HA-4486 (Claimant's Statement When Request for Hearing is Filed and the Issue is Disability)

- SSA-561-U2 Form (Request for Reconsideration)
- SSA-3368-BK Form (Disability Report - Adult)
- SSA-3369-BK Form (Work History Report)
- SSA-7050-F4 (Request for Social Security Earnings Information)

Located in Section VI:

- VA Form 1-646 (Statement of Accredited Representative)
- VA Form 9 (Appeal to Board of Veteran's Appeals) (Revised)
- VA Form 10-10I (Insurance Information)
- VA Form 10-10EZ (Application for Health Benefits) (Revised)
- VA Form 10-5345 (Request for and Consent to Release of Medical Records)
- VA Form 21-526 (Veteran's Application for Compensation or Pension) (Revised)
- VA Form 21-527 (Income Net Worth and Employment) (Revised)
- VA Form 21-2545 (Report of Medical Examination for Disability Evaluation) -
- VA Form 21-4138 (Statement in Support of Claim) (Revised)
- VA Form 21-8940 (Veteran's Application for Increased Compensation Based on Unemployability)

- VA Form 22a (Appointment of Attorney or Agent as Claimant's Representative) (Revised)

- VA Form 0220 (Notice of Appellate Rights Following Denial of Motion For Reconsideration)

- VA Form 4107 (Your Rights to Appeal our Decision) (Revised)

- VA Form 4597 (Board of Veteran's Appeals Notice)

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Correction and Update to VA Form 21-526 (Veteran's Application for Compensation or Pension)

VA Forms

- VA Form 21-526 (Veteran's Application for Compensation or Pension)

This is the VA's effort at a "Friendly Form". There are 7 pages of instructions and 10 pages to fill out. (Authors note: The only difference between the 1999 edition and 2001 edition of this form is a softening of the language due to the passage of Veterans Claims Assistance Act of 2000 which puts less emphasis on a "well grounded claim" and more emphasis on "duty to assist"). Page three of the instructions gives a list of required documents necessary for filling out the form, which includes Service Medical Records, Civilian Medical Records, DD Form 214's, and other information on your dependents. If you have these documents it will save a great deal of processing time since they are REQUIRED and the VA will have to obtain them through other channels, which can take months. Also notice that these must be originals or certified copies.

Part "A" (General) is required by all applicants and is quite detailed in nature. ***(Find and expand on Travel Injuries, Section VI, 20a - 20e)***

Part "C" (Dependency) is also required by all applicants.

Part "B" (Compensation) is required if you are filing for a PTSD claim but Part "D" (Pension) is not. The information you provide in part "B" will be critical to your claim. Fill out the sections carefully and provide as much documentation as possible.

- E-MAIL Bub Parrish at iparrish@ptsdmanual.com

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Chapter 11 (Partial Only)

The Past and The Future

Section I. GENERAL

11-01. General. I would like to close with a few thoughts on the past and offer hope for the future.

The long process of writing this manual has led me to rethink many aspects of my life. I have spent some time wondering what I would have done, where I would have gone, and who I would have met, had I not gone to Vietnam. I was 21 years old. I had already been married for 3 years, had two sons and my wife was 5 months pregnant with our third child when I left home for Vietnam. I was scared and excited at the same time.

During the first few months I was in Vietnam I thought many times of shooting myself, in some non essential part, so I could get the hell away from that hot, miserable place. I do not remember thinking about whether the war was right or wrong, I only thought about getting home.

When I did get home there was no one to talk to about what had happened. The general community called us baby killers. Neither my parents nor my wife asked me any questions then, nor have they ever asked about what we did. Were they ashamed of my actions or concerned for my feelings? My parents can not ask me now; they are gone. My wife, the same one I had back then, has never wanted to know. How does that make me feel? How does it make you feel? Most of you went through the same thing.

You will never be welcomed home, except by your brothers, but you can shed some of the mental baggage by coming to terms with human nature.

