

VA HEALTH CARE AND COMPENSATION FOR PROJECT SHAD VETERANS

Report to the Senate Veterans' Affairs Committee (August 5, 2002)

EXECUTIVE SUMMARY

Project SHAD (Shipboard Hazard and Defense) was part of the joint service chemical and biological warfare test program conducted by the Department of Defense (DoD) during the 1960s. During a hearing before the Senate Veterans' Affairs Committee on July 10, 2002, the Honorable Arlen Specter asked the Department of Veterans Affairs (VA) to send the committee a report on what we currently know about the ailments afflicting veterans who participated in Project SHAD.

The benefits portion of this report is based on analysis of data extracted electronically from VA's Beneficiary Identification and Records Locator Subsystem (BIRLS) and the Compensation & Pension (C&P) Master Record file for those veterans identified, to date, who have filed claims. For health care, the report reflects preliminary data from VA's computerized health databases. DoD continues to search and declassify documents associated with Project SHAD. As additional test information and participant names are made available to VA, we will continue to analyze data and update our findings.

Thus far, VA has identified 1,739 Project SHAD veterans having VA claim numbers. Social security numbers were associated with 1,419 of the 1,739 names and that information was provided to the Veterans Health Administration (VHA).

On May 21, 2002, VA mailed letters to 622 veterans who participated in the initial three Project SHAD tests declassified by DoD (i.e., Autumn Gold, Copper Head, and Shady Grove) for whom social security numbers and addresses had been obtained. The letter informed the veterans of potentially hazardous exposures during military service and encouraged them to seek an evaluation at a local VA medical center, if they had any concerns.

Review of health care data shows that of the 622 SHAD veterans, 226 have received health care from VA for a very wide array of common diagnoses. Preliminary data shows that the most frequent infectious disease diagnosis was dermatophytosis, a fungal infection of the skin like athlete's foot. The most frequent neurological diagnoses were disorders of refraction (needing eye glasses) and deafness.

Using BIRLS and C&P Master Record file data, VA identified 299 veterans who were SHAD participants having at least one service-connected disability. There were many similarities between the disabilities of the 299 SHAD participant veterans and the total service-connected veteran beneficiary population. For both SHAD participants and the total service-connected veteran beneficiary population, the majority of the disabilities were associated with the following four body systems: musculoskeletal system, skin, impairments of auditory acuity, and the digestive system. The most common disabilities were defective hearing, scars, and generalized skeletal conditions.

In order to determine whether SHAD veterans are experiencing particular health problems due to prior exposures during military service, a formal epidemiological study will have to be conducted. To answer this question, the Secretary requested the Institute of Medicine (IOM), Medical Follow-Up Agency, to develop a formal proposal which is expected by the end of August 2002.

VA treatment data in this report is preliminary and based on the initial 622 veterans identified with social security numbers. VA will submit a more extensive assessment of treatment and diagnoses based upon existing computer records.

BACKGROUND

On July 10, 2002, Senator Specter, Ranking Member, Senate Veterans' Affairs Committee, requested a report back to the Committee within 30 days about what VA has found out regarding the ailments of Project SHAD veterans. The information requested was for the ailments of Project SHAD veterans who have been treated in VA health care facilities and the medical conditions of Project SHAD veterans who have submitted compensation claims.

Project SHAD was part of the joint service chemical and biological warfare test program conducted by DoD during the 1960s. Project SHAD encompassed tests designed to identify US warships' vulnerabilities to attacks with chemical or biological warfare agents and to develop procedures to respond to such attacks while maintaining a war-fighting capability. Although classified, DoD is in the process of declassifying relevant medical information.

At this time, the exact number of Project SHAD tests actually conducted is unknown. As of July 5, 2002, DoD has provided VA with declassified information relat-

ing to twelve tests. In addition, DoD has provided VA with test names and participant information for two tests not yet declassified. Approximately 4,684 participants were involved in the fourteen tests known as:

- Autumn Gold
- Big Tom
- Copper Head
- DTC Test 68–50
- DTC Test 69–32
- Eager Belle I
- Eager Belle II
- Fearless Johnny
- Flower Drum I
- Flower Drum II
- Half Note
- Purple Sage
- Scarlet Sage
- Shady Grove

Some veterans participated in more than one test. Based on current information, approximately 2,938 unique service members participated in these fourteen tests.

