

Presumptive Conditions

This document is provided so that caretakers who are aware of conditions that Veterans might be suffering, but are not receiving benefits for, may refer these Veterans to an accredited Veterans Service Officer. It will then be up to the Veterans Service Officer to work with the Veteran to gather the evidence that proves the Veteran might be entitled to that benefit. In other words, a discharge or service record that proves a Veteran was exposed to something and the medical evidence that proves the Veteran has a particular condition related to that exposure.

Please use <http://www.mvc.dps.mo.gov/> to locate a Veterans Service Officer in your area who will gladly assist in applying for these benefits. Thanks!

What is “Presumptive” Service Connection?

VA presumes that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded. This relieves the burden on the veteran to provide continuing medical evidence since release from active and a nexus statement linking the current disability to what occurred in service.

What Conditions are “Presumed” to be Caused by Military Service?

Veterans in the groups identified on the next pages: Entitlement to disability compensation may be presumed under the circumstances described and for the conditions listed.

Veterans within one year of release from active duty: Individuals diagnosed with chronic diseases (such as arthritis, diabetes, or hypertension) are encouraged to apply for disability compensation.

Diseases Subject to Presumptive

Service Connection §3.309

(a) *Chronic diseases.* The following diseases shall be granted service connection although not otherwise established as incurred in or aggravated by service **if manifested to a compensable degree - 10%-within the applicable time limits under §3.307** (usually 1 year from date of discharge) following service in a period of war or following peacetime service on or after January 1, 1947, provided the rebuttable presumption provisions of §3.307 are also satisfied.

Amyotrophic lateral sclerosis (ALS) (requires 90 days or more continuous active duty)

Anemia, primary.

Arteriosclerosis.

Arthritis.

Atrophy, Progressive muscular.

Brain hemorrhage.

Brain thrombosis.

Bronchiectasis.

Calculi of the kidney, bladder, or gallbladder.

Cardiovascular-renal disease, including hypertension. (This term applies to combination involvement of the type of arteriosclerosis, nephritis, and organic heart disease, and since hypertension is an early symptom long preceding the development of those diseases in their more obvious forms, a disabling hypertension within the 1-year period will be given the same benefit of service connection as any of the chronic diseases listed.)

Cirrhosis of the liver.

Coccidioidomycosis.

Diabetes mellitus.

Encephalitis lethargica residuals.

Endocarditis. (This term covers all forms of valvular heart disease.)

Endocrinopathies.

Epilepsies.

Hansen's disease.

Hodgkin's disease.

Ischemic Heart Disease

Leukemia.

Lupus erythematosus, systemic.

Myasthenia gravis.

Myelitis.

Myocarditis.

Nephritis.

Other organic diseases of the nervous system.

Osteitis deformans (Paget's disease).

Osteomalacia.

Palsy, bulbar.

Paralysis agitans.

Psychoses.

Purpura idiopathic, hemorrhagic.

Raynaud's disease.

Sarcoidosis.

Scleroderma.

Sclerosis, amyotrophic lateral.

Sclerosis, multiple (within 7 years)

Syringomyelia.

Thromboangiitis obliterans (Buerger's disease).

Tuberculosis, active. (within 3 years)

Tumors, malignant, or of the brain or spinal cord or peripheral nerves.

Ulcers, peptic (gastric or duodenal) (A proper diagnosis of gastric or duodenal ulcer (peptic ulcer) is to be considered established if it represents a medically sound interpretation of sufficient clinical findings warranting such diagnosis and provides an adequate basis for a differential diagnosis from other conditions with like symptomatology; in short, where the preponderance of evidence indicates gastric or duodenal ulcer (peptic ulcer). Whenever possible, of course, laboratory findings should be used in corroboration of the clinical data.

**Atomic Veterans
(Exposed to Ionizing Radiation)**

Participated in atmospheric nuclear testing; occupied or was a POW in Hiroshima or Nagasaki; service before 2/1/92 at a diffusion plant in Paducah, KY, Portsmouth, OH, or Oak Ridge, TN; or service before 1/1/74 at Amchitka Island, AK:

- all forms of leukemia (except for chronic lymphocytic leukemia)
- cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract (renal pelvis, ureter, urinary bladder and urethra), brain, bone, lung, colon, ovary
- bronchiolo-alveolar carcinoma
- multiple myeloma
- lymphomas (other than Hodgkin's disease)
- primary liver cancer (except if cirrhosis or hepatitis B is indicated)

§3.316 Claims based on chronic effects of exposure to MUSTARD GAS.

