PREREQUISITE TRAINING
Prior to this training you must have completed the following lesson plans: SHARE, MAP-D, PIES, Reference Materials, Tour of the C&P Website, Establishing Veteran Status, and Claims Recognition.

PURPOSE OF LESSON
The purpose of this lesson is to teach you the evidentiary requirements for establishing a special issue claim.

Provided with the appropriate manual and regulatory references and handouts, access to academy mode MAP-D and SHARE, and case scenarios, you will be able to:

- Identify issue specific claims
- Identify 5 types of specific claims that need little or no additional development
- Recognize an HIV—AIDS claim and identify special development
- Relate the history of mustard gas lewisite claims and identify the presumptive conditions associated with mustard gas exposure.

TIME REQUIRED
2.75 hours lecture; 1.25 review exercise.

INSTRUCTIONAL METHOD
Lecture, participatory discussion, practical exercise

MATERIALS/TRAINING AIDS
- Issue Special Claims Development Trainee Handouts
- Issue Specific Claims Development PowerPoint presentation.
### TABLE OF CONTENTS

References ........................................................................................................................................... 3  
HIV-AIDS References ............................................................................................................................. 3  
Mustard Gas Exposure References ......................................................................................................... 3  
Developing Issue Specific Claims — Tracking Handout ......................................................................... 4  
Issue Specific Review Exercises Handout ............................................................................................... 5  
HIV-AIDS Handout ................................................................................................................................. 6  
VA FORM 21-526 .................................................................................................................................... 7  
Exposure to Mustard Gas (Lewiske) Handout ....................................................................................... 11  
Graphic Representation of Mustard Gas Exposure .................................................................................. 12  
HIV-AIDS Review ................................................................................................................................. 13  
Mustard Gas Review Exercise ................................................................................................................ 14
(12) TRAINEE HANDOUTS

REFERENCES


Cold Exposure: 38 U.S.C. 1154(a); 38 CFR 3.303(a) & 3.304(d); M21-1MR, Part III, Subpart iv, 4.E.21; C&P Service Fast Letters 5-72, 97-33, 97-81; C&P Service Training Letter 93-1, dated 01-26-1993 with attached VHA (Information Letter) IL 11-92-0006, dated 11-02-1992; Unit Assignment Roster for Chosin Reservoir (if available); and Long-term Sequelae of Cold Injury: Diagnosis and Management, VHA, 06-12-1997 [with a video on same issued May 1998]


Toxic Chemical Exposure: GAO Study Regarding Military Testing of Chemical Agents (Cranston Study)

HIV-AIDS REFERENCES

- M21-1MR
  Part III, Subpart ii, 4.A.5
  Part III, Subpart iv, 4.I.34.d
  Part IV, Subpart ii, 1.H.30
  Part IV, Subpart ii, 2.K.68

- Merck Manual, 16th Edition

MUSTARD GAS EXPOSURE REFERENCES

- 38 CFR §3.316
- M21-1MR, Part IV, Subpart ii, 1.F
- Training Letter (TL) 05-01
• EP Code Tracking—*M21-4, Appendix C*

1  [incremented end product code]
2  Radiation
3  POW Status
4  Post Traumatic Stress Disorder
5  Agent Orange Exposure
6 & 7 Foreign Case
8  Personal Trauma
9  Gulf War

**Note:** The Gulf War modifier (9) is used with all end product codes. The Gulf War modifier of 9 has priority over all other third digit modifiers and is used regardless of what other modifier might also be applicable.

The foreign case modifiers (6) & (7) are only to be used by VARO Houston, Washington Regional Office, and VAMROC White River Junction. This modifier is applicable to EP 120 in addition to EPs 010, 110, 020, and 140.

• *Proposed* Tracking List of Issue Specific Claims

  • Agent Orange (AO) (Herbicide Exposure)
  • Prisoner of War (POW)
  • Radiation
  • Asbestos
  • PTSD
  • AIDS
  • Mustard Gas
  • Gulf War
  • Tobacco
  • Sexual Trauma
  • 38 U.S.C. 1151
  • Prostate cancer
  • Peripheral Neuropathy (presumptive basis)
  • Hepatitis C
  • Character of Discharge
  • Sarcoidosis
  • DRO Ratings
  • Biological Agents (Anthrax inoculation)
  • Pre-separation cases
A review is a tool used to judge the level of knowledge the group has acquired as a result of the training. It is not used for an individual evaluation.

Please complete the following review. You will be allowed 15 minutes to complete this task.