IDENTIFICATION OF VETERANS WHO RECEIVED HEALTH CARE TREATMENT AND FILED COMPENSATION CLAIMS

VA used the names and service numbers of SHAD participants provided by DoD to identify veterans who have been treated in VA health care facilities and/or filed compensation claims. That data was matched against information available in VA's Beneficiary Identification and Records Locator Subsystem (BIRLS). The Veterans Benefits Administration (VBA) matched 1,739 records identified with VA claim numbers against the June 2002 Compensation & Pension Master Record and May 2002 BIRLS inactive compensation/pension data and extracted information about SHAD veterans who have filed compensation claims. Of the 1,739 records, we were able to associate social security numbers with 1,419 names and provide that information to VHA to match against their databases for health care utilization.

REPORT FINDINGS

The benefits portion of this report is based on analysis of data extracted electronically from BIRLS and the C&P Master Record file for those veterans identified, to date, who have filed claims. For health care, the report reflects preliminary data. DoD continues to search and declassify documents associated with Project SHAD. As additional test information and participant names are made available to VA, we will continue to analyze both VBA and VHA data and update our findings.

I. Project SHAD Veterans Who Have Been Treated in VA Health Care Facilities

VA HEALTH DATABASES

VA is engaged in a complex process to augment its medical record system and to connect computerized health databases into a coherent network. Because of progress in integrating VA's computerized health databases, VHA can now track health care utilization by special groups of veterans such as the veterans who participated in Project SHAD.

In this regard, VA is developing the Health Data Repository (HDR) to provide the support for a full electronic patient medical record. VHA will use a combination of the existing VistA system and a commercial clinical repository product to record all patient data, thereby creating a "longitudinal" record covering all care received from VA. In addition, the HDR will provide the means to electronically receive data from other health care entities, such as DoD, private health care, and any reference facility (such as specialty laboratories).

For evaluating the health of Project SHAD veterans who come to VA for health care, the use of these standard health care databases provide several important advantages over clinical "registries," which have been used in the past to evaluate particular cohorts of veterans, such as Vietnam and Gulf War veterans. The use of VA's health databases allows VA to evaluate the health of veterans every time they obtain care in the VA, not just on the one occasion that they elect to have a registry examination. This will provide a much broader and longer-term assessment of the health status of these veterans because many veterans return frequently for VA health care, and because veterans are often seen in different clinics or even different parts of the country for specialized health care.

STATUS OF SHAD VETERANS SEEN BY VA

On May 21, 2002, VA mailed letters to 622 veterans who participated in the initial three tests declassified by DoD (i.e., Autumn Gold, Copper Head, and Shady Grove) for whom social security numbers and addresses had been obtained. The letter informed the veterans of potentially hazardous exposures during military service and encouraged them to seek an evaluation at a local VA medical center, if they had any concerns.

VA's health databases were used to assess SHAD veterans who received VA health care, including how many had newly enrolled in the VA health care system, what percentage had previously obtained care within the VA, and the general types of diagnoses that SHAD veterans received at VA medical centers, with the following results:

- Between May 1 and July 24, 2002, eleven or 1.8 percent of the 622 veterans who had been mailed letters, enrolled for VA health care for the first time.
- The letter VA sent to SHAD veterans may have had an impact on the number of veterans seeking VA health care. On average, 15 of these 622 veterans were seen at a VA health care facility each month from October 2001 to May 2002. A larger number (48) of these SHAD veterans were seen at VA health care facilities in June 2002, the month after the notification letters were mailed.
- Of the 622 SHAD veterans, 226 have received health care from VA at some time in the past and with a very wide array of common diagnoses. This is to be expected in a cohort of veterans who are 50 years of age and older. The most frequent infectious disease diagnosis was dermatophytosis, which is a fungal infection of the skin like athlete's foot. The most frequent neurological diagnoses were disorders of refraction (needing eye glasses) and deafness, which also are common diagnoses among aging veteran populations.
- It is not possible to determine whether any particular diagnoses is occurring at higher rates than normal because this is a highly select group of veterans who have sought health care in the VA system.
- The number of SHAD veterans being evaluated by the VA is too small to assess individual diseases.

VA HEALTH CARE UTILIZATION AMONG SHAD PARTICIPANT VETERANS

In fiscal year 2002, 102 of the 622 SHAD veterans who had been mailed letters were obtaining health care in the VA system. This is a 16 percent rate of health care utilization, which is comparable to the 15 percent rate of VA health care utilization by the entire U.S. military veteran population in FY 2002.

The social security numbers of 797 additional veterans who participated in subsequent declassified tests have been obtained. None of these 797 veterans were included in the original group of 622 SHAD veterans contacted by mail in May 2002. The addresses of veterans associated with this new group have been obtained and, in the near future, VA will notify them of potential exposures.

