

February 12, 2015

Attn: Honorable Nikki R. Haley  
Office of the Governor  
1205 Pendleton Street  
Columbia, South Carolina

Etheridge A. Walker  
PSC 2 Box 9414  
APO AE 09012 Germany (Email Address: Etheridgea@yahoo.com)

Dear Honorable Governor Nikki R. Haley

**On September, 2003,**

I received a notification evaluation decision, rendered regarding my service-connected disability for hypertension. The VA Propose to server my 10% for hypertension because they claim this was an error in my initial evaluation, VA stated we believe that service – connection was granted in error? It took me 10 years to get evaluated for PTSD and Gout and my hearing loss to get my evacuation completed. I'm 66 yrs. and I'm currently retired from the military with 21.5yrs of service 20 yrs of services with Civil Service in which I served in Iraq/ Afghanistan supporting my country. I am a Viet Nam veteran, during my tenure in Viet Nam I was in areas that expose me to Agent Orange, while assigned to 25<sup>th</sup> Infantry Division as a medical Corpsman. There is no particular timeline involved with this type of ailment it could happen for periods of time without any warning. Seriously disagree with the VA medical results pertaining to my hypertension. I have sent documented paperwork signed by a medical doctor indicating I'm taking **20 MG Micardis, every morning and at night before going to bed I have to take Amlodipine which is also a medication for high blood pressure.**

A decision of this medical nature should consider all aspects such as: short term effects, long range effect, and dormant periods of the illness. I am requesting to have my previous decision reviewed; prior to rendering a decision. Also my military occupation during my tenure for 21.5 years was Nuclear Biological Chemical Operation. (NBC), I also received a letter from the state department in which I'm enclosing with my letter to you. I sent VA an appeal letter in which they acknowledge receiving December 2013, each time I inquire about my claim VA always say they are working the issue but I have not received any results from my claim as of February 12, 2015. Governor Haley, I 'm a veteran that keeps up with our state elections and I voted for you, and I would again. I was born and raised in Batesburg South Carolina, I'm proud of where I'm from. I would appreciate any assistance you can you can give me on this matter, I signed up for E-Benefits online for Veterans each day I check my appeal status with no results. I'm also enclosing a copy of my first DD-214, indicating I served in Viet Nam, and a copy of my DD-214, indicating I retired from the military, alone with original letter from VA and a copy of the first letter when VA claim my service connected hypertension was granted in error.

Yours Faithfully and Most-Respectfully



Etheridge A. Walker



**DEPARTMENT OF VETERANS AFFAIRS**

**VA Regional Office  
1722 Eye Street NW  
Washington DC 20421-1111**

ETHERIDGE A WALKER  
ROTHSCHILDALLEE 65  
60389 FRANKFURT  
GERMANY

In Reply Refer To: 372/21  
CSS 251 76 6236  
WALKER, Etheridge A

Dear Mr. Walker:

We propose to sever service-connection for your 10% disabling hypertension. This is because we believe that service-connection was granted in error. This will reduce your combined disability evaluation from 50% to 40%.

This will reduce your award from \$839 to \$610 per month. These amounts may change if there is a cost of living adjustment.

We have enclosed a copy of your Rating Decision for your review. It provides a detailed explanation of our decision, the evidence considered and the reasons for our decision. You can find the decision discussed in the section titled "*Decision*." The evidence we considered is discussed in the section titled "*Evidence*." The reasons for our decision can be found in the portion of the rating titled "*Reasons for Decision*" or "*Reasons and Bases*."

You may submit medical or other evidence to show that we should not make this change. You may submit this evidence in person, through the mail or through your accredited representative. The best type of evidence to submit is a statement from a physician who recently treated or examined you. It should include detailed findings about the condition(s). If we do not receive additional evidence from you within 60 days, we will reduce your evaluation. Reduced payments will begin the first day of the third month following our notice to you of the final decision.