1. Identify the five major Issue Specific Claims.
   a. .................................................................................................................................
   b. .................................................................................................................................
   c. .................................................................................................................................
   d. .................................................................................................................................
   e. .................................................................................................................................

2. Name two reasons why these issues are special.
   a. .................................................................................................................................
   b. .................................................................................................................................

3. List four types of Issue Specific Claim development procedures.
   a. .................................................................................................................................
   b. .................................................................................................................................
   c. .................................................................................................................................
   d. .................................................................................................................................

4. Please read the scenario for Henry McLaughlin and answer the questions that follow.

Henry McLaughlin honorably served with the U.S. Army for four years. During his hitch with the Army, Henry was subjected to exposure to lysergic acid diethylamide (LSD) because he was part of secret experiments. Henry is claiming residual effects to LSD exposure.

   a. Which Issue Specific Claim is this?
   b. What development action do you need to take?
AIDS or Acquired Immune Deficiency Syndrome

Defined by the Centers for Disease Control as a disease at least moderately predictive of a defect in cell-mediated immunity occurring in a person with no known cause for diminished resistance to that disease. AIDS is a syndrome and therefore may be identified by any number of associated diseases. AIDS is caused by HIV.

HIV or Human Immunodeficiency Virus

An infection caused by one of several retroviruses that become incorporated into host cell DNA and result in a wide range of clinical presentations varying from asymptomatic carrier states to severely debilitating and fatal disorders.

Epidemiology

HIV is not transmitted by casual contact or even the close non-sexual contact that normally occurs at work, home or in school. HIV is transmitted through bodily fluid contact (i.e. breast milk, blood, semen).

Testing

The most commonly used laboratory test for AIDS is the HIV antibody test. Two antibody tests are available, namely the screening ELISA test and the confirmatory Western Blot.

PART I - SERVICE INFORMATION (See Instructions, Paragraph H)

NOTE: Enter complete information for each period of active duty. Attach DD Form 214 or other separation papers for all periods of active duty to expedite processing of your claim. If you do not have your DD Form 214 or other separation papers check \( \checkmark \) here.

<table>
<thead>
<tr>
<th>10A. ENTERED ACTIVE SERVICE</th>
<th>10B. SERVICE NO.</th>
<th>10C. SEPARATED FROM ACTIVE SERVICE</th>
<th>10D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \checkmark )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RESERVE AND NATIONAL GUARD SERVICE

<table>
<thead>
<tr>
<th>11A. ENTERED ACTIVE SERVICE</th>
<th>11B. SERVICE NO.</th>
<th>11C. SEPARATED FROM ACTIVE SERVICE</th>
<th>11D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \checkmark )</td>
<td></td>
<td>( \checkmark )</td>
<td></td>
</tr>
<tr>
<td>( \checkmark )</td>
<td></td>
<td>( \checkmark )</td>
<td></td>
</tr>
</tbody>
</table>

12. IF DISABILITY OCCURRED DURING ACTIVE OR INACTIVE DUTY FOR TRAINING, GIVE BRANCH OF SERVICE AND DATE OF OCCURRENCE

<table>
<thead>
<tr>
<th>13A. IF YOU ARE NOW A MEMBER OF THE RESERVE FORCES OR NATIONAL GUARD GIVE THE BRANCH OF SERVICE</th>
<th>13B. RESERVE STATUS</th>
<th>13C. RESERVE OR NATIONAL GUARD UNIT ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \checkmark ) ACTIVE</td>
<td>( \checkmark ) INACTIVE</td>
<td></td>
</tr>
</tbody>
</table>

14. ARE YOU NOW OR WILL YOU RECEIVE RETIREMENT OR RETIRED PAY FROM THE ARMED FORCES?

<table>
<thead>
<tr>
<th>14A. IF YES, COMPLETE ITEMS 14B, 14C &amp; 14D</th>
<th>14B. BRANCH OF SERVICE</th>
<th>14C. MONTHLY AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \checkmark )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE PAY FROM THE ARMED FORCES?

