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TO VA.

[REDACTED]

March 13, 2001

[REDACTED]

RE: [REDACTED]

MR# [REDACTED]

Date of Birth: 07/17/[REDACTED]

[REDACTED]

TO The Department of Veteran Affairs:

Mr. [REDACTED] has requested again that I provide a letter to you, clarifying some points in my previous letter of February 9, 2000. I examined Mr. [REDACTED] in the toxicology clinic at [REDACTED], [REDACTED], on January 2, 2000. He was referred to me by the otolaryngologist who treated his cancer of the hard palate for a toxicological evaluation with regard to causation. This tumor was a adenocystic carcinoma of the right hard pallet. [REDACTED] was exposed to trichloroethylene, dichloroethylene, and tetrachloroethylene from 1984 to 1987. During these years, the drinking water that he and his family consumed while living at Camp Lejeune Base Housing was contaminated with these chemicals. The information on the drinking water contamination was contained in the document "Public Health Assessment, US Marine Corps Camp Lejeune Military Reservations, Cerclis No. NC 6170022580 prepared by the Agency for Toxic Substances and Diseases Registry

According to the United States Environmental Protection Agency's IRIS (integrated risk information system) data base, the current state of knowledge concerning the chemicals to which [REDACTED] and his family were exposed is:

Dichloroethylene is known to cause cancer in mice and rats when consumed in their drinking water. It is listed as a probable human carcinogen by the United States Environmental Protection Agency. Trichloroethylene cancer risk assessment has been withdrawn pending further review. A new risk assessment document is being prepared. Tetrachloroethylene has no carcinogenicity risk assessment available at this time that would allow a quantitative risk assessment. The qualitative risk assessment, in my opinion, is that persons who drink water contaminate with these solvents are at risk for development of cancer.

In the absence of any other know exposures that could cause his cancer, it is my opinion that [REDACTED] suffered changes in the tissues of his hard palate from drinking contaminated drinking water containing cancer causing chemicals. It is my opinion that these changes occurred while employed in the service of his country at Camp Lejeune. It is my opinion that these changes were microscopic and occurred at the molecular level.

SEE ATTACHED page # 11



**BOARD OF VETERANS' APPEALS**  
DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON, DC 20420

IN THE APPEAL OF

[REDACTED]

[REDACTED]

DOCKET NO. [REDACTED]

DATE

JUN 26 2002

On appeal from the  
Department of Veterans Affairs Regional Office in Winston-Salem, North Carolina

**THE ISSUE**

Whether new and material evidence has been submitted to reopen a claim for entitlement to service connection for cancer of the hard palate.

**REPRESENTATION**

Appellant represented by: Disabled American Veterans

**WITNESSES AT HEARING ON APPEAL**

The veteran and his spouse

**ATTORNEY FOR THE BOARD**

J. L. Prichard, Counsel

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# Rating Decision

Department of Veterans Affairs  
Winston-Salem Regional Office

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01/28/2002

NAME OF VETERAN

VA FILE NUMBER

SOCIAL SECURITY NR

POA

Disabled American Veterans

10. Service connection for loss of hard palate due to cancer is granted with an evaluation of 20 percent effective November 4, 1998.

## REASONS AND BASES:

1. Service connection for residuals of cancer of the hard palate, partial loss of tongue with inability to speak has been established as directly related to military service. This condition is evaluated as 100 percent disabling from November 4, 1998. An evaluation of 100 percent is assigned when there is inability to communicate by speech.

BVA decision dated 06-26-02 granted service connection for cancer of the hard palate. The effective date is date of reopened claim, 11-04-98. As your radiation therapy was completed in 1994, prior to date of reopened claim, this rating is based on current residuals.

In 1993, you were found to have adenocystic carcinoma of the right hard palate which caused you to have extreme debility of speaking, mastication, swallowing and severe partial loss of taste. You have to eat soft foods and require the use of Ensure. You have extreme difficulty communicating with others because of your speech impairment.

On examination, one third to one half of your tongue was missing. There was marked atrophy on that side of the tongue. Because of this large hole in your palate and the difficulty in opening your mouth, your speech was extremely muffled and very difficult to understand, so you had marked difficulty in communicating. You were unable to whisper or raise your voice.

2. Entitlement to special monthly compensation is warranted in this case because criteria regarding loss of use of tongue have been met.

See write up in #1.

3. Service connection for residuals of cancer of the hard palate, loss of teeth has been established as directly related to military service. This condition is evaluated as 40 percent disabling from November 4, 1998. An evaluation of 40 percent is assigned for loss of all teeth where the lost masticatory surface cannot be restored by suitable prosthesis.

VA examination showed you had complete loss of teeth with no compensation due to treatment for cancer of the hard palate.

4. Service connection for residuals cancer of the hard palate, maxillary sinusitis has been established as directly related to military service. This condition is evaluated as 30 percent disabling from November 4, 1998. An evaluation of 30 percent is assigned whenever there are three or more incapacitating

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<b>Rating Decision</b>	<i>Department of Veterans Affairs</i> <i>Winston-Salem Regional Office</i>	Page 1 10/28/2002	
NAME OF VETERAN [REDACTED]	VA FILE NUMBER [REDACTED]	SOCIAL SECURITY NR [REDACTED]	POA Disabled American Veterans

**ISSUE:**

1. Service connection for residuals of cancer of the hard palate, partial loss of tongue with inability to speak.
2. Entitlement to special monthly compensation based on loss of use of tongue.
3. Service connection for residuals of cancer of the hard palate, loss of teeth.
4. Service connection for residuals cancer of the hard palate, maxillary sinusitis.
5. Service connection for residuals, cancer of hard palate, limited motion of temporamandible joint, right.
6. Service connection for residuals cancer of the hard palate, disfigurement of face.
- \* 7. Entitlement to special monthly compensation based on being housebound.
8. Entitlement to special monthly compensation based on the need for regular aid and attendance or being housebound.
9. Eligibility to Dependents' Educational Assistance under 38 U.S.C. chapter 35.
10. Service connection for loss of hard palate due to cancer.

**EVIDENCE:**

BVA decision dated 06-26-02  
Evidence contained in claims file  
QTC examination dated 09-05-02

**DECISION:**

1. Service connection for residuals of cancer of the hard palate, partial loss of tongue with inability to speak is granted with an evaluation of 100 percent effective November 4, 1998.
2. Entitlement to special monthly compensation based on loss of use of tongue is granted effective November 4, 1998.
3. Service connection for residuals of cancer of the hard palate, loss of teeth is granted with an evaluation of 40 percent effective November 4, 1998.
4. Service connection for residuals cancer of the hard palate, maxillary sinusitis is granted with an evaluation of 30 percent effective November 4, 1998.
5. Service connection for residuals, cancer of hard palate, limited motion of temporamandible joint right is granted with an evaluation of 30 percent effective November 4, 1998.
6. Service connection for residuals cancer of the hard palate, disfigurement of face is granted with an evaluation of 50 percent effective November 4, 1998.
7. Entitlement to special monthly compensation based on being housebound is granted effective November 4, 1998.
8. Entitlement to special monthly compensation based on the need for regular aid and attendance or being housebound is denied.
9. Basic eligibility to Dependents' Educational Assistance is established from November 4, 1998.