You may contact the nearest U. S. Embassy or Consulate if you have any questions. You may also call us at (202) 530-9122 or FAX us at (202) 530-9096 or Email us at: [washingtondc.query@vba.va.gov](mailto:washingtondc.query@vba.va.gov) or at [forsintmail@vba.va.gov](mailto:forsintmail@vba.va.gov).

CSS 251 76 6236  
Walker, Etheridge A

Personal Hearing. You can request a personal hearing to present evidence or argument on any important point in your claim. We will arrange a time and place for the hearing. You may bring witnesses who have personal knowledge of the circumstances. We will consider their testimony and keep it as part of our permanent records. We will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. We cannot pay for other expenses of the hearing, since we hold a personal hearing only upon a claimant's request.

If we receive your request for a hearing within 30 days we will continue payments at the present rate until the hearing is held and we review the hearing testimony.

Unless we hear from you within 60 days, we will assume you have no additional evidence and do not want a hearing. We will make our decision using the evidence we already have.

Our policy is to assist a person with his or her claim in every reasonable way. We want you to have every benefit that you are entitled to under the law.

Representation. An accredited representative of a veterans organization or other service organization recognized by the Secretary of Veterans Affairs will represent you without charge. An agent or attorney may also represent you. However, an agent or attorney can also charge you for services performed on or after the date of a final decision by the Board of Veterans Appeals (38 U.S.C. 5904(c)).

Tell us if you want someone to represent you and we will send you the necessary forms.

Sincerely yours,

*Douglas L. Bragg*

Douglas L. Bragg  
Acting Veterans Service Center Manager

Enclosure(s): Rating Decision

ggm/265

Etheridge Walker  
306 Olive Branch Tere  
Batesburg SC 29006-2526

March 1, 2001

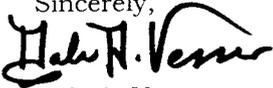
Dear Etheridge Walker:

As the Special Assistant for Gulf War Illnesses, Medical Readiness, and Military Deployments, I am responsible for evaluating potential health impacts of your service during the Gulf War. I am committed to investigating and providing you the most up-to-date and scientifically valid information available. In 1997, I notified you that if you were with your unit between March 10-13, 1991, you may have been exposed to a very low level of chemical agent resulting from the demolition of munitions at Khamisiyah, Iraq. As promised, we have worked hard to improve our knowledge of potential exposure areas and unit locations. As a result of this work, I am contacting Gulf War veterans, like you, whose units were near Khamisiyah at that time.'

Using state of the art computer modeling technology and more accurate unit location data, we have improved our analysis of potential exposures to individuals whose units were near Khamisiyah during the demolition of Iraqi weapons. The most up-to-date models still predict that if you were with your unit at the time of the demolition at Khamisiyah, you may have been exposed to very low levels of chemical agent for a brief period of time (less than 3 days) after the demolition. However, the possible exposure areas are now considered to be generally smaller than those modeled in 1997. Based on current medical evidence and ongoing research, there is no indication that any long-term health effects would be expected from the brief, low-level exposure to chemical agents that may have occurred near Khamisiyah.

I have enclosed a fact sheet that includes our analysis and information obtained since 1997, as well as answers to some frequently asked questions. **If you have additional questions about any of the information that I have provided to you, please call my office at 1-800-497-6261 or visit our website at [www.gulflink.osd.mil](http://www.gulflink.osd.mil).** Your local library may be able to assist you with getting information from our website. If you have specific health concerns, I encourage you to seek medical assistance from the programs established for Gulf War veterans. The Departments of Defense (DoD) and Veterans Affairs (VA) both offer comprehensive medical programs for Gulf War veterans. To schedule an appointment with the DoD program, call 1-800-796-9699; to schedule an appointment with the VA's program, call 1-800-749-8387.

We have a national obligation to protect the health of our veterans. I am committed to ensuring that you have the best information and healthcare we can offer.

Sincerely,  
  
Dale A. Vesser  
Acting Special Assistant

•Enclosure

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This letter was mailed to you at another address on Dec. 5, 2000, but was returned. This is a second attempt to reach you.



