



**Submission of Documents to
Department Of Veterans Affairs**

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- Evidence Intake Center PO Box 4444
PO Box 4444
Janesville WI 53547-4444**

FAX 1-844-822-5246 or 1-844-531-7818

Veteran:	[REDACTED]	VSC: VBASEA346
C-File or S	[REDACTED]	
Street Add	[REDACTED]	
City, State	[REDACTED]	

Date: 12/07/2024	ATTN: In reply to: 331/YE dated 11/01/2024 Attention [REDACTED]
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From: Gordon A. Graham
Title: Nonattorney Practitioner VA #39029 POA Code E1P
Address 14910 125 th Street NW
City, State Gig Harbor, WA 98329
Tel: (253)-313- 5377 Fax (253) 590-0265
Email: gagraham51@gmail.com Gordon.Graham@va.gov

Type of Document Submitted:

<input type="checkbox"/> VAF 20-0995 Suppl. Claim or VAF 20-0996 Higher Level of Review
<input type="checkbox"/> VAF 21-8940/VAF 21-4192 FOR TDIU
<input type="checkbox"/> 38 USC §5103 Notice Acknowledgement
<input type="checkbox"/> VAF 21-526EZ CLAIM FOR COMPENSATION
<input type="checkbox"/> VAF 21-4138 Statement in Support of Claim
<input type="checkbox"/> Privacy Act / Freedom of Information Act (VAF 3288)
<input checked="" type="checkbox"/> Other VAF 21-4138 Statement in Support of Claim per 331/YE dated 11/01/2024 re: EP 335 Claim ID: 111600666

Number of Pages Submitted (NOT including this cover sheet): Two (2) Pages
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VA Directive 6609, NOVEMBER 9, 2007: NOTICE! Access to Veterans records is limited to Authorized Personnel Only. Information may not be disclosed unless permitted pursuant to 38 CFR 1.500-1.599. The Privacy Act contains provisions for criminal penalties for knowingly and willingly disclosing information from the file unless properly authorized to do so.

SECTION II: REMARKS (Continued)

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

As further proof, I point to the same Sick Call records located at 10/04/2024 (Receipt Date) in the VBMS efolder. There, on page 31 of 39 pages, You will find a DoD Form 9ND9692 Immunization Record showing I was administered several vaccinations which included, *inter alia*, Smallpox, Triple Typhoid and Tetanus and Diphtheria Toxoid on 1/05/1971.

In furtherance of my proof of service aboard the USS Enterprise, the same immunization records show I was administered a Cholera vaccine on 2/15/1971 and 7/01/1971 thus showing my continued presence aboard the vessel during the period within the 12-mile limit.

In addition, on page 11 of 39 pages in the STRs, there are several more entries-to wit: 2/13/1971 (sore knees) and 2/18/1971(c/o soreness and head cold). As the log books for the USS Enterprise clearly and unmistakably show, she was deployed continuously in the South China Sea off the coast of the Republic of Vietnam during this period.

Last but not least, my Military Personnel Records file at 10/09/2024 (Receipt Date) in my VBMS efolder clearly and unmistakably show I acknowledged receipt of my award of the Viet Nam Service Medal on 10/01/1970 on page 23 of 46 pages. You can easily confirm this is the truth by reviewing my DD 214 which is a matter of record in VBMS at 2/01/1972 in my VBMS efolder.

The US Navy's official records show the CVAN-65 deployed once again to the Republic of South Viet Nam on June 11, 1971 to 2/12/1972. Thus, my medical and military personnel records thoroughly document I was aboard during the entirety of the time the vessel approached within the 12-mile limit and support my claim for herbicide exposure.

Please -re-CEST my EP 020 claim filed properly on the VAF 21-526 filed on 9/05/2024. I am very ill and have now complied with your request to show my herbicide exposure.

Respectfully,

Steven [REDACTED]

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF VETERAN/BENEFICIARY (Required)

10. DATE SIGNED

[Handwritten Signature]

Month	Day	Year
12	07	2024

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/default.do?main. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.