



Veterans Clinic

School of Law

University of Missouri

STUDENT GUIDE

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Getting Started

Before your first day of class in the Veterans Clinic, you are required to:

1. Read through all sections of this Student Guide.
2. Read the Table of Contents to the Veterans Benefits Manual on Lexis Nexis. (If you have trouble finding or accessing, please see Cindy Shearrer in the Library.)
3. Follow the instructions in the Box/Teams section of this manual.
4. Follow the instructions in the Clio section of this manual.
5. Read the Class Syllabus found in Box/Teams at *Fall 2021 Veterans Clinic Class*, also emailed to you and posted on the course bulletin.
<https://missouri.box.com/s/awjzlmx1z493sxd2lzbipqn1kgykgkl>
6. Read the Missouri Rules of Professional Responsibility.

There will be a quiz on the first day of class which will cover this Guide and Syllabus. Please prepare by making sure you accomplish the items above.

Veterans Clinic Office Spaces – Quick Reference

Secure Spaces. The Veterans Clinic Office contains sensitive client files. **Therefore, the spaces must be occupied or secured at all times. If you plan to be working in the Clinic before or after regular business hours (8:00 a.m. to 5:00 p.m.) you may check out a key from the Veterans Clinic.** Keep your key with you at all times as space must always be locked if you are leaving and no one else is present.

Our space is located in Room 120 on first floor of Library: The Admin. Assistant and clinic students' workspaces are in the general area;

120c & 119a: Veterans Clinic Supervising Attorneys

120c: Angela Drake

119a: Julia Rives

119b: Authorizations Assistant – Mary Frerking

119c: Fellow - Martha Bradley

120d: Veterans Benefits Specialist – Eugene O'Loughlin

Lock-box

- Located on wall near filing cabinets beside Admin Assistant's desk.
- Contains keys to clinic supply lockers and client file drawers, and password login for student computers.

To open: press in key code of 911c, then pull down on lever at top center

To close: press in key code of 911c, then pull down on lever at top center to secure door with latch.

If you inadvertently press the wrong keys, pull down on lever at bottom center of keypad to reset and try again.

Client File Drawers (cabinets #2 & #3 located behind Admin. Assistant's desk)

Contain client paper files
Access with key found in the Lock-box
Leave key in cabinet keyhole while drawers are unlocked
Re-lock drawers and return key to Lock-box when departing clinic spaces if after hours, or if the Admin Assistant is not present
Top of cabinets contain client folders too large for files in the drawers. These are labeled on a tag on each drawer

Supplies

Printer paper can be found in the storage space underneath either printer in the general work area, or the in the clinic supply cabinet located outside of the clinic in the annex office. If none is there, please ask the Admin. Assistant.

Student Computers

Can only be accessed using the VC pawprint and password (on card in lockbox).
Personal student pawprints will not work.

For documents *scanned to email > Vet Clinic*, take the following steps:

1. Access document in Outlook.
2. Rename document and save to desktop.
3. Upload the document to the appropriate folder in Teams.
4. Delete document from the email inbox and desktop.

Printer/Copier/Scanner

- Located along wall besides Admin. Assistant's desk.
- To copy or scan, place documents on feeder tray face up, top in, or place directly on glass face down, top to left. On Menu screen, select Copy or Scan to Email>Vet Clinic. Use touch screen *applications* to select 2-sided, staple, color, number of copies, etc.
- To print, use printer preferences on the computer screen to change default settings.
- The Student Computer prints to the big printer in the copy area; you may use it for Clinic work.

BOX/TEAMS:

DISCLAIMER: As of the posting of this Student Guide, we are using Box as our online software file storage program. We have been informed that the University will be transitioning to Teams at some point in the near future. For this reason, we have included the terms “Box/Teams” throughout this Student Guide and your Syllabus. Currently, the instructions below are good for Box. If we switch to Teams, we will inform you and give you new instructions as we learn how to use the software. We will keep you informed on any changes or updates as we go.