**DEPARTMENT OF VETERANS AFFAIRS**

Regional Office  
1000 Liberty Avenue  
Pittsburgh PA 15222

December 23, 2013

ETHERIDGE A WALKER  
PSC 2 BOX 9414  
APO AE 09012

In Reply Refer To: 311/Appeals/MFK  
CSS 251 76 6236  
WALKER, Etheridge A

Dear Mr. Walker:

We received your written disagreement with the Department of Veterans Affairs (VA) decision of November 14, 2013. This letter describes what happens next.

The issue(s) we accepted on appeal is/are: hypertension.

If this is incorrect, and you do not want to appeal these issues, or you want to appeal different issues, you must advise us as soon as possible, but no later than one year after you were notified of our decision.

### **Will VA try to resolve my disagreement?**

This local office of VA will try to resolve your disagreement through the Post-Decision Review Process. As part of this process, you must decide how you would like us to handle your appeal. You may choose to have a Decision Review Officer (DRO) assigned to your case or to follow the traditional appeal process.

### **How does the Decision Review Officer Process work?**

**Complete review:** The DRO will review the materials in your VA claims folder, including evidence and arguments, and statements from your representative. This may lead the DRO to request additional evidence from you, your doctor or some other source. You may be asked to participate in an informal conference with the DRO to discuss your case.

**New decision:** The DRO will then make a new decision. The DRO has the authority to grant benefits based on clear and unmistakable error, *de novo* review, or the receipt of new and material evidence. You will be notified of the decision and your appeal rights. If you are not satisfied with the DRO decision, you may then appeal, using the traditional appeal process.



CSS 251 76 6236  
Walker, Etheridge A

### **How does the Traditional Appeal Process work?**

**Complete review:** If we cannot grant your appeal based on the review and an examination of any additional evidence, we will then prepare a Statement of Case (SOC) and send you a copy. The SOC will include a summary of the evidence, a citation to pertinent laws, a discussion of how those laws affect the decision, and a summary of the reasons for the decision. If you still do not agree with that decision and wish to continue your appeal, you need to submit a substantive appeal so that your case can be sent to the Board of Veterans' Appeals. Instructions on how to file a substantive appeal will be provided in our letter notifying you of the decision.

**Statement of the case:** The reviewer will then prepare a Statement of Case and send you a copy. If you still do not agree with that decision and wish to continue your appeal, you need to submit a substantive appeal so that your case can be sent to the Board of Veterans' Appeals. Instructions on how to file a substantive appeal will be provided in our letter notifying you of the decision.

### **May I be represented?**

If you desire, an accredited representative of a veterans organization or other service organization recognized by the Secretary of the Department of Veterans Affairs will represent you without charge. Many state and county governments have trained personnel in their veterans agencies who can represent you. An agent or an attorney may also represent you. However, an agent or attorney can charge you only for service performed on or after the date of a final decision by the Board of Veterans' Appeals. Tell us if you want someone to represent you and we will send you the necessary forms to appoint them as your representative.

### **How do I select the Decision Review Officer or traditional appeal process?**

You must notify us within 60 days from the date of this letter whether you want to have your case reviewed by the DRO or by the traditional appeal process. If we do not hear from you within 60 days, your case will be reviewed under the traditional appeal process.

If there is any other evidence or information that you think will support your claim, please let us know. If you have any evidence in your possession that pertains to your claim, please submit it. We hope we will be able to resolve your disagreement to your satisfaction. If you have questions about the information in this letter please call us at 412-395-6272.