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Appendix C (Partial Only)

Statistics

What follows is a cross section of statistics from various sources dealing with different eras and different wars/conflicts. Not all of it pertains to PTSD but will probably be of interest. I cannot vouch for the accuracy of the statistics shown. The authoring location/body/person follows each set of figures so if you do not agree with what is shown please contact the author not THIS author. Thanks.

TOTAL DEATHS, WWII THRU GULF WAR

War (Conflict)	Total Served	Total Deaths
WW II	16,353,659	407,316
Korean War	5,764,143	36,916
Vietnam War	8,752,000	58,193
Persian Gulf War	467,939	299
	31,337,741	502,724

The World Almanac and Book of Facts, 1998. World Almanac Books, New Jersey.

Last updated 3-6-99.

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Appendix H (Complete Appendix)

Blank Forms

All of the following forms are in "PDF" format. If you do not have an "Adobe Acrobat Reader" you will find a Win 3.1 and Win 95/98 version on this server.

The following forms are available for download by first clicking on your RIGHT mouse button then selecting SAVE LINK AS:

Standard Forms

SF 180 - Front Page (Request Pertaining to Military Records)
SF 180 - Back Page

Veterans Administration (VA) Forms

VA 1-646 (Statement of Accredited Representation in Appealed Case)

VA 9 (Appeal to Board of Veterans' Appeals)

VA 10-10I (Insurance Information)

VA 10-10ez (Application for Health Benefits)

VA 10-5345 (Request for and Consent to Release of Medical Records Protected by 38 U.S.C. 7332)

VA 21-526 - Part 1 (Veterans Application for Compensation or Pension)
VA 21-526 - Part 2
VA 21-526 - Part 3
VA 21-526 - Part 4

VA 21-527 (Income-Net Worth & Employment Statement)

VA 21-4138 (Statement in Support of Claim)

VA 21-4142 (Authorization for Release of Information)

VA 21-8940 (Veteran's Application For Increased Compensation Based on unemployability)

VA 22a (Appointment of Attorney or Agent as Claimant's Representative)

VA 0220 (Notice of Appellate Rights Following Denial of Motion For Reconsideration)

VA 4107 (Notice of Procedural and Appellate Rights)

VA 4597 (Board of Veteran's Appeals Notice)

Link to Social Security Forms

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Appendix I (Partial Only)

Board of Veterans Appeals Information Pamphlet

DEPARTMENT OF VETERANS AFFAIRS

Chairman, Board of Veterans' Appeals

Washington DC 20420

April 1996

Dear BVA Customer:

Filing an appeal for VA benefits has been compared to trying to get through a maze. We prepared this pamphlet to help you get through that maze with as few wrong turns as possible.

We have tried to answer the questions you are most likely to have about the claims appeal process. Please keep in mind that no printed guide can substitute for the years of personal experience available to you through your state veterans' department or through a Veterans' Service Organization.

In preparing this pamphlet, we took our own advice not to "go it alone." We worked closely with appeals representatives from more than a dozen Veterans' Service Organizations and with representatives from state veterans' departments, without whose help this brochure would not have been possible. This printing includes changes suggested by veterans and others who have used the pamphlet. We thank them for their help.

All of us at the Board of Veterans' Appeals are dedicated to doing our best to serve you. Please let us know how we are doing.

Sincerely,

Charles L. Cragin

1. Who Should Read This Pamphlet?

Anyone who is not satisfied with the results of a claim for veterans' benefits (determined by a VA regional office, medical center, or other local VA office) should read this Pamphlet. It is intended to explain the steps involved in filing an appeal and to serve as a reference for the terms and abbreviations used in the appeal process.

2. How Do I Find The Answers To My Questions?

There are several ways to use this Pamphlet. You can simply read it from start to finish - it discusses the steps in the appeal process in the order they normally occur. The Table of Contents on the next page is

arranged in the same order. The Index at the back of the Pamphlet lists topics in alphabetical order using key topic words. Some common abbreviations are listed on page 28, and a Glossary that explains many of the terms you will encounter in the Pamphlet also begins on page 28.