Box/Teams is the official cloud storage site for the University. You already have an account as a student of MU. Shortly before the semester begins, you will be invited to folders on Box/Teams. If you have never used your account before, click into one of the invitations and follow the instructions to set up your account. You will need to have some version of Microsoft Office installed on your laptop to be able to access box documents. **Once you are logged into Box/Teams, please follow these simple instructions BEFORE arriving at the first class:**

1. You will be emailed a direct link to your student file folder. Click on this link and when you are signed into Box/Teams and in your student folder with your name, press the Blue “New+” button in the top right folder.
2. Press Word document. Title the word document “Weekly Memo Aug. 25, 2021.” In the body of your word document, type: “This is my first weekly memo” and save it to your student folder. You will create a new weekly memo and upload it to your student folder at least one hour before your individual weekly meeting with your Supervising Attorney. This is how you will start documents inside Box/Teams, so they are not on your personal computer. Box/Teams is a great place to store work and collaborate with other students/professors in other MU classes.
5. It is important that you create all new documents in Box/Teams. While you can create word documents or excel sheets on your computer and upload them to Box/Teams, sometimes errors can occur with uploading the document. When working on multiple documents/clients during the day, students will sometimes forget to upload all documents. Creating all documents in Box/Teams first minimizes this.
6. Sometimes the Box/Teams server will go down and you will not be able to upload files. When the server is down, keep the files on your computer in a folder entitled “uploads to Box/Teams.” When the server is back online, drag the documents into the appropriate folders on Box/Teams.

CLIO:

This is the law firm software the Veterans Clinic uses to track your time. Shortly before the semester begins, you will receive an invitation to CLIO. Click into the invitation and create your Clio account.

Once inside the MU Veteran's Clinic Clio account, you will see a list of options in the black section on the left side of the screen:

Matters: Gives you a list of all the client and project file folders. The Display Numbers show when that file was chronologically created in Clio. The Client column will give you the name of the client or project name of the folder. Clicking on the arrow after these tabs will sort the folders to make them easier for you to find what you are looking for. Alternatively, you may use the search bar function in the upper left corner to search for you matter. *If you are working on a case for a new client and cannot find a "matter" in Clio, please create one.*

Activities: This is where you track your time, and the tab you will most often use in Clio.

Keeping Time: It is vital that you enter your hours as you work on matters. Waiting to enter your hours at the end of the week or later in the semester will make it difficult for you to accurately remember and record your hours. Thus, before you begin working on a Clinic Matter, always log in to Clio and start your timer in the upper right-hand corner.

To enter time:

Click on the green "Create New" button at the top right and click on "Time Entry"

Under "Matter," start typing the name of your client or project. For your initial test prior to the semester, start typing "administration." Click on the "00118 Administration" option when the drop-down menu appears.

"Duration:" type in the amount of time you would like to log. Multiple time formats are accepted. For your initial test, enter 12 minutes (or .2 for hours)

Active category is not required.

"Description:" Write a detailed description of your activities within the duration of time you logged. For your initial test, type "learning to use Clio and Teams."

Hit the blue button "Save entry" in the bottom left-hand corner.

Once saved, you can always access your entry again at a later date to edit or add to notes, or change time.

You may also start the timer, next to the Duration box, when starting a project and fill in the rest of the boxes later.

If are working on a client and you do not see a matter for that client, please notify your Supervising Attorney to create a Matter.

To check your total logged time for the week/month/semester:

In the left hand bar, click “Activities.” Next, in the right hand corner, click on “Filter”. Ensure your name is chosen for “firm user.” Enter the Filter Dates, if you wish, or clear the date boxes to find all time you have ever logged in Clio. You may select a particular Matter if you wish, or leave blank to capture all Matters you have worked on. Click on the time clock symbol near the top left. You will find all your time listed in the Hours column with a total number of hours at the bottom. You may sort by Matter or Date by clicking on the headings. You also may edit any time entry from this screen.

Guidelines for timekeeping:

1. Bill in 1/10 of an hour. So, if you spend ½ hour on a task you would write “.5.” A short phone call would likely be 6 minutes or less, so that is “.1.”
2. Bill on a contemporaneous basis. *This means bill your time the same day you expend it.*
3. Keep the detail in the billing short and meaningful. For example, do not submit “tried client again and left message about need to return form on time” – instead “attempt call to client re: form” is better. Remember you can do memos to the file to impart information you need to memorialize; Clio time slips are not the same as a memo to the file.
4. **Do not block bill** – i.e. “researched law 8 hours” – you need to break down what you did in the 8 hours. For example, “reviewed 38 C.F.R. § 3.303 and related cases (2.3); applied cases to medical records (1.2) email to Drake to review memo(.1); drafted affidavit for client after interview with client (1.9) prepare 10 page brief combining law, records and affidavit (2.5).
5. Remember to bill all your time outside class, including preparation of your weekly memo, your weekly meeting with your Supervising Attorney; preparation for class, and successful answers on the weekly quizzes. These items may be billed to “administration.” Bill to client matter where possible.
6. Similarly, time not spent on client matters such as the Symposium, amicus briefs, rulemaking comments, fundraisers, CLE, Tigers for Troops events and activities, should be billed to the specific project folder or “administrative”
7. Do not shortchange yourself! Your Supervising Attorneys will cut time, where necessary, before submission to the court. We do not judge you adversely if tasks take a long time because we know you are law students. Be honest, however, as proper time keeping is part of our ethical obligation as an attorney.

Sample time entries:

9/21/17 Administrative 2.6

Rework TBI powerpoint (1.2) review ABC's of MST for presentation in class (.3) Pull and copy regulations for PTSD for class to review, and highlight the same (1.1)

9/21/17 Veteran G. 1.2

Prepare form for doctor and relevant extract of VBM re: expedited treatment (.3) travel to and meeting with veteran and wife at Truman VAMC re: doctor statement (.9)

There is a 10-minute video on YouTube that gives an overview of Clio. The video covers topics that the Clinic does not use; however, it does provide useful information on (1) searching through Clio, (2) creating a new matter, and (3) logging billable hours. Link is: <https://www.youtube.com/watch?v=GtiS2TcVi3E&t=10s>

CLIENTS AND BASIC CORRESPONDENCE

Each of the clients you have been assigned to has a paper file and a Box/Teams file. Please familiarize yourself generally with all of your clients' file materials. For the most part, the paper file is identical to the electronic file and in some cases, the electronic file is more robust. To ensure confidentiality is maintained, you are not to take hard copies of files outside of the clinic spaces. **Review any pass-down notes or transition memos from the student who had your client in the past, and any notes from Professor Drake or Professor Rives.**

It is up to you to review the incoming mail logs on Box/Teams periodically to determine if any new mail has been received with regard to your clients. We do not automatically send alerts when mail is received in one of your files. The incoming mail log is under MU Law Veterans Clinic > Administrative > MAIL LOGS > Current Mail Logs > 2021 Incoming Mail Logs or <https://missouri.box.com/s/962zdggpshbakqt9jti5vypvp0hjs88v3>
This link will also be shared with you directly, you can mark it under favorites in Box/Teams to save it.

Client Contact

Begin by writing a letter to your client introducing yourself.

- 1) On Box/Teams, go to Fall 2021 Veterans Clinic Class > Administrative Materials > Forms and Templates > Forms for client contact and files.
- 2) Find, *New Clinic Student initial client contact* Word Document.
- 3) Without opening, click box with 3 dots to the right of document title
- 4) Select *Move or Copy*
- 5) Search for your client's folder under "Current Clients" using their last name
- 6) Click on your client's folder
- 7) Click on *Correspondence with Client* folder and then click *Copy* box at bottom.
- 8) Now find the Word document you just copied into *Correspondence with Client* in your Client's folder and open it.
- 9) Write your letter using the format guidance.
- 10) Select File tab and click "Save;" this will save your letter back to box, not to your laptop!
- 11) Send email to your Professor with client name in subject line and tell her there is a letter to your client in Box/Teams, ready to be reviewed. Your professor will know where to go; you do not send the link in email but it is nice if you do.
- 12) After approval by the Professor, the correspondence **must** be logged on the Outgoing Mail Log. You or the Professor may log it. The letter will not be sent by the Admin Assistant until it appears on the log.
- 13) Once logged, the Admin Assistant will print the letter on letterhead, mail to your client, and upload the pdf to the Correspondence with Client folder.

Other Correspondence and Attachments to Correspondence

When you are writing a letter (or brief), begin your work as follows:

- If the letter is to the VA, begin the draft in the “Correspondence Outgoing to VA...” file.
- If the letter is to a doctor, begin the draft in the “Correspondence with Third Parties” file.
- If the letter is to a client, begin the draft in the “Correspondence with Client” file
- If you are writing any other letter, use your judgement regarding who is receiving your correspondence, and draft it in the appropriate file.

NOTE, it is o.k. for drafts to be placed in these files. Once mailed, the pdf is uploaded into the file.

