

Assistance with Veterans Benefits Claims and Medical Board

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Below is an article from Stuart A. Steinberg. Stuart is a retired EOD Specialist with experience in military criminal law, teaching, and private investigation. We thank Stuart for his interesting article, and encourage others to submit articles. If you are interested in submitting an article to our site, please email Rhonda Crowley at rhonda@ordnanceholdings.com.

I have been a veterans service officer with Vietnam Veterans of America since 1978, and United Spinal Association since 2005. I served as an EOD specialist from 1968-1971, including 18 months in Vietnam. I was wounded twice, decorated for heroism, and have several awards for meritorious achievement during ground combat operations. I am the Veterans Benefits Coordinator for the National EOD Association and am on their Board of Directors. Since retiring in 2004, I have been serving as a volunteer assisting my fellow veterans, their widows and children, and active duty military personnel with claims for benefits from the Department of Veterans Affairs, military medical boards, physical evaluation boards and applications to correct records.

A significant number of my clients are former EOD personnel and I understand the many specifics related to their veterans benefits claims. Most of us have been exposed to severe acoustic trauma and, therefore, suffer from tinnitus and hearing loss. These are both ratable disabilities and the VA will pay you if they grant service connection. Many of us also suffer from various orthopedic conditions, particularly damaged knees, spines, and ankles. If you were wounded in combat, you may well have ratable conditions as a result of your wounds, including scars. For newer EOD personnel, who have served in the Global War on Terrorism, you probably have orthopedic injuries caused by the weight of your Individual Body Armor and constantly dismounting from vehicles, sometimes having to jump as much as six feet and then hitting the ground. When you add the weight of your weapon and ammunition, I have seen cases where people are carrying up to 100 pounds of IBA, weapons, ammunition and EOD materiel such as explosives, blasting caps, time fuse and det cord.

Many of you recent and current EOD personnel are also airborne qualified and a number of you are also divers. The VA recognizes that airborne personnel and divers often suffer from a number of disabilities as a result of parachuting and diving. In particular, airborne personnel often have severe orthopedic problems. Sometimes, these result merely from making many jumps and landing hard, or actual jump accidents. One of my clients landed on his canteen and has had three spine reconstructions, resulting in his vertebrae being held in place by titanium rods and screws. Divers often have hearing loss, severe tinnitus and orthopedic issues, especially spinal injuries. One of my clients who was a salvage diver in Vietnam was recently rated for spinal damage and tinnitus.

Finally, many of us have been exposed to severe combat trauma. This can often result in Post-Traumatic Stress Disorder, Traumatic Brain Injury, depression and other mental health issues. A lot of you, when you had your Post-Deployment Examination, did not admit to issues related to these disabilities because you feared how this would impact your career. If you're out now, and have issues with these maladies, it's time to admit the problems and get rated. You did not ask to be affected this way and it's not your fault that you were. Some of the classic symptoms of PTSD

include: exaggerated startle response--any unexpected noise or person coming up behind you causes you to "jump out of your shoes"; hypervigilance--you always watch the sides of the road when driving, looking for IEDs, or sit in a restaurant with your back to the wall and your eyes watching the door; you reexperience traumatic events, either while awake, or in dreams; you are self-medicating with alcohol or drugs; you have a sleep disorder. These are all normal reactions to events that will never be experienced by the average person. Some of you may think that you are less of a person if you admit to having these symptoms. You are not. You earned these benefits due to your service and need to take steps to get rated for them.

Traumatic Brain Injury and Post-Concussion Syndrome are typically caused by being in close proximity to an IED or roadside bomb detonation, close proximity to incoming mortar, artillery, or rocket fire, or hitting your head on a hard object, such as a vehicle dashboard when the vehicle has hit an explosive device, or crashed into another vehicle, or an immovable object like a power pole. I am working on a case, now, where my client was struck in the head by a 15-pound tent pole when he and his teammates were disassembling a large tent. He has been diagnosed with a mild TBI and Post-Concussion Syndrome.

Now you know what I do and how I can assist you. If you wish to talk to me about your situation with VA benefits, or military medical and physical evaluation boards, please contact me at jackdiamondback@gmail.com.