(a) Except as provided in paragraph (b) of this section, **exposure to the specified vesicant agents during active military service under the circumstances described below together with the subsequent development of any of the indicated conditions** is sufficient to establish service connection for that condition:

(1) Full-body exposure to nitrogen or sulfur mustard during active military service together with the subsequent development of **chronic conjunctivitis, keratitis, corneal opacities, scar formation, or the following cancers: Nasopharyngeal; laryngeal; lung (except mesothelioma); or squamous cell carcinoma of the skin.**

(2) Full-body exposure to nitrogen or sulfur mustard or Lewisite during active military service together with the subsequent development of a **chronic form of laryngitis, bronchitis, emphysema, asthma or chronic obstructive pulmonary disease.**

(3) Full-body exposure to nitrogen mustard during active military service together with the subsequent development of **acute nonlymphocytic leukemia.**

(b) Service connection will not be established under this section if the claimed condition is due to the veteran's own willful misconduct (See §3.301(c)) or there is affirmative evidence that establishes a nonservice-related supervening condition or event as the cause of the claimed condition (See §3.303).

Claims based on chronic effects of exposure to ASBESTOS

Asbestos is a fibrous form of silicate mineral of varied chemical composition and physical configuration, derived from serpentine and amphibole ore bodies.

Common materials that may contain asbestos include

- steam pipes for heating units and boilers
- ceiling tiles
- roofing shingles
- wallboard
- fire-proofing materials, and
- thermal insulation.

Note: Due to concerns about the safety of asbestos, the use of materials containing asbestos has declined in the United States since the 1970s. Inhalation of asbestos fibers can produce

fibrosis, the most commonly occurring of which is interstitial pulmonary fibrosis, or asbestosis
tumors
pleural effusions and fibrosis
pleural plaques
mesotheliomas of pleura and peritoneum
cancers of the
lung
bronchus
gastrointestinal tract
larynx
pharynx, and
urogenital system, except the prostate.

Diseases Presumptive to Herbicide Exposure including Agent Orange

Acute and Subacute Transient Peripheral Neuropathy

A nervous system condition that causes numbness, tingling, and motor weakness. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange and resolve within 2 years after the date it began.

AL Amyloidosis

A rare disease caused when an abnormal protein, amyloid, enters tissues or organs.

B Cell Leukemias

Cancers which affect B cells, such as hairy cell leukemia.

Chloracne

A skin condition that occurs soon after dioxin exposure and looks like common forms of acne seen in teenagers. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange.

Chronic Lymphocytic Leukemia

A disease that progresses slowly with increasing production of excessive numbers of white blood cells.

Diabetes Mellitus (Type 2)

A disease characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.

Hodgkin's Disease

A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.

Ischemic Heart Disease

A disease characterized by a reduced supply of blood to the heart.

Multiple Myeloma

A cancer of specific bone marrow cells that is characterized by bone marrow tumors in various bones of the body.

Non-Hodgkin's Lymphoma

A group of cancers that affect the lymph glands and other lymphatic tissue.

Parkinson's Disease

A motor system condition with symptoms that include trembling of the limbs and face and impaired balance.

Porphyria Cutanea Tarda

A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange.

Prostate Cancer

Cancer of the prostate; one of the most common cancers among men.

Respiratory Cancers

Cancers of the lung, larynx, trachea, and bronchus.

Soft Tissue Sarcoma (other than Osteosarcoma, Chondrosarcoma, Kaposi's sarcoma, or Mesothelioma)

A group of different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues.

Gulf War Service

For VA benefit purposes, Gulf War service is active military duty in any of the following areas in Southwest Asia any time during the first Gulf War starting August 2, 1990 through the current conflict in Iraq.