You may find many example letters and/or form letters on Box/Teams. Feel free to ask the Professors to direct you to a similar letter or form.

For attachments – you **must** create a folder on Box/Teams with the main document and attachments in the folder – highlighted as necessary and/or bates numbered as necessary. This is necessary so that the Admin. Assistant can easily see and pull the proper attachment(s) for the document on the Outgoing Mail Log. The attachments folder should be placed in the proper files as indicated above. For example, if you are doing a letter to the client with attachments, you would create a folder that says “00.00.21 (date) letter to client re: ____ with attachments.” You would then upload the word document and the attachments into this folder.

How do we send Clinic Correspondence?

Emails

Emails to clients, medical personnel, witnesses, etc. must be proofed by your Supervising Attorney **before** sending. *You must cc the attorney on **all** email correspondence, and it is up to you to ensure a record of the communication is uploaded to client’s file.*

Texting/Phone Conversations/Messaging

All phone/text conversations must be memorialized in detail in a Box/Teams-Note or Word memo in the client’s “Correspondence with Client” folder on Box/Teams. Failure to do so will result in a lower grade. We cannot know about communications that you have with a client without a record. Please remember to note your name and the date of the conversation in the memo. Please do not Facebook/Twitter/Instagram message your clients. Please limit texting. Communicate as a professional. This means writing well-crafted emails or letters and saving them as appropriate in the client’s file.

ABBREVIATIONS AND ACRONYMS

| | |
|-------------|--|
| Adj. Manual | VA's Adjudication Manual M21/1 - earlier versions exist |
| AO | Agent Orange |
| AWOL | Away without Leave |
| BVA | Board of Veterans Appeals |
| C & P Exam | Compensation and Pension Examination |
| CAVC | Court of Appeals for Veterans Claims |
| CRSC | Combat Related Special Compensation |
| CUE | Clear and Unmistakable Evidence (used to reopen a claim) |
| DAV | Disabled American Veterans (a veterans service organization) |
| DBQ | Disability Benefits Questionnaire |
| DIC | Dependency and Indemnity Compensation |
| DOD | Department of Defense |
| DRO | Decision Review Officer |
| EAJA | Equal Access to Justice Act |
| IU | Individual Unemployability |
| MST | Military Sexual Trauma |
| MVC | Missouri Veterans Commission |
| NOD | Notice of Disagreement |
| NOVA | Nat'l Organization of Veterans Advocates |
| NPRC | National Personnel Records Center |
| NVLSP | National Veterans Legal Services Program |
| OMPF | Official Military Personnel File |
| PTSD | Post-Traumatic Stress Disorder |
| RBA | Record Before the Agency |
| RO | Regional Office, see also VARO |
| RSVR | Ratings Veterans Services Representative |
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| AWOL | Away without Leave |
| BVA | Board of Veterans Appeals |
| C & P Exam | Compensation and Pension Examination |
| CAVC | Court of Appeals for Veterans Claims |
| CRSC | Combat Related Special Compensation |

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|-------|--|
| CUE | Clear and Unmistakable Evidence (used to reopen a claim) |
| CVA | Court of Veterans Appeals (same as the CAVC) |
| DAV | Disabled American Veterans (a veterans service organization) |
| DBQ | Disability Benefits Questionnaire |
| DIC | Dependency and Indemnity Compensation |
| DOD | Department of Defense |
| DRO | Decision Review Officer |
| EAJA | Equal Access to Justice Act |
| ITF | Intent to File |
| IU | Individual Unemployability |
| MST | Military Sexual Trauma |
| MVC | Missouri Veterans Commission |
| NOD | Notice of Disagreement |
| NOVA | Nat'l Organization of Veterans Advocates |
| NPRC | National Personnel Records Center |
| NVLSP | National Veterans Legal Services Program |
| OMPF | Official Military Personnel File |
| POA | Power of Attorney |
| PTSD | Post-Traumatic Stress Disorder |
| RBA | Record Before the Agency |
| RO | Regional Office, see also VARO |
| RSVR | Ratings Veterans Services Representative |
| SMC | Special Monthly Compensation |
| SMR | Service Medical Record |
| SOC | Statement of the Case |
| SSOC | Supplemental Statement of the Case |
| TDIU | Total Disability based on Individual Unemployability |
| VA | Veterans Administration |
| VAMC | Veterans Administration Medical Center |
| VARO | Veterans Administration Regional Office |
| VBM | Veterans Benefits Manual; aka "the bible" |
| VCAN | Veterans Claim Assistance Network |
| VSO | Veterans Service Officer |
| SMC | Special Monthly Compensation |
| SMR | Service Medical Record |