Within the constraints of this report, the only health information that VA has been able to assess for the more recently identified 797 veterans is their VA health care utilization. Among these veterans, 124 (16 percent) received health care from the VA during the current fiscal year. This is similar to other groups of U.S. veterans.

INITIAL CONCLUSIONS REGARDING UTILIZATION OF VA HEALTH CARE

To date, the 622 Project SHAD veterans have not demonstrated higher utilization of VA health care services compared to other veterans. However, Project SHAD veterans directly notified by mail of potentially hazardous exposures appear to have been prompted to seek health care from the VA. Eleven new veterans who sought health care from the VA for the first time may have done so because of the notification letters.

EPIDEMIOLOGICAL STUDY TO EVALUATE SHAD VETERAN HEALTH STATUS

In order to determine whether SHAD veterans are experiencing particular health problems due to prior exposures during military service, a formal epidemiological study will have to be conducted. Neither VA health care databases nor a clinical registry can assess rates of disease or possible causes because veterans receiving care in the VA do not constitute a representative sample for research purposes. As an example, evaluation of over 100,000 Gulf War veterans in VA and DoD clinical registries has not answered scientific questions about the health of this population. Both veterans receiving care from the VA and veterans receiving health care from other providers have to be sampled in order to conduct a valid scientific study and determine the nature and causes of their health problems.

The Institute of Medicine (IOM), Medical Follow-Up Agency, has developed a proposal to conduct this independent, epidemiological study, and this proposal is currently undergoing internal review by the IOM. The VA expects to receive the formal proposal in August 2002.

FURTHER USE OF EXISTING VHA DATABASES

While this will not be a substitute for the well designed epidemiological study described above, further information on medical conditions of SHAD veterans is available with some limitations. Medical conditions are not stable over time. Some improve while others get worse. Some are cured while others become chronic. This complicates any analysis of health status over time. Databases are maintained by fiscal year and not all patients are seen every year. The two automated databases containing diagnostic information are the patient treatment file (PTF), which covers inpatient hospitalization from FY 1970, and the outpatient file (OPC), which contains diagnostic data beginning in FY 1997. These data files are extremely large but an analysis of the medical diagnoses of the SHAD veterans identified with social security numbers as of July 2002 has begun and will be made available as soon as possible. VA will submit a more extensive assessment of treatment and diagnoses based upon existing computer records.

II. Project Shad Veterans Who Have Submitted Compensation Claims

VETERANS WITH AT LEAST ONE SERVICE-CONNECTED DISABILITY

As of June 2002, of the 1,739 veterans for whom VA claim numbers were matched, VA identified 299 veterans who were SHAD participants having at least one service-connected disability. This group included:

- Those veterans receiving compensation (159),
- Those evaluated at less than 10 percent for service-connected disabilities (74),
- Those who had at least one service-connected disability evaluated at 10 percent or more, but with inactive records¹ (61), and
- Those with service-connected disabilities, but receiving disability pension (5).²

VETERANS WHO FILED FOR BENEFITS WHO DID NOT HAVE A SERVICE-CONNECTED DISABILITY

Of the 1,739 veterans for whom VA claim numbers were matched, 78 veterans did not have a service connected disability.

- Sixty-six veterans had all non service-connected disabilities.
- Twelve veterans were receiving disability pension and had no service-connected disabilities.

COMBINED SERVICE-CONNECTED EVALUATION

The following chart shows the distribution based on the combined service-connected evaluation for the 299 service-connected veterans. The largest number (76 or 25.4 percent) of the veterans had a combined service-connected evaluation of 0 percent followed closely by 23.4 percent with a 10 percent evaluation.

Number of Veterans With Combined Service-Connected Evaluation

Combined Evaluation	Number of Veterans	Percent of Total
0%	76	25.4%
10%	70	23.4%
20%	33	11.0%
30%	25	8.4%
40%	21	7.0%
50%	13	4.3%
60%	18	6.0%
70%	8	2.7%
80%	5	1.7%
90%	3	1.0%
100%	27	9.0%
Total	299	100.0%

¹ In 55 (90%) of these cases, the veteran is deceased.

² Two veterans receiving pension had service-connected disabilities evaluated at 0% and three had service-connected disabilities evaluated at 10%.

SERVICE-CONNECTED DISABILITIES

The 299 veterans had 724 individual service-connected disabilities. The following chart shows the number of disabilities for each veteran. For example, 84 veterans had two service-connected disabilities; 11 veterans had five service-connected disabilities. On average, each had 2.4 service-connected disabilities.