<table>
<thead>
<tr>
<th>15A. AMOUNT</th>
<th>15B. HAVE YOU RECEIVED LUMP SUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \checkmark )</td>
<td>( \checkmark )</td>
</tr>
</tbody>
</table>

16. NATURE AND HISTORY OF DISABILITIES

<table>
<thead>
<tr>
<th>16A. NATURE OF SICKNESS, DISEASE OR INJURIES FOR WHICH THIS CLAIM IS MADE</th>
<th>16B. AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>pneumonia, decreased T cell count, hairy cell leukoplakia</td>
<td>( \checkmark )</td>
</tr>
</tbody>
</table>

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.
TRAINED HANDOUTS

IF YOU RECEIVED ANY TREATMENT WHILE IN SERVICE, COMPLETE THE FOLLOWING INFORMATION
(ATTACH TO THIS APPLICATION COPIES OF ANY SERVICE MEDICAL RECORDS YOU HAVE)

19A. NATURE OF SICKNESS, DISEASE, OR INJURY

19B. TREATMENT DATES
BEGINNING DATE ENDING DATE

19C. NAME, NUMBER OR LOCATION OF HOSPITAL, FIRST-AID STATION, DRESSING STATION, OR INFIRMARY

19D. ORGANIZATION/UNIT AT TIME SICKNESS, DISEASE, OR INJURY WAS INCURRED

20. LIST CIVILIAN PHYSICIANS AND HOSPITALS WHERE YOU WERE TREATED FOR ANY SICKNESS, INJURY, OR DISEASE FOR WHICH YOU ARE CLAIMING SERVICE CONNECTION BEFORE, DURING, OR SINCE YOUR SERVICE, AND ANY MILITARY HOSPITALS SINCE YOUR LAST DISCHARGE.

A. NAME
B. PRESENT ADDRESS
C. DISABILITY
D. DATE

21. LIST PERSONS OTHER THAN PHYSICIANS WHO KNOW ANY FACTS ABOUT SICKNESS, INJURY, OR DISEASE SHOWN IN ITEM 19A, WHICH YOU HAD BEFORE, DURING, OR SINCE YOUR SERVICE.

A. NAME
B. PRESENT ADDRESS
C. DISABILITY
D. DATE

IF YOU CLAIM TO BE TOTALLY DISABLED (Complete Items 22A through 25E)

22A. ARE YOU NOW EMPLOYED?

YES       NO

22B. IF YOU WERE SELF-EMPLOYED BEFORE BECOMING TOTALLY DISABLED, WHAT PART OF THE WORK DID YOU DO?

22C. DATE YOU LAST WORKED

7/2/1998

22D. IF YOU ARE STILL SELF-EMPLOYED WHAT PART OF THE WORK DO YOU DO NOW?

23A. EDUCATION (Circle highest year completed)

1  2  3  4  5  6  7  8  9  10  11  12

GRADE SCHOOL  HIGH SCHOOL  COLLEGE

23B. NATURE OF AND TIME SPENT IN OTHER EDUCATION AND TRAINING

LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, FOR ONE YEAR BEFORE YOU BECAME TOTALLY DISABLED.

24A. NAME AND ADDRESS OF EMPLOYER
24B. KIND OF WORK
24C. MONTHS WORKED
24D. TIME LOST FROM ILLNESS
24E. TOTAL EARNINGS

LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, SINCE YOU BECAME TOTALLY DISABLED.

25A. NAME AND ADDRESS OF EMPLOYER
25B. KIND OF WORK
25C. MONTHS WORKED
25D. TIME LOST FROM ILLNESS
25E. TOTAL EARNINGS

MARRITAL AND DEPENDENCY INFORMATION

26A. MARITAL STATUS

MARRIED       WIDOWED       DIVORCED

IF WIDOWED OR DIVORCED, COMPLETE ITEMS 26B, 26C, AND 26D THROUGH 26G

26B. SPOUSE'S BIRTH DATE

26C. NUMBER OF TIMES YOU HAVE BEEN MARRIED

26D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED

26E. IS YOUR SPOUSE ALSO A VETERAN?

YES       NO

26F. SPOUSE'S VA FILE NO. (If any)

27A. DO YOU LIVE TOGETHER?

YES       NO

27B. REASON FOR SEPARATION

27C. PRESENT ADDRESS OF SPOUSE

28. CHECK (X) WHETHER YOUR CURRENT MARRIAGE WAS PERFORMED BY:

PUBLIC OFFICIAL       OTHER (Explain)

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.

For Training Only

Page 8 of 14
34E. WILL YOU OR YOUR SPOUSE APPLY FOR EITHER BENEFIT DURING THE NEXT 12 MONTHS?  

YES        NO

(If yes, complete Items 34B through 34F)

34F. DATE OF INTENTION TO APPLY

VETERAN  SPOUSE

YES        NO

(If yes, complete Items 35B through 35E)

35A. HAVE YOU OR YOUR SPOUSE APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANNUITY OR RETIREMENT BENEFITS OR ENDOWMENT INSURANCE FROM ANY SOURCE?  