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| SOC | Statement of the Case |
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Frequently-Used Websites

Department of Veterans Affairs - <https://www.va.gov>

VA Forms - <https://www.va.gov/vaforms/search>

Defense Finance and Accounting Service - <https://www.dfas.mil>

Combat Related Special Compensation - <https://www.dfas.mil/retiredmilitary/disability/crsc.html>

VA -- M21 Adjudication Procedures Manual.

https://www.knowva.ebenefits.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/55440000001018/topic/554400000004049/M21-1-Adjudication-Procedures-Manual

Boards for Correction of Military/Naval Records

Army - <https://arba.army.pentagon.mil>

Navy and Marine Corps- <https://www.secnav.navy.mil/mra/bcncr>

Air Force - <https://www.afpc.af.mil/Career-Management/Military-Personnel-Records>

Discharge Review Boards

Army - <https://arba.army.pentagon.mil>

Navy and Marine Corps- <https://www.secnav.navy.mil/mra/CORB/pages/ndrb>

Air Force - <https://www.afpc.af.mil/Career-Management/Military-Personnel-Records>

EXPERT MATERIALS

Expert Checklist

1. Review list of claimed disabilities and any disability which may be secondary or remotely related to service.
2. Analyze and select proper diagnostic codes in 38 C.F.R. Subpart B, Sections 4.40-4.150 which apply to each disability.
3. Search for medical literature/studies if necessary, especially where service connection and not only rating is needed.
4. Locate proper DBQs for each condition at va.gov.
5. Prepare chronology for each disability using both SMRs (service medical records) and private medical records. See Templates at end of the Student Guide.
6. Where SMRs and/or private medical records contain holes, or where further lay testimony is needed, collect statements on a 21-4138 from the veteran and “buddies.” These statements can be used for both the service connection element (describing the event/conditions) and to support an increased rating (describing the symptoms).
7. Prepare referral letter to include above as necessary. Note, some referral letters will ask for an evaluation of an already service connected disability in an effort to secure an increased rating. Other referral letters will need a “nexus opinion.” Whenever possible, have the DBQ(s) included in the referral letter. At all times, strive to provide complete medical records, VA records and statements to the expert to enhance efficiency with a chronology.
8. After receipt of the material from the expert, provide the opinion(s) and DBQ(s) to the client for review for accuracy/additional information.
9. Prior to submission of expert material to VA, evaluate the DBQ(s) and opinion(s) vis a vis the relevant rating schedule/diagnostic code.
10. Write an internal memo and upload to Box describing your opinion as to where the rating should eventually come out based upon the expert’s evaluation. This will help us in the event we need to appeal.

Expert Sample Letter- page 1 is copied from a pdf, page 2 is in word form in this document as you may want to use the form language in your letters to explain the standard to experts.



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February 2, 2021

Ali Khojasteh, MD
Suite 202
500 North Keene Street
Columbia, MO 65201

Re: Veteran Robert [REDACTED]

Dear Dr. Khojasteh,

The Veterans Clinic at the University of Missouri School of Law requests your assistance with regard to Joan [REDACTED]'s claim for VA compensation for the death of her husband, Veteran Robert [REDACTED]. Mr. Hurt served in the United States Navy from March 11, 1953 to March 8, 1957. During his service, Mr. [REDACTED] was stationed on Kwajalein Island in the Marshall Islands. While he was stationed there, the United States conducted numerous nuclear tests in the Marshall Islands, including one that has been identified as the largest nuclear test the United States has ever conducted.

In 2009, Mr. [REDACTED] was diagnosed with Myelodysplastic syndrome (MDS). Approximately two months following his diagnosis, Mr. [REDACTED] passed away. Mr. [REDACTED]'s wife has twice applied for VA compensation for her husband's death, claiming that his MDS diagnosis stems from his radiation exposure during his service in the Marshall Islands. Both times, VA has denied the claim, finding that there was no evidence that Mr. [REDACTED]'s cause of death was related to his military service.