Sincerely yours,

*Ruth E. Grezlik*

Ruth E. Grezlik

Veterans Service Center Manager

To make an Email inquiry, go to <https://iris.va.gov>

PERSONAL DATA	1. CLASS NAME - FIRST NAME MIDDLE NAME <b>WALKER, ETHERIDGE ALFONSO</b>		2. SERVICE NUMBER <b>US 67 090 406</b>		3. SOCIAL SECURITY NO. <b>251 76</b>	
	4. DEPARTMENT COMPONENT AND BRANCH OR CLASS <b>ARMY AUS UNASGD</b>		5. GRADE RATE OR RANK <b>SP4</b>	6. PAY GRADE <b>E4</b>	7. DAY OF MONTH <b>7</b>	8. MONTH <b>NOV</b>
	9. PLACE OF BIRTH (City and State or Country) <b>BATESBURG, SC</b>		10. DAY OF MONTH <b>23</b>	11. MONTH <b>DEC</b>		
SELECTIVE SERVICE DATA	12. SELECTIVE SERVICE NUMBER <b>38 32 48 683</b>		13. LB # <b>LB #32</b>		14. CITY COUNTY STATE AND ZIP CODE <b>LEXINGTON, SC 29072</b>	
	15. DATE OF TRANSFER OR DISCHARGE <b>TRFD TO USAR SEE ITEM #16</b>		16. STATION OR INSTALLATION AT WHICH EFFECTED <b>US ARMY PERSONNEL CENTER, OAKLAND, CA</b>			
TRANSFER OR DISCHARGE DATA	17. REASON AND AUTHORITY <b>EARLY SEPARATION OF OVERSEAS RETURNEE</b>		18. EFFECTIVE DATE <b>24</b>		19. MONTH <b>SEP</b>	
	20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HHC 2D BN 12TH INF 25INF DIV USARV</b>		21. CHARACTER OF SERVICE <b>HONORABLE</b>		22. TYPE OF CERTIFICATE <b>NONE</b>	
	23. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CONTROL GROUP ( ANNUAL) US ARMY ADMIN CENTER, ST. LOUIS, MO.</b>		24. REENLISTMENT CODE <b>RE- 3A</b>			
SERVICE DATA	25. TERMINAL DATE OF RESERVE STATUS OR LIGATION <b>16 FEB 75</b>		26. SOURCE OF ENTRY: ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		27. TERM OF SERVICE (Yrs) <b>NA</b>	
	28. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		29. GRADE RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PV1</b>		30. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>LEXINGTON, SC</b>	
	31. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State, and ZIP Code) <b>PO BOX 382 BATESBURG, SC 29006</b>		32. STATEMENT OF SERVICE		33. YEARS MONTHS	
	34. SPECIALTY NUMBER & TITLE <b>91A10 MEDIC</b>		35. RELATED CIVILIAN OCCUPATION AND C.O.F. NUMBER <b>854.878 FIRST AID ATTEND</b>		36. NET SERVICE THIS PERIOD <b>1 7</b>	
					37. OTHER SERVICE <b>0 0</b>	
					38. TOTAL (Line 36 plus Line 37) <b>1 7</b>	
					39. TOTAL ACTIVE SERVICE <b>1 7</b>	
				40. FOREIGN AND OR SEA SERVICE <b>USARPAC 1 1</b>		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL VIETNAM CAMPAIGN MEDAL ARMY COMMENDATION MEDAL ATR MEDAL</b>						
25. EDUCATION AND TRAINING COMPLETED <b>NONE</b> <span style="float: right;">WODI</span>						
VA AND EMP. SERVICE DATA	26. NON-PAY PERIODS TIME LOST (Including Disability) <b>NONE</b>		27. DAYS ACCRUED LEAVE PAID <b>31</b>		28. AMOUNT OF ALLOTMENT <b>NA</b>	
	29. VA CLAIM NUMBER <b>NA</b>		30. SERVICE MEMBER'S GROUP LIFE INSURANCE COVERAGE <b>NA</b>		31. MONTH ALL DISCONTINUED <b>NA</b>	
REMARKS	32. BLOOD GROUP: <b>B POS</b>		33. CIVILIAN EDUCATION: <b>12 YRS</b>			
	34. RVN: <b>27JUL69-24SEP70</b>		35. TABLE 3-1 AR 601-280 APPLIES.			
AUTHENTICATION	36. PERMANENT ADDRESS OR MAILING ADDRESSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State, and ZIP Code) <b>SAME AS #21</b>			37. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Etheridge H Walker</i>		
	38. TYPED NAME GRADE AND TITLE OF AUTHORIZING OFFICER <b>M. FEDERMAN 1LT AGC, ASST ADJ</b>			39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>M Federman</i> <b>J33 cbc</b>		