3. Get Help

This Pamphlet discusses the appeal process in detail, but it should not be considered a complete checklist for filing an appeal. Think of it as "one more tool in the toolbox" for understanding the benefit claims system. While it is possible to "go it alone," most people have found the assistance and experience of appeals representatives to be absolutely essential. Many Veterans' Service Organizations as well as state and county veteran's departments provide help free of charge. We strongly urge you to consider contacting one of these organizations to help you with your appeal.

4. Table of Contents

NOTE: Because the page numbers listed in the original pamphlet would not match my retyped version I have assigned a section number to each item.

1. Who should read this pamphlet?

2. How do I find the answer to my questions?

3. Get help.

4. Table of contents.

5. User tips.

6. What is the Board of Veterans' Appeals?

7. What is an appeal to the Board of Veterans' Appeals?

8. Who can appeal?

9. When can I file an appeal?

10. What can I appeal to the Board?

11. What can't I appeal to the Board?

12. How do I file an appeal?

13. Where do I file my appeal

14. What happens next?

15. What follows the Statement of the Case?

16. What if I don't want BVA to examine a particular issue listed in the SOC or SSOC

17. Can I get an extension of the date for filing?

18. Do I need a lawyer or other representative to help me with my appeal?

19. What kind of information do I need to include in my appeal?

20. What happens to my VA Form 9?

21. What is the Board's docket?

22. What is a docket number?
23. How do I obtain the information needed to make my case as strong as possible?
24. How long does the appeal process take?
25. Is there any way to have the Board decide my case more quickly?
26. What is a personal hearing?
27. What is the 90-Day Rule?
28. When will my personal hearing be held?
29. Where is my claims folder kept?
30. How do I find out the status of my appeal?
31. What happens to my appeal when it gets to the Board?
32. How will I be notified of the Board's decision?
33. What is a remand?
34. Why are some appeals remanded?
35. What if I disagree with the Board's decision?
36. What else can I do if I disagree with a Board decision?
37. What happens to an appeal if the appellant dies before a decision is issued?
38. The Appeal process diagram (Not provided)
39. What SHOULD I do?
40. What should I AVOID?
41. Abbreviations
42. Glossary
43. Index
44. How can we make this pamphlet better?

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Appendix K (Partial Only)

Guide for the Preparation and Submission

of Post Traumatic Stress Disorder Research Requests

Guide for the Preparation and Submission

of Post Traumatic Stress Disorder

Research Requests

Prepared and distributed by

U.S. Armed Services Center for Research

of Unit Records (USASCRUR)

Authors Note: To the best of my knowledge this guide has not been changed in any way other than the intentional omission of the documents between pages 24 to 49, the shortening of Section IX (AWARDS AND DECORATIONS), and the replacement of "U.S. Army and Joint Services Environmental Support Group (ESG)" with the new title of "U.S. Armed Services Center for Research of Unit Records (USASCRUR)" and the abbreviation "ESG" with "USASCRUR".

RESEARCHING PTSD REQUESTS

INTRODUCTION

The U.S. Armed Services Center for Research of Unit Records (USASCRUR) is located at 7789 Cissna Road, Suite 101, Springfield, Virginia 22150. The USASCRUR conducts records research to assist Department of Veterans Affairs (VA) officials and veterans service organizations in verifying the stressing experiences described by veterans in Post Traumatic Stress Disorder (PTSD) claims. The purpose of this guide is to provide information to officials who are requesting USASCRUR to provide PTSD research assistance. Veterans are strongly encouraged not to attempt to develop their cases without the assistance of service officials. (authors note: I hope after the publication of this manual this will no longer be the case). The veteran’s Official Military Personnel File (OMPF) should be reviewed by the service representative assisting the veteran before a case is sent to USASCRUR.