We are hopeful that you would consider writing a report for Mrs. [REDACTED] based upon the medical literature read as a whole. We request that you render an expert opinion on the following issues:

1. Based on available medical literature, does a positive association exist between radiation exposure and the subsequent development of MDS?
2. Is it as likely as not that Mr. [REDACTED]'s MDS diagnosis was the result of his radiation exposure during his service in the Marshall Islands?

If you conclude upon review that you cannot help Mrs. [REDACTED], there is no need for any written report. If you believe you can help Mrs. [REDACTED], please consider the following.

Under federal veterans benefits law, the standard of proof that Mrs. [REDACTED] must meet is very liberal. The law requires the VA to give the benefit of the doubt to veterans seeking VA benefits. Therefore, if a medical expert determines that "*it is at least as likely as not*" that Mr. [REDACTED]'s death was linked to an incident (or incidents) in his service, the VA will have to "service-connect" the conditions and pay Mrs. [REDACTED] spousal compensation benefits. There will be no need for a deposition or trial testimony, as the written report will do.

Please note the “as likely as not” standard is a very easy evidentiary standard; it is a lower standard than “to a reasonable degree of medical certainty” and “beyond a reasonable doubt” – legal terms you may have heard. This is the legal standard because federal veteran benefits law is designed to be “veteran friendly.” The statute and regulation provide that, “when, after consideration of all evidence and material of record . . . there is an approximate balance of positive and negative evidence regarding the merits of an issue material to the determination of the matter, the *benefit of the doubt in resolving each such issue shall be given to the claimant.*” See 38 C.F.R. § 3.102.

We attach the copies of these rating decisions, as well as copies of the articles referenced in those decisions. We also attach additional articles related to radiation exposure and MDS. We also include a Washington Post article detailing the nuclear testing program in the Marshall Islands.

The undersigned will be your point of contact for issues regarding this case, including access to any additional materials and any questions you may have regarding your work on this matter. We appreciate your expertise and willingness to review cases for Veterans and their families.

Very Truly Yours,

A handwritten signature in black ink that reads "Angela K. Drake". The signature is written in a cursive, flowing style.

Angela K. Drake, Director

Encl:

- VA Rating Decisions (9/21/10 and 3/29/11) and the articles cited therein:
 - o Radiogenic Leukemia Revisited
 - o High Frequency of AMLIIRUNXJ Point Mutations in Radiation-Associated Myelodysplastic Syndrome Around Semipalatinsk Nuclear Test Site
 - o Recent Advances in Myelodysplastic Syndromes, Ionizing Radiation and Leukemia Mortality among Japanese Atomic Bomb Survivors, 1950–2000
 - o A parallel analysis of cancer mortality among atomic bomb survivors and patients with ankylosing spondylitis given X-ray therapy
- Additional articles related to radiation exposure and MDS:
 - o Clinical features and prognosis of patients with myelodysplastic syndromes who were exposed to atomic bomb radiation in Nagasaki
 - o Risk of Myelodysplastic Syndromes in People Exposed to Ionizing Radiation A Retrospective Cohort Study of Nagasaki Atomic Bomb Survivors
 - o Increased incidence of myelodysplastic syndrome and acute myeloid leukemia following breast cancer treatment with radiation alone or combined with chemotherapy- a registry cohort analysis 1990-2005
- Washington Post: A ground zero forgotten: The Marshall Islands, once a U.S. nuclear test site, face oblivion again.

SAMPLE CHRONOLOGY

Chronology of R N's Injuries Throughout Service

A. *Right Shoulder Injury/Condition*

Apr. 16, 2009: Medical Treatment Right Shoulder (OMPF pgs. 514-515)

- Injured R shoulder playing football
- Sharp pain when he moves or applies pressure
- Enough distress to disturb sleep

Feb. 17, 2012: Accidental fall by skiing (OMPF pg. 128)

- "R-shoulder trauma with acromionclavicular subdislocation"
 - o Follow-up on **Mar. 1, 2012** (OMPF pg. 135-136)
 - Pain has improved no longer sharp pain, just dull pain
 - Still has pain reaching overhead

Feb. 21, 2012: Physical Profile

Right Shoulder Dislocation (OMPF pg. 37)

- "No Jumping/Landing, Lifting/Lowering/Carrying, Pushing/Pulling, Reaching (above shoulder), or Weight bearing.
- Walk at own pace and distance. No lifting greater than 10 lbs. NO overhead lifting or upper body training."

