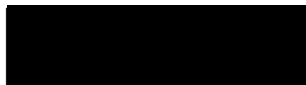




**DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office**



VA File Number



**Represented By:
GORDON A GRAHAM
Rating Decision
01/08/2021**

INTRODUCTION

The records reflect that you are a Veteran of the Peacetime. You served in the Army from June 11, 1980 to June 10, 1984. We received your supplemental claim on October 4, 2020. Based on a review of the evidence listed below, we have made the following decisions on your claim.

DECISION

1. The previous denial of service connection for diabetes mellitus type II is confirmed and continued.
2. Service connection for peripheral neuropathy, left lower extremity as secondary to diabetes mellitus type II is denied.
3. Service connection for peripheral neuropathy, left upper extremity as secondary to diabetes mellitus type II is denied.
4. Service connection for peripheral neuropathy, right lower extremity as secondary to diabetes mellitus type II is denied.



5. Service connection for peripheral neuropathy, right upper extremity as secondary to diabetes mellitus type II is denied.

EVIDENCE

- Service Treatment Records, from 06/11/1980 to 06/10/1984, dated September 28, 1990
- Rating Decision, dated October 7, 2019
- American Lake VAMC (Veterans Affairs Medical Center) treatment records for the period of February 15, 2018 to December 3, 2019.
- Rating Decision, dated March 18, 2020
- Puget Sound VAMC 05/28/2020- 09/18/2020
- VA Form 20-0995 Supplemental Claim Application, received on October 04, 2020
- Seattle VAMC 12/3/19 to 10/7/20
- Statement from John N.D. Wurpel, MS, Ph.D, dated 09/30/2020, received 10/08/2020
- DD Form 214, Certificate of Release or Discharge from Active Duty

REASONS FOR DECISION

1. Service connection for diabetes mellitus type II.

A claimant may file a supplemental claim by submitting or identifying new and relevant evidence. New evidence is evidence not previously part of the actual record before agency adjudicators. Relevant evidence means evidence that tends to prove or disprove a matter at issue in a claim. (38 CFR 3.2501) In support of your claim, new and relevant evidence has been received and your claim is now reconsidered.

Service connection may be granted on a presumptive basis for diabetes mellitus type II if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a certain period after military discharge. As the medical evidence fails to show a diagnosis of diabetes mellitus type II within the time period specified under 38 CFR 3.307, service connection on a presumptive basis must be denied. (38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309)

To satisfy the requirements for service connection for a disability based on presumption, you must submit the following: (1) medical evidence demonstrating the existence of a current disability, and (2) medical evidence establishing that the disability manifested to a compensable degree within one year of your discharge from active service. (specified under 38 CFR. § 3.309) Longer time limits may apply for certain medical conditions.

We have denied your claim for service connection for diabetes mellitus type II because there is no diagnosis of diabetes mellitus type II within the time limits specified to qualify for the presumption of service connection. There is no evidence of diabetes mellitus in the service treatment records.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304) Your service treatment records do not contain complaints, treatment, or diagnosis for this condition. We did not find a link between your medical condition and military service. There was no continuity of symptoms from service to the present. (38 CFR 3.303) The evidence does not show that your disease developed to a compensable degree within the specified time period after release from service to qualify for the presumption of service connection. (38 CFR 3.307, 38 CFR 3.309)

Fort McLellan has not been identified as a location where Agent Orange was used, tested, or stored. Additionally, there is no evidence associating Agent Orange with the US Army Chemical School or Chemical-Biological-Radiological (CBR) Agency located at Fort McClellan. Agent Orange was developed for jungle combat operations in Vietnam and was used there from 1962 to early 1971. There were no combat operations at this location during those years and so there was no need for Agent Orange use there. Additionally, this location was not on the Agent Orange shipping supply line, which went directly from storage at Gulfport, Mississippi to South Vietnam via merchant ships. All evidence shows that any herbicide use the claimant or others observed, or were associated with, was the commercial variety, not Agent Orange.

The Department of Defense (DoD) has provided Compensation Service with a listing of locations outside Vietnam and the Korean DMZ where Agent Orange was used, tested, or stored. The list does not contain names of individuals involved with Agent Orange. Additionally, there are no references to routine base maintenance activities such as range management, brush clearing, and weed killing. These were accomplished with commercial herbicides on all military bases worldwide. Commercial herbicides do not fall under the regulations governing Agent Orange exposure at 38 CFR § 3.307(a)(6)(i).

Favorable Findings:

You have been diagnosed with a disability. Puget Sound VA treatment records dated September 17, 2020 shows a past medical history of type 2 diabetes mellitus.

The claimed disability is a chronic disease which may be presumptively linked to your military service. Puget Sound VA treatment records dated September 17, 2020 shows a past medical history of type 2 diabetes mellitus.