Number of Service-Connected Disabilities
[Per Veteran]

Number of Service-Connected Disabilities	Number of Veterans	Number of Disabilities
1	108	108
2	84	168
3	43	129
4	27	108
5	11	55
6	26	156
Total	299	724

SERVICE-CONNECTED DISABILITIES BY BODY SYSTEM

The 724 service-connected disabilities were associated with 14 of the 15 rating schedule body systems. The following chart shows the number of service-connected disabilities associated with each and the percentage of total. None of the disabilities were gynecological.

Number of Service-Connected Disabilities Associated With Each Body Systems

Body System	Number of Disabilities	Percent of Total
Grand Total—All SC Conditions (Codes 5000–9999)	724	100.0%
Musculoskeletal System (Codes 5000–5399)	225	31.1%
Digestive System (Codes 7200–7399)	102	14.1%
Impairment of Auditory Acuity (Codes 6100–6299)	97	13.4%
Skin (Codes 7800–7899)	76	10.5%
Cardiovascular System (Codes 7000–7199)	61	8.4%
Respiratory System (Codes 6501–6899)	44	6.1%
Neurological Conditions (Codes 8000–8999)	26	3.6%
Genitourinary System (Codes 7500–7599)	25	3.5%
Mental Disorders (Codes 9200–9599)	25	3.5%
Endocrine System (Codes 7900–7999)	17	2.3%
Eye (Codes 6000–6099)	14	1.9%
Infectious Diseases, Immune Disorders, Nutritional Disorder (Codes 6300–6399)	5	0.7%
Dental and Oral Conditions (Codes 9900–9999)	5	0.7%
Hemic & Lymphatic Systems (Codes 7700–7799)	2	0.3%
Gynecological Conditions (Codes 7601–7699)	0	0.0%

NON SERVICE-CONNECTED DISABILITIES BY BODY SYSTEM

This group of 299 veterans also had 257 disabilities determined to be non service-connected. The non service-connected disabilities were associated with 13 of the 15 rating schedule body systems. The following chart shows the number of non service-connected disabilities associated with each body system and the percentage of total. None of the disabilities were gynecological or dental/oral conditions.

Number of Non Service-Connected Disabilities Associated With Each Body system

Body System	Number of Disabilities	Percent of Total
Grand Total—All NSC Conditions (Codes 5000–9999)	257	100.0%
Musculoskeletal System (Codes 5000–5399)	62	24.1%
Impairment of Auditory Acuity (Codes 6100–6299)	28	10.9%
Cardiovascular System (Codes 7000–7199)	26	10.1%
Mental Disorders (Codes 9200–9599)	25	9.7%

Number of Non Service-Connected Disabilities Associated With Each Body system—Continued

Body System	Number of Disabilities	Percent of Total
Digestive System (Codes 7200–7399)	23	8.9%
Skin (Codes 7800–7899)	21	8.2%
Respiratory System (Codes 6501–6899)	19	7.4%
Neurological Conditions (Codes 8000–8999)	15	5.8%
Endocrine System (Codes 7900–7999)	14	5.4%
Eye (Codes 6000–6099)	12	4.7%
Genitourinary System (Codes 7500–7599)	9	3.5%
Hemic & Lymphatic Systems (Codes 7700–7799)	2	0.8%
Infectious Diseases, Immune Disorders, Nutritional Disorder (Codes 6300–6399)	1	0.4%
Gynecological Conditions (Codes 7601–7699)	0	0.0%
Dental and Oral Conditions (Codes 9900–9999)	0	0.0%

MOST COMMON SERVICE-CONNECTED DISABILITIES

The following chart shows the 15 most common service-connected disabilities, their associated diagnostic codes, frequency, and the percent of total. For example, 64 or 8.8 percent of the 724 service-connected disabilities were for defective hearing/hearing loss.

Most Common Service-Connected Disabilities

Service Connected Disabilities	Diagnostic Codes	Frequency	Percent of Total
Total Disabilities	5000–9999	724	100.0%
Defective hearing/Hearing Loss	6100–6101– 6102–6282– 6288–6289– 6292–6293– 6296–6297	64	8.8%
Scars	7800–7801– 7802–7604– 7805	47	6.5%
Generalized, Skeletal condition	5299	41	5.7%
Hemorrhoids, external or internal	7336	28	3.9%
Intervertebral disc syndrome	5293	26	3.6%
Tinnitus	6260	26	3.6%
Hypertensive vascular disease (essential arterial hypertension)	7101	23	3.2%
Hernia, inguinal	7338	20	2.8%
Lumbo-sacral strain	5295	17	2.3%
Arteriosclerotic Heart Disease	7005	16	2.2%
Duodenal ulcer	7305	16	2.2%
Arthritis, Degenerative, Hypertrophic or Osteoarthritis	5003	14	1.9%
Diabetes Mellitus	7913	14	1.9%
Arthritis, Due to Trauma, substantiated by x-ray findings	5010	13	1.8%
Other impairment of knee	5257	11	1.5%
Fifteen disabilities accounted for 51.9% of total disabilities		376	51.9%