Apr. 17, 2012: ER Report Translation (OMPF pg. 556-557)

- R shoulder trauma with AC subdislocation

B. *Upper Back Condition*

June 20, 2007: Bike Accident (OMPF pg. 198-207)

- Bike slid off trail and Veteran fell off bike
- Notes injuries to back, neck, head and left ankle
 - o Chief complaint is back
- Veteran LOC

June 29, 2015: Neuro assessment (STL Med Records pg. 19-23)

- Tingling in both UE upon flexion of neck
 - o Sensation starts in both shoulders down arms and forearms and into fingers

C. *Right Upper Leg Condition*

D. *Left Upper Leg Condition*

E. *Left Knee Condition*

Feb. 9, 2006: Medical Treatment for L Knee (OMPF pg. 543-544)

- Veteran was on a 4 Mile run 4 days ago and by the end could not walk due to left knee pain.

Oct. 26, 2009: Medical Record (OMPF pg. 498 – 500)

- C/o bilateral knee pain, which started approx 10 ago, States his left knee pain started after a 10 mile road march while is SF selection training, at Ft Bragg, NC., then his right knee pain started later, during a land nav course. States both knees have the same symptoms. Present severity is 4/10 while sitting at rest, is 5-6/10 with walking. Pain located to medial inferior patella region.

F. *Right Knee Condition*

Aug. 15, 2005: Medical Record for R Knee (OMPF pg. 553-554)

- R Knee Pain for past 5 days that gets worse when running

Dec. 8, 2008: Medical Record (OMPF pg. 187)

- Complaints of right knee pain

Oct. 26, 2009: Medical Record (OMPF pg. 498 – 500)

- C/o bilateral knee pain, which started approx 10 ago, States his left knee pain started after a 10 mile road march while is SF selection training, at Ft Bragg, NC., then his right knee pain started later, during a land nav course. States both knees have the same symptoms. Present severity is 4/10 while sitting at rest, is 5-6/10 with walking. Pain located to medial inferior patella region.

G. *Right Lower Leg Condition*

Mar. 15, 2010: Medical Record for R Ankle (OMPF 495-497)

- C/o right ankle pain, started from an while on NTC approx on 3/1/10. From jumping over some C-wire and he twisted his ankle. Present severity of pain is 3/10, while at rest. Flare-up severity severity is 6/10, which occurs with walking or running. Pain located both sides of his ankle as well as his arch.

Oct. 1, 2010: Medical Record for Shins (OMPF pg. 193)

- Reports of shin pains

Dec. 3, 2010: Medical Record for Shins (OMPF pg. 134)

- Stress fracture pain

Feb. 3, 2011: Medical Record for Shins (OMPF pg. 132)

- Complaints of tibial stress in both shins for 2.5 weeks
- Walking, running, jumping, and rucking increases pain
- Complains that during PM hours legs throb all night

June 9, 2011: Physical Profile Bilateral Leg Injury (OMPF pg. 39; 482)

- “no airborne ops, rucking, impact activities for 8 weeks. Soldier to use gym, pool and elliptical for cardio. Then for the last 4 weeks, run and ruck (30lbs) at own pace and

- distance. Soldier to have MRI of legs after return from EIB.”

July 11, 2015: Orthopedic Fracture Eval. (STL Med Records 16-18)

- Requested appt for high ankle sprain but no response from Veteran.
- Give a cam boot walker

H. *Left Lower Leg Condition*

Oct. 1, 2010: Medical Record for Shins (OMPF pg. 193)

- Reports of shin pains

Dec. 3, 2010: Medical Record for Shins (OMPF pg. 134)

- Stress fracture pain

Feb. 3, 2011: Medical Record for Shins (OMPF pg. 132)

- Complaints of tibial stress in both shins for 2.5 weeks
- Walking, running, jumping, and rucking increases pain
- Complains that during PM hours legs throb all night

June 9, 2011: Physical Profile Bilateral Leg Injury (OMPF pg. 39)

- “no airborne ops, rucking, impact activities for 8 weeks. Soldier to use gym, pool and elliptical for cardio. Then for the last 4 weeks, run and ruck (30lbs) at own pace and
- distance. Soldier to have MRI of legs after return from EIB.”