Possession of awards and decorations can sometimes be an indicator of combat involvement. The Department of Veterans Affairs (VA) Regulatory Amendment to Regulation 38 CFR 3.304 (f), dated May 19, 1933, states that the receiving of such awards as the Purple Heart (PH), the Bronze Star with "V" Device, Combat Infantryman Badge (CIB), or other similar citations indicating combat involvement, satisfies the VA requirement that the veteran was involved in a combat stressor.

If a case presents special problems or circumstances, do not hesitate to call USASCRUR at (703) 806-7835 for assistance and guidance. Research requests should list a phone number (including area code) so the USASCRUR researchers may call to obtain information if necessary.

USASCRUR has no official role in the adjudication of PTSD claims. In addition, we are not notified how the cases we research are adjudicated. USASCRUR is committed to accomplishing the most thorough and comprehensive research possible to ensure veterans get the benefits they deserve and have earned.

Local reproduction and maximum dissemination of this guide to veteran service officers is authorized and encouraged.

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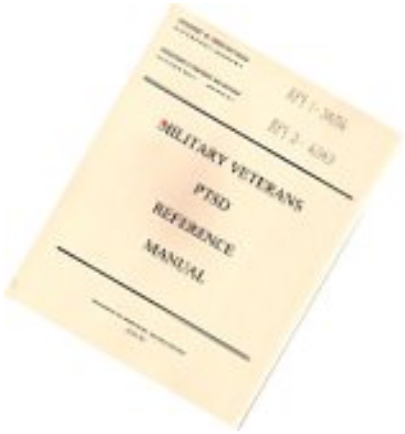

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NOTES

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MILITARY VETERANS PTSD REFERENCE MANUAL

Reviews

I just wanted to say thanks to you and your manual as of july I AM 70% PTSD 100% un-employability it took me from april 98 until july 01 I will keep fighting on. Mike Manley, August 2001

I. S. Parrish's Military Veterans PTSD Reference Manual also contains a great deal of information about PTSD, with an emphasis on how to apply for a PTSD disability rating. Parrish, a retired U.S. Army serteant E-8, served as a communications specialist in Vietnam in 1966-67.

Books in Review, by Marc Leepson, Vietnam Veterans of America Magazine, April/May 2000.

Mr. Parrish;
I would like to thank you for your words of wisdom. I am assisting my Father with this process, and needless to say he has grown weary of dealing with the government. What I have read has been helpful, as well as encouraging.
Thank You

Kelly Dawson

I recently purchased your book and wished I had the opportunity to review it prior to applying for disability benefits two years ago.

Eric Newton
11ACVVC
Dec 99

Two days after I filed, I got a call from my VVA S.O., who asked if I was sitting down and proceeded to tell me that I had been rated at 100% for Ptsd and depression……VVA rep said that the VA rater said that it was "an honor to work on my file".....Absolutely a god send and also your correspondence with me.

Randy Getchell
Nov 99

Written by a Vietnam veteran for Vietnam veterans, this guide discusses the history and etiology of PTSD and traditional and non-traditional treatmeents for the disorder. It contains extensive step-by-step instructions to guide veterans with PTSD through the process of applyiny for disability benefits from the Department of Veterans Affairs, with particular attention to the steps a veteran can take to obtain the necessary documentation

for filing a claim.

Fred Lerner, D.L.S., Information Scientist
National Center for Post-Traumatic Stress Disorder
June 1999

It seems to me that you have created a tremendously affirming and practical tool for veterans...

Margaret L. Peck
FOIA/Privacy Act Officer
DVA, Board of Veterans' Appeals
March 1999

As one who has had to deal with PTSD and have spent the past 10 years as an Veterans Advocate, I find this book very useful. From the beginning of the history, definitions cause and effects to treatment. The coverage of dealing with the Department of Veterans Affairs is a step by step guide to filing a claim with a good insight on what to expect along the way with detailed information on how to proceed. I would strongly recommend this book for veterans that are dealing with or think they may have PTSD and for their families to get a better understanding and for any Veteran advocate that may not be up on the condition. A well done guide without a doubt.