YES        NO

YOU MUST SIGN AND DATE THIS FORM AT THE BOTTOM OF PAGE 10.
(12) TRAINEE HANDOUTS

### Veteran's and Dependents' Monthly Income

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Source of Monthly Income</th>
<th>Amounts (If none, write NONE or '0')</th>
</tr>
</thead>
<tbody>
<tr>
<td>36A</td>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td>36B</td>
<td>U.S. Civil Service</td>
<td></td>
</tr>
<tr>
<td>36C</td>
<td>U.S. Railroad Ret.</td>
<td></td>
</tr>
<tr>
<td>36D</td>
<td>Military Retirement</td>
<td></td>
</tr>
<tr>
<td>36E</td>
<td>Black Lung Benefit</td>
<td></td>
</tr>
<tr>
<td>36F</td>
<td>SSI/Public Assistance</td>
<td></td>
</tr>
<tr>
<td>36G</td>
<td>All Other Monthly</td>
<td></td>
</tr>
</tbody>
</table>

### Veteran's and Dependents' Other Income

### Information Concerning Medical, Legal, or Other Expenses

#### 41A. Amount Paid by You
#### 41B. Date Paid
#### 41C. Purpose (Doctor's fees, hospital charges, etc.)
#### 41D. Paid To (Name of doctor, pharmacy, Attorney, etc.)

#### 41E. Disability or Relationship of Person For Whom Expenses Paid

#### 41F. Are You Now a Patient in a Nursing Home?
- [ ] YES
- [x] NO

#### 41G. Does Medicaid Cover All or Part of Your Nursing Home Costs?
- [ ] YES
- [x] NO

### Certification and Authorization for Release of Information

- [ ] YES
- [x] NO

### Signature of Claimant

---

**For Training Only**
American Service Personnel Were Exposed to Mustard Gas

- During warfare in WWI and WWII
- During experiments on protective clothing and equipment during WWII (either full body or localized)
- While manufacturing and handling vesicant agents in service

Effects of Exposure

Direct contact produces local damage and the effects are delayed with symptoms occurring hours or days later.

How to Identify the Characteristics of a Claim for Disabilities Resulting from Exposure to Mustard Gas

Development for evidence of full-body exposure to mustard gas or lewisite is necessary only:

- If the veteran claims exposure, or
- If the veteran claims a mustard gas condition, or
- If the veteran’s name is included in the list of test participants.

Presumptive Conditions for Mustard Gas Exposure

<table>
<thead>
<tr>
<th>Keratitis</th>
<th>Chronic Bronchitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Emphysema</td>
<td>Chronic Conjunctivitis</td>
</tr>
<tr>
<td>Scar Formation</td>
<td>Corneal Opacities</td>
</tr>
<tr>
<td>Laryngeal Cancer</td>
<td>Chronic Laryngitis</td>
</tr>
<tr>
<td>Nasopharyngeal Cancer</td>
<td>Chronic Asthma</td>
</tr>
<tr>
<td>Lung Cancer (except Mesothelioma)</td>
<td></td>
</tr>
<tr>
<td>Acute Nonlymphocytic Leukemia</td>
<td></td>
</tr>
<tr>
<td>Squamous Cell Carcinoma of Skin</td>
<td></td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td></td>
</tr>
</tbody>
</table>
Exposure to Mustard Gas

Mustard Gas affects the areas it touches--

*skin, respiratory systems*
HIV-AIDS REVIEW

A review is a tool used to judge the level of knowledge the group has acquired as a result of the training. It is not used for an individual evaluation.

Please complete the following review. You will be allowed 15 minutes to complete this task.

1. Please indicate what type of test is utilized for the detection of HIV and name the two most commonly used tests.

2. Please review the attached VA Form 21-526 for Michael G. Gallagher, Sr., and answer the following questions. Note: all service medical records and service personnel records are attached with the form.

   A: Is this a claim for HIV/AIDS?

   B: What, if any information, is necessary to properly process this claim? Explain what information is required and how you would request it, or explain why no development action is necessary.

3. How is HIV transmitted?

4. What does AIDS stand for? Define the disease AIDS.
MUSTARD GAS REVIEW EXERCISE

A review is a tool used to judge the level of knowledge the group has acquired as a result of the training. It is not used for an individual evaluation.

Please complete the following review. You will be allowed 15 minutes to complete this task.

1. Under what circumstances were Americans exposed to mustard gas?

2. What 38 CFR governs mustard gas? What was the effective date?

3. What are the effects of exposure?

4. When is development for exposure to mustard gas required?

5. Name 5 of the presumptive conditions associated with mustard gas.