MOST COMMON DISABILITIES (SERVICE-CONNECTED AND NON SERVICE-CONNECTED)

This group of 299 veterans had a total of 981 disabilities (both service-connected and non service-connected). The following chart shows the 15 most common disabilities, their associated diagnostic codes, frequency, and the percent of total. For example, 83 or 8.5 percent of the 981 disabilities were for defective hearing/hearing loss.

Most Common Disabilities

Most Common Disabilities	Diagnostic Codes	Frequency	Percent of Total
Total Disabilities	5000–9999	981	100.0%

Most Common Disabilities—Continued

Most Common Disabilities	Diagnostic Codes	Frequency	Percent of Total
Defective hearing/Hearing Loss	6100–6101– 6102–6282– 6288–6289– 6292–6293– 6296–6297	83	8.5%
Scars	7800–7801– 7802–7804– 7805	51	5.2%
Generalized, Skeletal condition	5299	50	5.1%
Hypertensive vascular disease (essential arterial hypertension)	7101	34	3.5%
Tinnitus	6260	33	3.3%
Intervertebral disc syndrome	5293	32	3.3%
Hemorrhoids, external or internal	7336	30	3.1%
Diabetes Mellitus	7913	27	2.8%
Arthritis, Degenerative, Hypertrophic or Osteoarthritis	5003	26	2.7%
Lumbo-sacral strain	5295	26	2.7%
Arteriosclerotic Heart Disease	7005	23	2.3%
Hernia, inguinal	7338	23	2.3%
Generalized, The Skin	7899	21	2.1%
Arthritis, Due to Trauma, substantiated by x-ray findings	5010	17	1.7%
Duodenal ulcer	7305	17	1.7%
Fifteen disabilities accounted for 50.2% of total disabilities		493	50.3%

Appendix A lists in descending order of frequency the 981 disabilities associated with the 299 veterans.

DISABILITY EVALUATIONS WITHIN BODY SYSTEM

The following chart shows the distribution of 724 service-connected disabilities based on assigned evaluation and percentage of total for each of the eleven levels (i.e., 0 percent–100 percent). For example, 93 musculoskeletal disabilities are evaluated at 0 percent and 17 disabilities associated with skin are evaluated at 10 percent. Forty-eight percent of the total disabilities are evaluated at 0 percent and 25.1 percent of the disabilities are evaluated at 10 percent.

Number of Disabilities Based on Individual Evaluation

Body System	Number of Disabilities	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Musculoskeletal System (Codes 5000-5399)	225	93	68	30	9	12	1	9				3
Eye (Codes 6000-6099)	14	8	2		2							2
Impairment of Auditory Acuity (Codes 6100-6299)	97	55	35	5		1	1					
Infectious Diseases, Immune Disorders, Nutritional Disorder (Codes 6300-6399)	5	3			1			1				
Respiratory System (Codes 6501-6899)	44	21	8		6		1	4				4
Cardiovascular System (Codes 7000-7199)	61	8	17	6	8	1	1	11		1		8
Digestive System (Codes 7200-7399)	102	80	12	4	5					1		
Genitourinary System (Codes 7500-7599)	25	14	3	1	1			2		1		
Gynecological Conditions (Codes 7601-7699)	0									1		3
Hemic & Lymphatic Systems (Codes 7700-7799)	2				2							
Skin (Codes 7800-7899)	76	55	17		3		1					
Endocrine System (Codes 7900-7999)	17	3	1	11		1		1				
Neurological Conditions (Codes 8000-8999)	26	3	11	3	1	2		1				5
Mental Disorders (Codes 9200-9599)	25	2	7		5		4					7
Dental and Oral Conditions (Codes 9800-9999)	5	4	1									
Grand Total (Codes 5000-9999)	724	349	182	60	43	17	9	29	0	3	0	32
Percent of Total	100.0%	48.2%	25.1%	8.3%	5.9%	2.3%	1.2%	4.0%	0.0%	0.4%	0.0%	4.4%

SHAD COMPENSATION CLAIMS PENDING

As of August 1, 2002, there were compensation claims pending decisions for 28 veterans alleging disabilities due to exposure to agents and substances while participating in Project SHAD. Sixteen of these claims were received subsequent to the May 21, 2002, letter VA mailed to veterans informing them of potentially hazardous exposures during military service. Only seven of the 16 claims are from veterans who actually received the letter. The claims are for service connection for a wide array of disabilities.

