

Many veterans who were on jump status avoided going to sick call while on active duty so as not to be taken off of jump status, or because it was frowned upon by their command.

After leaving active duty, sometimes several years after, they attempted to file a claim with the VA for service-connected disabilities such as knee, hip, feet or spine injuries and are denied because there's no evidence of a chronic, diagnosed disability in their service medical records (or for certain conditions, within the one-year post-separation presumptive period).

Remember, just as convicting someone of a crime requires evidence of guilt, VA claims require concrete medical evidence to link a current disability to active-duty service.

Often these veterans will keep reopening their claim and denials continue, while others appeal to the Board of Veterans Appeals, which takes several years.

However, there's a way to be more successful in these types of claims if you file it with proper evidence and arguments, even if service medical records contain little medical evidence.

Part of VA's responsibility is applying the rules and regulations contained in the Code of Regulation (CFR) 38. CFR 38, 3.303, Principles relating to service connection (a), makes it clear that service connection consideration must be decided on **“the basis of the places, types of and circumstances of his service as shown by service records, the official history of each organization in which he served, his medical records and all pertinent medical and lay evidence. Determinations as to service connection will be based on a review of the entire evidence of record, with due consideration to the policy of the DVA to administer the law under a broad and liberal interpretation consistent with the facts in each individual case.”**

For example, veterans who were on jump status and earned one of the parachutist badges have concrete evidence of the number of jumps they completed. It's a known medical fact that parachuting puts abnormal, traumatic pressure on joints, especially knees, feet, ankles, hips and spine, and as a result, chronic joint disabilities usually follow.

So, to file a claim in these cases, it's important to submit the following: medical evidence of a current, diagnosed chronic disability (degenerative disc disease, knee or hip arthritis etc.); any past, post-service records on the conditions; and an opinion from your doctor (preferably an orthopedist who specializes in bones and joints) that the diagnosed condition is “more likely than not” a result of parachuting, with a medical rationale for the opinion.

If your doctor won't write an opinion, make the argument yourself on VA Form 21-4138, including applicable CFR regulations, and submit it with the VA 21-526EZ disability claims form. Include medical articles or studies from credible sources that show the link between jumping and various joint disabilities.

Of course, you can always visit an accredited veterans service officer who can explain the details, help gather needed documentation and file the claim for you. As a service officer, I often

will write a letter to the doctor of a client, specifically asking for an opinion and why a medical opinion is important.

Remember, if you just keep reopening on a previously denied claim that is final (one-year from the date of your notification letter) without providing new and material evidence, VA will simply send you another denial. It's important to know what new and material evidence is before reopening a previously denied claim that is final, and if it's even possible to produce such evidence. A knowledgeable veterans service officer can guide you every step of the way.

Sandy Britt is an Air Force veteran and a Montgomery County veterans service officer. If you have a topic you'd like covered in a future column, email sjbritt@mcgtn.net. Questions about specific claims can be addressed only by calling the MCVSO at 931-553-5173 for an office appointment with a service officer.

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