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHAL AREAS RENDER FORM VA

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WALKER, ETHERIDGE A.		2. DEPARTMENT, COMPONENT AND BRANCH RA/US ARMY		3. SOCIAL SECURITY # 251 76 623	
4.a. GRADE, RATE OR RANK SFC	4.b. PAY GRADE E7	5. DATE OF BIRTH (YYMMDD) 481223		6. RESERVE OBLIG. TERM. DATE Year 00 Month 00 Day 0	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY APEC, FORT JACKSON, SC		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) P.O. BOX 382, BATESBURG, SC 29070			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 212TH MASH 5TH CORPS		8.b. STATION WHERE SEPARATED DET B, 55TH PSB, WIESBADEN, GERMANY			
9. COMMAND TO WHICH TRANSFERRED USAR CON GRP (RET), ARPENECN ST LOUIS, MO 63132				10. SGLI COVERAGE Amount: \$ 200,000	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 6880 CHEMICAL OPERATIONS SUPERVISOR 10 YRS AND 10 MONTHS// 6810 VULCAN CREWMEMBER 4 YRS AND 5 MONTHS// NOTHING FOLLOWS//		12. RECORD OF SERVICE			
		Year(s)		Month(s)	
		Day(s)			
		a. Date Entered AD This Period		73 03 01	
		b. Separation Date This Period		94 09 31	
		c. Net Active Service This Period		19 11 01	
		d. Total Prior Active Service		01 07 08	
		e. Total Prior Inactive Service		04 00 17	
		f. Foreign Service		09 10 12	
		g. Sea Service		00 00 00	
		h. Effective Date of Pay Grade		87 10 27	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) VIETNAM CAMPAIGN MEDAL-1//VIETNAM SERVICE MEDAL-1//OVERSEAS SERVICE RIBBON- INTERNATIONAL DEFENSE SERVICE MEDAL W/BRONZE STAR//ARMY COMMENDATION MEDAL "AV" DEVICE//ARMY COMMENDATION MEDAL-5//GOOD CONDUCT MEDAL-5//DRIVER MECHANIC					
14. MILITARY EDUCATION (Course, title, number of weeks, and month and year completed) CHEMICAL OPERATION SPECIALIST COURSE (9 WKS; NOV 82)//PRIMARY LEADERSHIP COURSE(4 WKS; 80)//ADVANCED NONCOMMISSIONED OFFICER DEVELOPMENT COURSE (16 WKS; 88)//VULCAN CREWMEMBER (7 WKS; 76)//NOTHING FOLLOWS//					
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			XX	Yes	No
				XX	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					Yes
					No
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS. (CONT FROM ITEM 13) BADGE W/ BAR//SOUTH WEST ASIA SERVICE MEDAL W/BRONZE SERVICE STAR-2//AIR MEDAL-1//DEFENSE OF SAUDI ARABIA//SEPARATION AND DEFENSE OF KUWAIT//NONCOMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON-2//ARMY SERVICE RIBBON//NOTHING FOLLOWS//					

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) CAMSCHESTR 9 8700 WURZBURG, GE		19.b. NEAREST RELATIVE (Name and address - include Zip Code) GUDRUN M. WALKER SAME AS ITEM 19a	
20. MEMBER REQUESTS COPY 5 BE SENT TO DIR OF VET AFFAIRS		Yes	No
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Thomas A. Walker</i>		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) GRANT S. SULLIVAN 2LT. ASST PERS OFF	
23. SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23.a. TYPE OF SEPARATION RETIREMENT		24. CHARACTER OF SERVICE (include upgrades) HONORABLE	
23.b. SEPARATION AUTHORITY AR 635-200, CHAPTER 12		25. SEPARATION CODE R80	27. REENTRY CODE RE-4R
23.c. NARRATIVE REASON FOR SEPARATION EFFICIENT SERVICE FOR RETIREMENT			