- Iraq
- Kuwait
- Saudi Arabia
- The neutral zone between Iraq and Saudi Arabia
- Bahrain
- Qatar
- The United Arab Emirates
- Oman
- Gulf of Aden
- Gulf of Oman
- Waters of the Persian Gulf, the Arabian sea, and the Red Sea
- The airspace above these locations

Gulf War Veterans (Undiagnosed Illness)

Served in the Southwest Asia Theater of Operations during the Gulf War with condition at least 10 percent disabling by 12/31/11. Included are medically unexplained chronic multi-symptom illnesses defined by a cluster of signs or symptoms that have existed for six months or more, such as:

chronic fatigue syndrome

fibromyalgia

irritable bowel syndrome

any diagnosed or undiagnosed illness that the Secretary of Veterans Affairs determines warrants a presumption of service connection

- *Signs or symptoms of an undiagnosed illness include:* fatigue, skin symptoms, headaches, muscle pain, joint pain, neurological symptoms, respiratory symptoms, sleep disturbance, GI symptoms, cardiovascular symptoms, weight loss, menstrual disorders
- ❖ **On September 10, 2010**, VA published the final regulation establishing new presumptions of service connection for *nine specific infectious diseases* associated with military service in Southwest Asia beginning on or after the start of the first Gulf War on Aug. 1, 1990, through the conflict in Iraq and on or after Sept. 19, 2001 in Afghanistan. The Final regulation reflects a determination of a positive association between service in Southwest Asia or Afghanistan and nine diseases and includes information about the long-term health effects potentially associated with these diseases:

Infectious Diseases Related to Service in Gulf War, Iraq and Afghanistan

These are in addition to the conditions listed on page 21.

❖ **Brucellosis**

- A bacterial disease with symptoms such as profuse sweating and joint and muscle pain. The illness may be chronic and persist for years. It must be at least 10% disabling within 1 year from the date of military separation.

❖ **Campylobacter Jejuni**

- A disease with symptoms such as abdominal pain, diarrhea and fever. It must be at least 10% disabling within 1 year from the date of military separation.

❖ **Coxiella Burnetii (Q Fever)**

- A bacterial disease with symptoms such as fever, severe headache, and gastrointestinal problems such as nausea and diarrhea. In chronic cases, the illness may cause inflammation of the heart. It must be at least 10% disabling within 1 year from the date of military separation.

❖ **Malaria**

- An infectious disease caused by a parasite. Symptoms include chills, fever, and sweats. It must be at least 10% disabling within 1 year from the date of military separation or at a time when standard or accepted treatises indicate that the incubation period began during a qualifying period of military service.

❖ **Mycobacterium Tuberculosis**

- An illness that primarily affects the lungs and causes symptoms such as chest pain, persistent cough (sometimes bloody), weight loss and fever.

❖ **Nontyphoid Salmonella**

- A condition characterized by symptoms such as nausea, vomiting, and diarrhea. It must be at least 10% disabling within 1 year from the date of military separation.

❖ **Visceral Leishmaniasis**

- A parasitic disease characterized by symptoms such as fever, weight loss, enlargement of the spleen and liver, and anemia. The condition may be fatal if left untreated.

❖ **West Nile Virus**

- A disease spread by mosquitoes characterized by symptoms such as fever, headache, muscle pain or weakness, nausea, and vomiting. Symptoms may range from mild to severe. It must be at least 10% disabling within 1 year from the date of military separation.

Presumptive Conditions for Former POWs

Today, former POWs are generally entitled to a presumption of service-connection for seven diseases, **regardless of the length of captivity, if manifested to a degree of 10 percent or more after discharge or release from active military, naval, or air service.** These diseases are:

- Psychosis
- Dysthymic disorder, or depressive neurosis
- Post-traumatic osteoarthritis
- Any of the Anxiety States
- Cold Injury
- Stroke and Complications
- Heart Disease and Complications

If a former POW was interned for **30 days or more**, the following additional diseases are presumed to be service-connected:

- Avitaminosis
- Chronic Dysentery
- Helminthiasis
- Malnutrition, including associated Optic Atrophy
- Peptic Ulcer Disease
- Beriberi
- Cirrhosis of the Liver
- Irritable Bowel Syndrome
- Pellagra and any other nutritional deficiency
- Peripheral Neuropathy, except where directly related to infectious causes