

VETERANS CORNER

I hope that you all had an enjoyable holiday season and are now rejuvenated for the New Year. Before we begin, I would like to take this opportunity on behalf of myself and my staff to thank everyone for your support. This column marks the third year that I have been writing for the paper. With that in mind, I would like to revisit one of my original topics.

This week, I would like to tell you about the service-connected disability benefit and how to qualify for it. Let's begin at the beginning: When should you apply for the service-connected disability benefit? There is no mandatory period to apply; however, applying as soon as possible after your discharge date makes it much easier to prove that a disability is service-connected.

The first step is the verification process. Generally, in order for a disability to be considered service-connected, you must have three items of support: first, medical evidence of a current, chronic (continuous) disability; secondly, evidence of having suffered a disease, injury, or event while engaged in active service; and finally, evidence linking these two items together. You must have all three types of evidence before the Veterans Administration (VA) can verify that your disability is service-connected.

When filing for service-connected disability benefits, your claim will fall under one of two categories: direct service connection or presumptive service connection.

Direct service connection meets all three of the conditions I mentioned earlier. An example of this type of disability could be an injured knee. Perhaps when you were in the service you sustained a knee injury, treated for that condition and that treatment was documented in your medical record. After being discharged from the service, you continue to have an issue with the knee and seek treatment from your personal doctor. Now you have two of the three items required to support a claim with the VA. The last item—the connection to your service injury— may take a couple of different forms: your personal doctor can make the link with a statement that, in his or her professional opinion, the current injury is “more likely than not” related to the original injury in service. Or, the simple fact that you have been seeking treatment for the injury is in itself evidence that the disability has been chronic.

The second category is called presumptive disability. This refers to a disability that relates to a health condition resulting from possible exposures experienced while in service. An example of this would be a Vietnam veteran who was exposed to Agent Orange (AO), and has developed a recognized disability. Exposure to AO is in itself not considered a disability; however, medical studies have concluded that certain disabilities can be linked to the AO exposure, and can therefore be considered service-connected. When filing for presumptive disability claims, the steps are the same, except there is no requirement that a doctor link your disability to the service. It is presumed that your exposure has caused the disability.

One more thing about service-connected disabilities: the Veterans Administration requires that your first claim with them be filed on a specific form in order for it to be considered a legal claim. Our office can help you complete the correct form and submit it to the VA to get the claim process started.

Ken Cruickshank, retired Navy Master Chief Petty Officer, is the Veterans Services Officer for Tulare County. Send your questions to the Veterans Service Office, 205 N. L St., in Tulare, by calling 684-4960 or emailing kcruicks@tularehhsa.org.