CONCLUSIONS REGARDING COMPENSATION CLAIMS

The data obtained from this review was based on a relatively small sample 299 cases where veterans had filed compensation claims. Nothing unique came to light regarding the disabilities of these SHAD participants. There were many similarities between the awards/disabilities of the 299 veterans identified as participants of Project SHAD and the total service-connected veteran beneficiary population.

- *Average Number of Disabilities* On average, the 299 SHAD participants had 2.4 service-connected disabilities compared to 2.57 disabilities³ for the total service-connected beneficiary population.

- *Majority of Service-Connected Disabilities were Associated with Four Body Systems* For both SHAD participants and the total service-connected veteran beneficiary population, the majority of the disabilities were associated with the musculoskeletal system, skin, impairments of auditory acuity, and the digestive system. Sixty-nine percent of the disabilities for SHAD participants were associated with these four body systems compared to 68.9 percent⁴ for the total service-connected beneficiary population.

Body System	Percent of Disabilities SHAD Participants	Percent of Disabilities Total Service-Connected Beneficiary Population*
Musculoskeletal	31.1%	40.4%
Digestive	14.1%	7.3%
Impairment of Auditory Acuity	13.4%	8.9%
Skin	10.5%	12.3%

*VBA Annual Benefits Report, Fiscal Year 2001, dated May 2002, Table 7 Chap. 3.

- *Majority of Individual Service-Connected Disabilities Evaluated at 0 percent and 10 percent* For both SHAD participants and the total service-connected veteran beneficiary population, the majority of the disabilities were evaluated at 0 percent and 10 percent. That is, 73.3 percent of the disabilities for SHAD participants compared to 72.9 percent⁵ for the total service-connected beneficiary population.

Evaluation Assigned Individual Disabilities	Percent for SHAD Participants	Percent for Total Service-Connected Beneficiary Population
0% Evaluation	48.2%	35.0%
10% Evaluation	25.1%	37.9%

- *Common Disabilities* For both SHAD participants and the total service-connected veteran beneficiary population,⁶ the following disabilities were among the most common:

- Arthritis due to trauma
- Defective hearing/Hearing loss
- Degenerative Arthritis
- Diabetes Mellitus
- Duodenal ulcer
- Hemorrhoids
- Hypertensive vascular disease

³ VBA Annual Benefits Report, Fiscal Year 2001, dated May 2002, Table 6 Chap. 3.

⁴ VBA Annual Benefits Report, Fiscal Year 2001, dated May 2002, Table 7 Chap. 3.

⁵ VBA Annual Benefits Report, Fiscal Year 2001, dated May 2002, Table 8 Chap. 3.

⁶ VBA Annual Benefits Report, Fiscal Year 2001, dated May 2002, Table 10 Chap. 3.

Intervertebral disc syndrome
 Knee impairments
 Lumbo-sacral strain
 Scars
 Skeletal conditions
 Tinnitus

APPENDIX A.—FREQUENCY OF DISABILITIES ASSOCIATED WITH 299 COMPENSATION CLAIMS

Frequency	Diagnostic Codes	Description of Disability
83	6100-6101-6102-6282-6288-6289-6292-6293-6296-6297.	Defective hearing/Hearing Loss
51	7800-7801-7802-7804-7805 ..	Scars
50	5299	Generalized, Skeletal condition
34	7101	Hypertensive vascular disease (essential arterial hypertension)
33	6260	Tinnitus
32	5293	Intervertebral disc syndrome
30	7336	Hemorrhoids, external or internal
27	7913	Diabetes Mellitus
26	5003	Arthritis, Degenerative, Hypertrophic or Osteoarthritis
26	5295	Lumbo-sacral strain
23	7005	Arteriosclerotic Heart Disease
23	7338	Hernia, inguinal
21	7899	Generalized, The Skin
17	5010	Arthritis, Due to Trauma, substantiated by x-ray findings
17	7305	Duodenal ulcer
14	5257	Other impairment of knee
11	9411	Post-Traumatic Stress Disorder
10	6600	Bronchitis, chronic
10	7399	Generalized, Digestive System
9	5002	Arthritis, Rheumatoid (Atrophic), as an active process
9	7527	Prostate gland injuries, infections, hypertrophy, post-operative residuals
9	7819	New growths, benign, skin
8	7346	Hernia, hiatal
8	7599	Generalized, Genitourinary System
7	5099	Generalized, Acute, Subacute, or Chronic Diseases of the Musculoskeletal System
7	5290	Limitation of motion of cervical spine
7	6899	Generalized, Nontuberculous Diseases
6	5203	Impairment of clavicle or scapula
6	5271	Limited motion of the ankle
6	6099	Generalized, Disease of the Eye, Impairment of Central Visual Acuity, Impairment of Field of Vision, Impairment of Muscle Function (eyes)
6	6599	Generalized, Disease of the Nose and Throat
6	7017	Coronary Artery Bypass Surgery
6	9405	Dysthymic disorder; Adjustment disorder with depressed mood, Major depression without melancholia
5	6034	Pterygium
5	6603	Emphysema, pulmonary
5	7099	Generalized, Diseases of the Heart
5	7806	Eczema
5	7813	Dermatophytosis
5	7816	Psoriasis
5	8018	Multiple sclerosis
5	8099	Generalized, Organic Diseases of the Central Nervous System
5	9400	Generalized anxiety disorder
4	5015	Bones, New Growths of, Benign
4	5017	Gout
4	5020	Synovitis
4	5227	Ankylosis of any other finger
4	5285	Vertebra, fracture of, residuals
4	6079	Defective visual acuity
4	6510	Sinusitis, paranasal, chronic
4	6602	Asthma, bronchial