You have sufficient service to meet the minimum requirements for presumptive service connection. Your records show you served from June 11, 1980 to June 10, 1984.

2. Service connection for peripheral neuropathy, left lower extremity as secondary to diabetes mellitus type II.

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that diabetes mellitus type II is related to service. Therefore, service-connection for peripheral neuropathy, left

lower extremity on a secondary basis to this condition cannot be established. There is also no evidence showing peripheral neuropathy, left lower extremity was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for peripheral neuropathy, left lower extremity is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303)

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection for peripheral neuropathy, left lower extremity is denied since this condition neither occurred in nor was caused by service and there is no evidence the claimed condition exists. (38 CFR 3.303, 38 CFR 3.304)

Service connection may be granted on a presumptive basis for peripheral neuropathy, left lower extremity if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a certain period after military discharge. As the medical evidence fails to show a diagnosis of peripheral neuropathy, left lower extremity within the time period specified under 38 CFR 3.307, service connection on a presumptive basis must be denied. (38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309)

Favorable Findings:

The claimed disability is a chronic disease which may be presumptively linked to your military service. You claimed peripheral neuropathy, left lower extremity.

You have sufficient service to meet the minimum requirements for presumptive service connection. Your records show you served from June 11, 1980 to June 10, 1984.

3. Service connection for peripheral neuropathy, left upper extremity as secondary to diabetes mellitus type II.

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that diabetes mellitus type II is related to service. Therefore, service-connection for peripheral neuropathy, left upper extremity on a secondary basis to this condition cannot be established. There is also no evidence showing peripheral neuropathy, left upper extremity was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection for peripheral neuropathy, left upper extremity is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

Service connection may be granted on a presumptive basis for peripheral neuropathy, left upper extremity if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a certain period after military discharge. As the medical evidence fails to show a diagnosis of peripheral neuropathy, left upper extremity within the time period specified under 38 CFR 3.307, service connection on a presumptive basis must be denied. (38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309)

Favorable Findings:

The claimed disability is a chronic disease which may be presumptively linked to your military service. You claimed peripheral neuropathy, left upper extremity.

You have sufficient service to meet the minimum requirements for presumptive service connection. Your records show you served from June 11, 1980 to June 10, 1984.

4. Service connection for peripheral neuropathy, right lower extremity as secondary to diabetes mellitus type II.

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that diabetes mellitus type II is related to service. Therefore, service-connection for peripheral neuropathy, right lower extremity on a secondary basis to this condition cannot be established. There is also no evidence showing peripheral neuropathy, right lower extremity was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for peripheral neuropathy, right lower extremity is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303)

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection for peripheral neuropathy, right lower extremity is denied since this condition neither occurred in nor was caused by service and there is no evidence the claimed condition exists. (38 CFR 3.303, 38 CFR 3.304)

Service connection may be granted on a presumptive basis for peripheral neuropathy, right lower extremity if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a certain period after military discharge. As the medical evidence fails to show a diagnosis of peripheral neuropathy, right lower extremity within the time period specified under 38 CFR 3.307, service connection on a presumptive basis must be

denied. (38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309)

Favorable Findings:

The claimed disability is a chronic disease which may be presumptively linked to your military service. You claimed peripheral neuropathy, right lower extremity.

You have sufficient service to meet the minimum requirements for presumptive service connection. Your records show you served from June 11, 1980 to June 10, 1984.

5. Service connection for peripheral neuropathy, right upper extremity as secondary to diabetes mellitus type II.

Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that diabetes mellitus type II is related to service. Therefore, service-connection for peripheral neuropathy, right upper extremity on a secondary basis to this condition cannot be established. There is also no evidence showing peripheral neuropathy, right upper extremity was incurred in or aggravated by military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. (38 CFR 3.303)

Service connection for peripheral neuropathy, right upper extremity is denied since this condition neither occurred in nor was caused by service. (38 CFR 3.303, 38 CFR 3.304)

Service connection may be granted on a presumptive basis for peripheral neuropathy, right upper extremity if this condition is manifested to a compensable degree (severe enough to be evaluated at least 10 percent disabling) within a certain period after military discharge. As the medical evidence fails to show a diagnosis of peripheral neuropathy, right upper extremity within the time period specified under 38 CFR 3.307, service connection on a presumptive basis must be denied. (38 CFR 3.303, 38 CFR 3.307, 38 CFR 3.309)

Favorable Findings:

The claimed disability is a chronic disease which may be presumptively linked to your military service. You claimed peripheral neuropathy, right upper extremity.

You have sufficient service to meet the minimum requirements for presumptive service connection. Your records show you served from June 11, 1980 to June 10, 1984.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