Willie G Dougherty
State of Texas Veterans Representative
Mar 1999

Reveived my copy today. What a great job.

Dr. Joseph M. Carver, Ph. D., Psychologist
Feb 1999.

I am the wife (well long time companion) of a Vietnam vet...(helicoper pilot with the 191st sept 68 to sept 69 died sept 98).. he knew he had PTSD and was told so at one of the first Vet centers (Pittsburgh) in the early 80's..Its frightening to me to see your details that so clearly outllined Kerry's life...His case was classic PTSD. Your book could be an autobiography of his anguish.

PS: The information you provided is quite helpful to Kerry's children to understand him, Kerry never allowed them to know him well.

Mrs. Penny Reese, Nov 1998.

- **Ordering Information**
- **E-MAIL Mr. Parrish at iparrish@ptsdmanual.com**

Military.com

Today in the Military

Study: Gulf War Illnesses Not Unique

Veterans of most modern wars have suffered a host of unexplained physical and psychological symptoms, researchers reported Friday in a study suggesting that the unexplained ailments experienced by some Gulf War veterans is not unique. More...

Other News:

- Search to determine if al Qaeda leader killed
- Air Force orders 'stand down' day
- Security makes a successful Olympic debut

All Today's Headlines

Benefits Updates:

- Read your W-2 carefully
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Special Features:

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The best in military photos updated every Friday

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Military.com's guide to declassified intel

- Where fact and conspiracy collide
- Declassified document collections

Equipment:

- UH-60 Black Hawk
- AH/MH-6 "Little Bird"
- M203 40mm Grenade Launcher
- M82A1 Special Application Scoped Rifle
- M2 .50 Caliber Machine Gun
- SMAW
- M16A2 5.56mm Rifle

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- Employment/Reemployment Rights
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- TRICARE
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- Announcements & Promotions
- Active Duty resources
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All Resources

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Books Received, June 1999

Please note that this list presents annotations rather than reviews. It is intended to notify readers of recent publications of potential interest, not to evaluate or recommend specific titles. The annotations are often quoted or adapted from prefatory material in the book itself, or from information provided by the publisher.

Bratton, Mary -- *From Surviving to Thriving: A Therapist's Guide to Stage II Recovery for Survivors of Childhood Abuse* -- Binghamton, New York: Haworth Maltreatment and Trauma Press, 1999 -- 282 pp., ISBN: 0-7890-0256-6 -- $24.95 paper

> "This is a book about treatment for survivors of childhood abuse, about helping clients make the critical move from being a victim to being a survivor who triumphs and thrives....[It] is based on the author's firm conviction, developed over years of clinical practice, that survivors of childhood abuse are profoundly normal and absolutely extraordinary. They are incredbily resilient and resourceful, not despite their childhood experiences, but because of them. The behavior patterns that are still troubling them are not evidence of pathology but proof of the brilliant children they were and the strong adults they have become....The book is meant to be a practical, hands-on desktop companion to inform and enrich the work of clinicians who want to move beyond Stage I debriefing and help survivors of childhood abuse achieve Stage II transformation in self-image and life patterns. It supports the therapist as partner and guide in the healing journey, serving as both model and measure for progress and success."

Courtois, Christine A. -- *Recollections of Sexual Abuse: Treatment Principles and Guidelines* -- New York: Norton, 1999 -- xix, 436 pp., ISBN: 0-393-70281-2 -- $45.00 hardcover

> This book seeks to provide practicing clinicians with information about the false memory debate and to provide principles and guidelines for working with issues of recovered memories of childhood sexual abuse.

