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To Whom it may concern:

I am writing today to inform you of the passing of DM. D served in Vietnam and was exposed to Agent Orange. In 2009 he was diagnosed with Parkinson's Disease and treated by his primary care doctor, Dr. Vinoo Cameron, M. D. of Hope Clinic in Athens, WI, (see attached #1) and was being treated by Marshfield Clinic neurologist Dr Sakshi Bajaj from 2010 until his recent death. Parkinson's Disease is a presumptive disease for Vietnam veterans exposed to Agent Orange. In January 2016, I filed a compensation claim for D and he attended a C&P exam on April 19, 2016 in Tomah. The examiner was Dr. Mary Jo Lanska, a child neurologist who does C&P exams for veterans in Tomah (see attached #2). I sent D's medical records with the claim that clearly showed multiple diagnoses and treatment of Parkinson's Disease over more than 6 years. Dr Lanska made a determination in her short C&P examination that the diagnoses and treatment that occurred from several other doctors who had seen and treated D for years were incorrect. (see attached #3) The stated basis of her decision was that there was no diagnosis for Parkinson's and that alternative diagnoses better fit the clinical picture. In her short C&P examination, she completely re-diagnosed what other doctors, including a more qualified and well-respected neurologist, Dr Bajaj, (see attached #4), had spent years treating him for. This opinion resulted in the denial of his claim in April 2016 for Parkinson's Disease and Dyskinesia. We filed a Notice of Disagreement (NOD) in June 2016 and requested a Decision Review Officer (DRO) to review the decision. With this NOD I included letters from Dr Cameron and Dr Bajaj that clearly repeated their diagnosis of Parkinson's Disease (See attached # 5 & 6). The process of DRO being what it is, time went on and there has not been any movement on his claim since the NOD was filed. Now sadly, 15 months later, Mr DM has passed away. On his death certificate, Parkinson's' Disease is listed as a cause of death (see attached #7). D was not married and had no children and therefore had no surviving dependents to take up his claim. The result of all this, is that this veteran suffered for years with the debilitating effects of Parkinson's Disease, that was presumptively due to his service in Vietnam and exposure to Agent Orange. Now that he has passed, the claim will be dropped as he has no surviving dependents to assume it. This is a prime example of the common phrase that I have heard more than once, that the VA is willing to wait for a vet to die rather than make a service connection. Now, I personally know that this phrase is nowhere near true, but you can understand the frustrations and disappointment that his family carries now. His niece, who is also a veteran and his representative has stated to me that she will never trust the VA, and will make sure she passes on this story to all the veterans that she knows. It is these type of situations that severely damage the VA's reputation and makes it so difficult for those of us who are here to help veterans get the treatment and compensation they deserve, to trust us and to trust the system. This one incident will go far to break that trust. Unfortunately, this case is not unique.

Below are several similar cases with one common denominator: Dr Mary Jo Lanska.

Veteran #1:

Afghanistan veteran experienced multiple concussions from two separate IED explosions and from a direct blow to his unprotected head when a tent beam fell during a wind storm. Complained of headaches, irritability, sleep problems, concentration and memory problems, On June 27, 2011, the C & P (Compensation and Pension) examiner for PTSD evaluation, Dr Kurt Euller, PHD, clinical psychologist wrote "Concentration and memory problems are more likely than not caused at least partially by TBI (Traumatic Brain Injury) but also by PTSD (Post Traumatic Stress Disorder). Headaches and confusion almost certainly caused by TBI rather than PTSD."

On September 12, 2011, the C & P examiner for TBI evaluation, Dr Mary Jo Lanska, wrote "It is this examiner's opinion that his nightshift duties and difficulty sleeping were more likely the underlying cause of his headaches than an ongoing unresolved issue from an intracranial brain injury/concussion."

On November 10, 2011, Dr Mary Jo Lanska wrote, "It is this examiner's opinion that his current difficulty sleeping has to do with his choice of employment (as a DJ) and his irregular sleep pattern rather than any residual of mild TBI. It is this examiner's opinion that the headaches and forgetfulness and irritability are more likely than not associated with his difficulty with sleep."

Veteran #2:

Desert Storm and Iraq veteran was exposed to toxic substances in both deployments and experienced an IED explosion in 2004.