Fre- quency	Diagnostic Codes	Description of Disability
4	6819	New growths, malignant, any specified part of the respiratory system exclusive of skin growths
4	7007	Hypertensive heart disease
4	7116	Claudication, intermittent
4	7120	Varicose Veins
4	7318	Gall bladder, removal of
4	7341	Stomach wound
4	7528	Malignant neoplasms of the genitourinary system
4	8008	Brain, vessels, thrombosis of
4	8045	Brain disease due to trauma
4	8515	Paralysis of the median nerve
4	8599	Generalized, Diseases of the Peripheral Nerves (Paralysis)
4	9203	Schizophrenia, Paranoid type
4	9499	Generalized, Anxiety Disorders, Dissociative Disorders, Somatoform Disorders, Mood Disorders
4	9999	Generalized, Dental and Oral Conditions
3	5165	Amputation of Leg at a lower level permitting prosthesis
3	5201	Limitation of motion of arm
3	5211	Impairment of Ulna
3	5215	Limitation of motion of the wrist
3	5262	Tibia and fibula, impairment of
3	5276	Flatfoot, acquired
3	5292	Limitation of motion of lumbar spine
3	5309	Group IX Intrinsic muscles of hand
3	6018	Conjunctivitis, other, chronic
3	6200	Otitis media, suppurative, chronic
3	6731	Tuberculosis, pulmonary, chronic, inactive
3	6799	Generalized, Diseases of the Lungs and Pleura Tuberculosis
3	7299	Generalized, Digestive System
3	7307	Gastritis, hypertrophic
3	7308	Postgastrectomy syndromes
3	7339	Hernia, ventral, postoperative
3	7344	New growths, benign, any part of digestive system, exclusive of skin growths
3	9399	Generalized, Delirium, Dementia, and Amnesic and Other Cognitive Disorders
2	5019	Bursitis
2	5209	Elbow, other impairment of Flail joint
2	5212	Impairment of radius
2	5224	Ankylosis of thumb
2	5225	Ankylosis of Index Finger
2	5253	Thigh, Impairment of
2	5279	Metatarsalgia, anterior (Morton's disease)
2	5294	Sacro-iliac injury and weakness
2	5296	Skull, loss of part of, both inner and outer tables
2	5314	Group XIV Anterior thigh group
2	5319	Group XIX Muscles of abdominal wall
2	5399	Generalized, Shoulder and Girdle Muscles, the Forearm and Hand, the Foot and Leg, the Pelvic Girdle and Thigh, the Torso and Neck
2	6029	Aphakia
2	6210	Auditory canal, disease of
2	6211	Tympanic membrane, perforation of
2	6299	Generalized, Diseases of the Ear
2	6310	Syphilis, unspecified
2	6399	Generalized, Infectious Diseases, Immune Disorder and Nutritional Deficiencies
2	6513	Sinusitis, maxillary, chronic
2	6699	Generalized, Diseases of the Trachea and Bronchi
2	6723	Tuberculosis, pulmonary, chronic, minimal, inactive
2	6833	Asbestosis
2	7199	Generalized, Diseases of the Arteries and Veins
2	7312	Liver, cirrhosis
2	7323	Ulcerative colitis
2	7345	Hepatitis, infectious
2	7504	Pyelonephritis, chronic
2	7508	Nephrolithiasis
2	7512	Cystitis, chronic, includes interstitial and all etiologies, infectious and non-infectious