Figley, Charles R. (ed.) -- *Traumatology of Grieving: Conceptual, Theoretical, and Treatment Foundations* -- Philadelphia: Brunner/Mazel, 1999 (Series in Trauma and Loss) -- xii, 230 pp., ISBN: 0-87630-973-2 -- $29.95 paper

> A follow-up volume to ***Death and Trauma: The Traumatology of Loss*** (1996). Discusses the special and unique features of death-related PTSD, along with its assessment and treatment. Explores conceptual and empirical foundations, reviewing both the thanatology and traumatology literatures. Describes treatment approaches for death-related PTSD.

Flannery, Daniel J.; Huff, C. Ronald (ed.). -- *Youth Violence: Prevention, Intervention, and Social Policy* -- Washington: American Psychiatric Press, 1999 (Clinical Practice Series) -- xv, 322 pp., ISBN: 0-88048-809-3 -- npg paper

> Assesses the effects of exposure to violence on youths and the continuity of aggression from early childhood to adulthood, and outlines an integration strategy for a sound public policy toward prevention and treatment of violent behavior among youth.

Flannery, Raymond B. -- *Preventing Youth Violence: A Guide for Parents, Teachers, and Counselors* -- New York: Continuum, 1999 -- 160 pp., ISBN: 0-8264-1148-7 -- $19.95 hardcover

Describes the extent of violence by young people in the community, at school, and at home, and outlines the various factors that are linked to these aggressive acts. Presents the continuum of early, serious, and urgent warning signs: what they are and how they come about. Describes the process of assessing what the problem is, and the five basic guidelines that are helpful in correcting the underlying problems that have led to the warning signs.

Gordon, Norma S.; Farberow, Norman L.; Maida, Carl A. -- *Children and Disasters* -- Philadelphia: Brunner/Mazel, 1999 (Series in Trauma and Loss) -- xii, 194 pp., ISBN: 0-87630-932-5 -- $29.95 hardcover

"The book uses the model of short-term crisis counselling to provide a practical 'hands-on' approach to program design. It is targeted to those concerned with the design and maangement of treatment services for the emotional needs of children affected by major disasters." -- Preface

Horowitz, Mardi Jon (ed.). -- *Essential Papers on Posttraumatic Stress Disorder* -- New York: New York University Press, 1999 -- vii, 548 pp., ISBN: 0-8147-3559-2 -- npg paper

A collection of 28 key papers on diagnosis, explanation, and treatment of PTSD, providing an overview of agreements and controversies concerning the disorder.

Jacobs, Selby -- *Traumatic Grief: Diagnosis, Treatment, and Prevention* -- Philadelphia: Brunner/Mazel, 1999 (Series in Trauma and Loss) -- xix, 112 pp., ISBN: 0-87630-986-4 -- $26.95 paper

Reviews consensus diagnostic criteria for the proposed diagnostic entity of "traumatic grief, discusses in detail the clinical use of the diagnostic criteria, and explores specific treastments for traumatic grief.

Maercker, Andreas; Schützwohl, Matthias; Solomon, Zahava (ed.) -- *Posttraumatic Stress Disorder: A Lifespan Developmental Perspective* -- Seattle: Hogrefe and Huber, 1999 -- viii, 264 pp. ISBN: 0-88937-187-3 -- $39.00 hardcover

This volume looks at how developmental phase is related to coping with traumatic events. It asks how similar stressors affect people who experience them at different stages of their lives. Are children, adolescents, young adults, midlifers, and the elderly affected in the same way? Does children's limited understanding of danger accord them protection? Or do their limited coping abilities render them more vulnerable? Does adult maturity increase resilience? Or do the responsibilities of adulthood increase the burden? What happens to the elderly? Does a lifetime of accumulated experience give them the wisdom to overcome trauma? Or does the frailty of age undermine their ability to deal with it? We hope to provide an enhanced vision of human lifespan developmental processes as applied to extreme stress responses.