He was denied by the VA examiner, Dr Mary Jo Lanska, for service connection of a Traumatic Brain Injury despite the fact it is stated in his VA record that he has a TBI diagnosis. VA medical records entered into the VBMS file as evidence indicate that on Jun 18, 2007, VA Dr Susan Urbatsch conducted a TBI Screening at Tomah VAMC that asked "Has the veteran already been diagnosed as having TBI during OIF/OEF deployment?" to which she answered "Yes. Screening not required due to TBI diagnosis." On July 5, 2007, Tomah VAMC Dr John Berry stated that the veteran screened positive for possible traumatic brain injury and that he reported positive symptoms on 21 of 22 symptoms on the neurobehavioral symptom inventory. Dr Berry goes on to say that post concussive syndrome cannot be ruled out and could be contributing to his symptoms. It is possible that he suffers from both PTSD and post concussive syndrome. Further, on September 24, 2007, Dr. Tina Ferrer noted in a Mental Health Outpatient Consult, also in the VBMS file, under "Impressions, Axis III, History of TBI with exposure to sound/concussive force of explosion." Yet, in a September 2016 Compensation and Pension exam by Dr Mary Jo Lanska at Tomah VAMC, Dr Lanska stated that the veteran did not have a TBI or residuals of a TBI, despite the fact there are multiple episodes in the record that indicate the IED could have caused a TBI, as it threw him into a vehicle and he was dazed and injured from the blast and might have lost consciousness.

He was denied by the VA examiner Dr Mary Jo Lanska, for service connection of Parkinson's Disease, stating that it was her opinion that he did not have Parkinson's disease, but some other movement disorder, and neither the evidence reviewed nor her examination supported a diagnosis of Parkinson's Disease, contrary to the diagnosis for Parkinson's by Marshfield Clinic Neurologists Dr. Jaime Boero and Dr Sakshi Bajaj, who have known and seen the veteran for several years, diagnosed him with Parkinson's and have been treating him with it for more than two years.

This veteran has since been sent to the War Related Illness and Injury Study Center in New Jersey for a case review. The WRIISC determined that he did in fact have Parkinson's Disease and that it was more likely than not related to his military service and related to the TBI that he suffered in 2004. A NOD and DRO was filed for this veteran and is still pending. I see this veteran often and continue to watch his condition deteriorate, and I get the same feeling that he will suffer the same fate as Donald Monheim.

Veteran #3:

VA Neurologist/Psychologist Dr Steven Sandstrom was treating this Vietnam veteran since his headaches began to get severe back in 2010. On September 3, 2010 Dr Sandstrom noted that he was going to treat the veteran's headaches as a symptom of his PTSD and insomnia. On October 19, 2010, Dr Sandstrom noted in his impression: "Will revise the initial impression in that **it is likely** his tinnitus that is driving his insomnia and headaches."

During the VA exam, Dr Lanska re-diagnosed the veteran with chronic stabbing headache disorder, or ice pick headache syndrome, and opined that it was less likely than not that it was due to his military service or tinnitus or PTSD, while at the same time stating that ice pick headaches are of unknown cause, and that medical literature does not report a causal connection between hearing loss, tinnitus or PTSD and ice pick headache syndrome.

This veteran's claim was denied in 2012 and he is still waiting for his appeal to be adjudicated.

Dr Mary Jo Lanska seems to have a tendency to re-diagnose from the C&P exam room, counter to documented opinions of other, more accredited doctors. In all these cases, Dr Lanska, a child neurologist certified by the Board of Pediatrics and Neurology with special Qualifications in Child Neurology, re-diagnosed in a short visit what other treating doctors had diagnosed over weeks, months and even years of treating these veterans and ignored documented diagnoses and opinions. These other doctors have a great deal of certifications and experience with adult neurology, combat trauma, PTSD, psychology, headache syndromes and other more appropriate specialties that would seem to outweigh Dr Lanska's certifications and training. With these decisions, the veterans are forced into an appeal, that takes at least a year and half for a decision review, and more than five years for an appeal, when the information required to make the decision for approval was present in each of these cases. Each of the veterans mentioned above have expressed to me their willingness to discuss their case. If you wish to contact them, please let me know.

In closing I am asking for two things:

First, please review these cases to determine their correctness. If Dr Lanska's opinion is upheld, I request a new C&P examination for each of these veterans, in Madison, not Tomah.

Second, please make an effort to look into Dr Lanska's other cases. I have one small county and have found these four cases just in the past two years. I have spoken to other county CVSOs who have stated that they have had similar problems with Dr Lanska's opinions. If there is reason, please take appropriate corrective action.

Sincerely,

Jeffrey J. Hein Taylor County Veteran Services Officer