Fre- quency	Diagnostic Codes	Description of Disability
2	7706	Splenectomy
2	7799	Generalized, Hemic and Lymphatic Systems
2	7999	Generalized, The Endocrine System
2	8100	Migraine
2	8512	Paralysis of lower radicular group
2	8520	Paralysis of sciatic nerve
2	8621	Neuritis of external popliteal nerve (common peroneal)
2	9304	Dementia associated with brain trauma
2	9410	Other and unspecified neurosis
2	9413	Anxiety disorder, not otherwise specified
1	5012	Bones, New Growths of, Malignant
1	5013	Osteoporosis, with Joint Manifestations
1	5021	Myositis
1	5022	Periostitis
1	5024	Tenosynovitis
1	5055	Knee Replacement (Prosthesis)
1	5110	Loss of use of both feet
1	5111	Loss of use of one hand and one foot
1	5154	Amputation of middle finger
1	5155	Amputation of ring finger
1	5199	Generalized, Combinations of Disabilities and Amputations of the Musculo- skeletal System
1	5202	Other Impairment of Humerus
1	5219	Two digits of one hand, unfavorable ankylosis of
1	5222	Three digits of one hand, favorable ankylosis of
1	5223	Two digits of one hand, favorable ankylosis of
1	5255	Femur, Impairment of
1	5270	Ankle, ankylosis of
1	5278	Claw foot (pes cavus), acquired
1	5284	Other foot injuries
1	6007	Hemorrhage, intra-ocular, recent
1	6013	Glaucoma, simple, primary, non-congestive
1	6019	Ptosis, unilateral or bilateral
1	6026	Neuritis, optic
1	6062	Blindness both eyes having only light perception
1	6080	Impairment of Field vision
1	6304	Malaria
1	6311	Tuberculosis, military
1	6501	Rhinitis, atrophic, chronic
1	6502	Septum, nasal, deflection of
1	6519	Aphonia, organic
1	6604	Chronic obstructive pulmonary disease
1	6802	Pneumoconiosis, unspecified
1	6820	New growths of, benign, any specified part of respiratory system
1	6821	Coccidioidomycosis
1	6825	Diffuse interstitial fibrosis (interstitial pneumonitis, fibrosing alveolitis)
1	6847	Sleep Apnea Syndromes (Obstructive, Central, Mixed)
1	7003	Adhesions, Pericardial
1	7006	Myocardium, infarction of, due to thrombosis or embolism
1	7015	Auriculoventricular Block
1	7100	Arteriosclerosis, general
1	7118	Angioneurotic edema
1	7304	Gastric ulcer
1	7315	Cholelithiasis, chronic
1	7325	Enteritis, chronic
1	7326	Enterocolitis, chronic
1	7327	Diverticulitis
1	7332	Rectum and anus, impairment of sphincter control
1	7335	Ano, Fistula in
1	7343	New growths, malignant, exclusive of skin growths
1	7502	Nephritis, chronic
1	7507	Nephrosclerosis, arteriolar
1	7509	Hydronephrosis
1	7518	Urethra, stricture of
1	7522	Penis, deformity, with loss of erectile power

Fre- quency	Diagnostic Codes	Description of Disability
1	7523	Testis, atrophy complete
1	7524	Testis, removal
1	7815	Pemphigus
1	7903	Hypothyroidism
1	7914	New growths, malignant, endocrine system
1	8004	Paralysis Agitans
1	8108	Narcolepsy
1	8199	Generalized, Miscellaneous Diseases of the Central Nervouse System
1	8207	Seventh (Facial) cranial nerve, paralysis of
1	8516	Paralysis of the ulnar nerve
1	8910	Epilepsy, grand mal
1	8999	Generalized, The Epilepsies
1	9204	Schizophrenia, Undifferentiated type
1	9205	Schizophrenia, Residual type; Schizoffective disorder, other and unspecified types
1	9206	Bipolar disorder, manic, depressed or mixed
1	9303	Dementia associated with alcoholism
1	9310	Dementia due to unknown cause
1	9326	Dementia due to other neurologic or general medical conditions (endocrine disorders, metabolic disorders, Pick's disease, brain tumors, etc.) or that are substance-induced (drugs, alcohol, poisons)
1	9403	Phobic disorder
1	9404	Obsessive compulsive disorder
1	9432	Bipolar disorder
1	9434	Major depressive disorder
1	9502	Psychological factors affecting gastrointestinal condition
1	9904	Mandible, malunion of
981	5000-9999	Total Service-Connected & Non Service-Connected Disabilities