Parrish, Inous S. -- *Military Veterans PTSD Reference Manual* -- Austin, Texas: OSD Publishing, 1999 -- ISBN: 1-58458-000-3 -- $19.95 paper

Written by a Vietnam veteran for Vietnam veterans, this guide discusses the history and etiology of PTSD and traditional and non-traditional treatments for the disorder. It contains extensive step-by-step instructions to guide veterans with PTSD through the process of applying for disability benefits from the Department of Veterans Affairs, with particular attention to the steps a veteran can take to obtain the necessary documentation for filing a claim.

Saigh, Philip A.; Bremner, J, Douglas (ed.). -- *Posttraumatic Stress Disorder: A Comprehensive Text* -- Boston: Allyn and Bacon, 1999

-- xiv, 434 pp., ISBN: 0-205-26734-3 -- npg hardcover

This book was developed in order to present an empirical approach to science and practice. In so doing, psychiatrists and psychologists with sustained records of scholarly achievement in the field of traumatic stress tudies review the history, epidemiology, etiology, assessment, and treatment of PTSD.

Stamm, B. Hudnall (ed.). -- *Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers, and Educators*, 2d ed. -- Lutherville, Maryland: Sidran Press, 1999 -- lii, 332 pp., ISBN: 1-886968-07-1 -- $22.50 paper

A revised edition retaining the body of the first edition text largely unchanged, but with additional material directed toward updating and increasing the utility of the book added in before and after the core chapters.

Tinker, Robert H.; Wilson, Sandra A. -- *Through the Eyes of a Child: EMDR with Children* -- New York: Norton, 1999 -- xviii, 284 pp., ISBN: 0-393-70287-1 -- $37.00 hardcover

This book is written for the practicing clinician who has been trained in EMDR (Level 1 or Level 2) and who works with children. Topics treated include: Children and EMDR: the view from the mountaintop; Trauma, diagnosis, and EMDR: initial considerations; The first session with the child; Developmental modifications of the EMDR protocol for children; Simple traumas: automobile accidents, lightning strikes; Simple traumas: bereavement, specific phobias; Complex traumas; Troubleshooting; Diagnostic categories; Symptoms as targets for EMDR.

Valent, Paul -- *Trauma and Fulfillment Therapy: A Wholist Framework* -- Philadelphia: Brunner/Mazel, 1999 (Series in Trauma and Loss) -- xiv, 233 pp., ISBN: 0-87630-939-2 -- $22.95 paper

Applies the author's "wholist perspective" (as elaborated in ***From Survival to Fulfillment***) to common treatment principles and specific clinical applications.

Whitmire, Laura E.; Harlow, Lisa L.; Quina, Kathryn; Morokoff, Patricia J. -- *Childhood Trauma and HIV: Women at Risk* -- Philadelphia: Brunner/Mazel, 1999 -- xi, 199 pp., ISBN: 0-87630-948-1 -- $29.95 paper

Working from the perspective of feminist psychology, the authors weave together the two pandemics of AIDS and child abuse and the issues the connection raises for women and children. They describe, using a series of multivariate analyses, the relationship between a history of childhood sexual abuse, a negative family-of-origin environment, and adult HIV risk behaviors, and demonstrate the significance of powerlessness in understanding the links between these risks for women in our culture.

Williams, Linda M.; Banyan, Victoria L. (ed.). -- *Trauma and Memory* -- Thousand Oaks, California: Sage, 1999 -- xiii, 384 pp., ISBN: 0-7619-0772-6 -- npg paper

Most of this book's 26 chapters were first presented at Trauma and Memory: An International Research Conference, Durham NH, June 1996. The book is divided into four parts: Clinical practice and legal issues in trauma and memory; Mental health and memories of traumatic events; Cognitive and physiological perspectives on trauma and memory; and Evidence and controversies in understanding memories for traumatic events.