July 1, 2011: Medical Record for Shins (OMPF pg. 159-162; 558)

- MRI R- and L-leg
- “Presence of mild edema of L-medial femoral condyle spongiosa; a small ferromagnetic artifact is noted subcutaneously at the anterior aspect of the L-proximal tibial metaphysis.”

July 14, 2015: Medical Treatment (STL Records pg. 30-31)

- C/o left ankle pain
- X-ray reveals L ankle sprain w/ small hairline fracture medial malleolus

I. *Breathing Condition*

Aug. 28, 2006: Post-Deployment Health Assessment (IRAQ) (OMPF pg. 258-261)

- Veteran complaints of chronic cough, runny nose, difficulty breathing, back pain, muscle aches, dizziness/lightheadedness.
 - o **Feb. 17, 2006:** His pre-deployment health assessment shows him to be in excellent health (OMPF pg. 261-264)

Jan. 24, 2007: Post-Deployment Health Assessment (IRAQ) (OMPF pg. 208-210)

- Complaints of runny nose, chronic cough, trouble breathing

March 5, 2007: Medical Record for Breathing Issues (OMPF pg. 533-537)

- Screen for respiratory disorders

Oct. 21, 2007: Medical record for breathing concerns (OMPF pg. 145)

- claims of difficulty while breathing for 1.5 years starting while deployed in Iraq
- “hard to fill my lungs up with air.”

Nov. 8, 2007: Medical Treating for Breathing (OMPF pg. 147)

- Breathing Problems
- Doctor notes long history of difficulty taking deep breaths
- Treated with **Albuterol** (asthma medication)
- Started middle of last deployment

Oct. 13, 2008: Post-Deployment Health Assessment (IRAQ) (OMPF pg. 138)

- Notes the following symptoms:
 - o Fever
 - o Trouble breathing
 - o Generally feeling weak
 - o Muscle aches
 - o Swollen, stiff, painful joints
 - o Back pain
 - o Dimming of vision, like the lights were going out
 - o Diarrhea
 - o Vomiting
 - o Skin diseases or rashes
- “11. Do you currently have any questions or concerns about your health? Yes, Chronic shortness of breath”. (pg. 143)

Nov. 5, 2008: Medical Treatment for Short of Breath (OMPF pg. 524-527; 560-563)

- Screening for respiratory disorders; full lung analysis

Dec. 8, 2008: Medical Record (OMPF pg. 185 – 188)

- Veteran notes shortness of breath in Iraq due to moon dust
 - o Was prescribed an inhaler

J. *PTSD*

July 14, 2015: PTSD Rating (STL Records pg. 13)

- 50% Service connected
- Traumatic Event: Combat Exposure
- Symptoms:
 - o Intrusive thoughts, Avoiding reminders, Difficulty sleeping, and Anger

- STL Med Records pg. 27-29
 - Interrupted sleep, wakes up at night but does not report distress when awake; endorsed worthlessness 2-3x per month; decreased concentration; mood is “middle . . . I’m up and down a lot.”
 - Veteran moved back to STL after VA decided to stop paying for flight school
 - Anger issues—difficulty managing
 - Believes his anger is out of proportion to the situation
 - Landscaping at this time, but do to his injuries, he had to stop
 - Also, going through divorce
 - Served mostly as infantryman from 2005-2013
 - Watched friend lose legs
 - Lost friend to IED blast
 - Friend, who was a POW, died.

Miscellaneous

Jan 3, 2005: Prescreen of Medical History Report (OMPF 245-249)

Jan 6, 2005: Clean Bill of Health (OMPF pg. 232-239)

- Currently Good health condition

July 22, 2006: Medical Record Crushed Hand (OMPF pg. 215-216)

- Crushing injury to third digit of left hand
 - Loss of ROM
- 2nd and 4th digit hurt during accident

July 15, 2013: Separation Examination (OMPF pg. 368-376)

- **Comments by examiner**
 - History of inhaler use; PFT revealed he was just under asthmatic
 - Thinks smoking may contribute
 - Feb '12 Grade II AC separation after ski fall
 - Veteran stated 100% improved, no pain, no lasting deficits
 - Back pain from bicycle accident
 - No lasting deficits, no chronic injury, just occasional lower back soreness
 - Strained R IT Band—no issues currently and no lasting deficits
 - History of plantar fasciitis
 - Bilateral tibial stress fractures – no lasting deficits or complications