Yule, William (ed.). -- *Post-Traumatic Stress Disorders: Concepts and Therapy* -- Chichester, England: Wiley, 1999 (Wiley Series in Clinical Psychology) -- xvi, 326 pp., ISBN: 0-471-97080-8 --

npg paper

This book represents the fruits of ten years of working with survivors of accidents and disasters at the University of London's Institute of Psychiatry. It attempts to offer a coherent approach to the psychology underpinning PTSD and describes treatment techniques based on a social learning and cognitive behavioral framework.

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MILITARY VETERANS
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Violent Deaths after Traumatic Events

Death Stalks Survivors of Alcohol-Related Injuries

BALTIMORE (Reuters) - People who test positive for drugs or alcohol after surviving a serious accident (Traumatic Event) are about twice as likely to die under violent circumstances a few years later, a study released on Tuesday suggested.

University of Maryland researchers tracked the medical records of about 27,400 patients who were admitted to the R. Adams Cowley Schock Trauma Center in Baltimore between 1983 and 1995 with moderate to severe injuries. The typical trauma patient was described as a white male, aged between 20 and 44.

About 11,000, or 40 percent, tested positive for drugs or alcohol upon admission. Of that group, more than 600 had died by the end of 1997, with 34 percent as a result of a subsequent car crash, fall, gun incident or some other violent event.

In comparison, injuries claimed the lives of only 15 percent of trauma patients who had no sign of drug or alcohol involvement upon admission to the trauma center.

The study in the Journal of Trauma could not say whether the fatal injuries were related to drugs or alcohol among those who initially tested positive for substance abuse. But it suggested that trauma centers could reduce patient deaths by providing drug and alcohol treatment programs.

The implication is that if there were some sort of intervention begun at the time of their initial admission to the hospital, these deaths might have been prevented," said Patricia Dischinger, a University of Maryland epidemiologist who co-authored the study.

But findings showed that some trauma centers have stopped screening incoming patients for drugs and alcohol because health insurance programs can deny payments to patients who test positive.

The research was funded by the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation.

Note by author of PTSD Manual: After seeing this research I cannot help but wonder if a lot of Vietnam Veterans experienced the same rate of death due to PTSD, within a few years of coming home, as drug and alcohol use was heavy for many veterans.

- E-MAIL Bub Parrish at iparrish@ptsdmanual.com

MILITARY VETERANS PTSD REFERENCE MANUAL

Other Related and Important Links

Special - New

You will find a complete copy of FM22-51 (Leaders Manual For Combat Stress Control) for your perusal. Start with the Table of Contents (toc.pdf). This manual was first published by the Department of The Army in September of 1994.

AND

You will also find FM8-51 (Combat Stress Control) . Again start with the Table of Contents (toc.pdf) for best results. This manual was first published by the Department of The Army in September 1994.

A special letter to the Wives and Close friends of Vietnam Vets with PTSD presented by Tina Thomas.

Subscribe to the "Post-Traumatic Gazette" edited by Mrs. Patience Mason or ask Mrs Mason questions at her interactive forum, PTSD 101 , hosted by "The Vietnam Veterans Homepage".

I recommend you visit and endorse the Veterans News and Information Service

See my "Guide to PTSD Sites on The Internet" page.

Download the complete "Fedral Benefits for Veterans and Dependents" 2001 version in PDF format.

- Ordering Information
- E-MAIL Mr. Parrish at iparrish@ptsdmanual.com

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MILITARY VETERANS PTSD REFERENCE MANUAL

BIOGRAPY

About the Author

Bub Parrish is a retired E-8, a Vietnam veteran who is 100% disabled and deemed permanently unemployable. He was born in Jacksonville, Florida, in 1944 and served as a Communications Specialist in Vietnam in 1966-67. He has also served as a helicopter crew-chief, Drill Instructor, U.S. Army recruiter and Assignments Specialist at DA, before retiring in May of 1985. He has worked for the Veterans Administration and, until his diagnosis with PTSD, helped his son operate an Internet service company. He currently resides in the state of Montana. This is his first book.

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