

NEXUS STATEMENT

The nexus letter is the key to winning a VA compensation claim. Nexus is defined as "the means of connection between things linked in series".

A veteran needs to seek an expert physician who will review your complete medical records and write a letter stating that it is his or her opinion that your injury (condition) today is related to the military service.

The nexus letter should follow a similar format to all letters that you use to communicate to VA. It may be addressed directly to you or in a "To Whom It May Concern" style. If the physician is willing to provide you with a current curriculum vitae (a resume) that will support the physician's expertise.

The nexus letter should follow the standard business format we always use when writing to the VA. This template below may be used as a beginning for your letter.

Date: _____

VIA Certified Mail, Return Receipt:

Veterans:

Full Name: _____

VA File- SSN etc: _____

To Whom It May Concern;

I am a (specialty) physician (Medical Doctor).

I have reviewed the Service Medical Record of Veteran _____ as well as his/her more contemporary medical records and history.

(If a physical examination has occurred, discuss that and report the findings now.)

_____.

(Describe rationale. For example; this veteran has no known history of exposure to risk factors that may pose a risk for _____. There is no known history of this condition in his/her family history.)

I have concluded and it is my opinion that it is as least as likely as not that the veteran's current condition of (name the condition, illness, injury) was caused by exposure to:

List the exposure _____

_____.

(Signed)

Address, etc.

Enclosure: Curriculum Vitae

[1] Reasonably Medically Certain: Often used by attorneys in instructions to physicians in medical malpractice cases and sometimes incorrectly used by VA leadership in instructions to physicians in VA benefit cases, but the correct threshold standard for VA cases as per the Code of Federal Regulations (CFR) and Congress for granting benefits is the "as likely as not" concept (50-50) which means that the medical evidence/medical principles for and against the association is at least evenly divided. This is a different standard than the one used in clinical medical for evidence, which is set at the 95% confidence level because the VA regulations have been liberally and generously established by our citizens who recognize the risks and value of service to our country.

"Is due to" (100% sure)

"more likely than not" (greater than 50%)

"At least as likely as not" (equal to or greater than 50%)

"not at least as likely as not" (less than 50%)

"is not due to" (0%)

Ref: VA's Clinician's Guide for Disability Examination;

John D. Bagdade, MD
2598 Riverwalk Loop
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Re: [REDACTED]

Date: June 23, 2011

To Whom It May Concern:

I have had the opportunity to review the medical records and court papers that document [REDACTED]'s exposure to Agent Orange. Mr. [REDACTED] has provided evidence and personal statements that while serving in the US Air Force from January, 1963-May, 1966, he had exposure to herbicides that included Agent Orange while stationed at Pease Air Force Base (AFB) in New Hampshire and Anderson AFB on Guam. As a result of these environmental exposures, there is reason to believe that he acquired adult-onset diabetes mellitus (type 2 diabetes: T2D) which was noted in 2001. He was observed to have hypertension at this time and in 2003 required coronary artery by-pass surgery for life-threatening coronary heart disease.

It is my opinion that it is more likely than not that Mr. [REDACTED]'s exposure to the herbicide Agent Orange is causally related to his developing T2D. A number of lines of evidence support this conclusion. Foremost among these is the fact that there is now scientific evidence from a number of sources that have established an etiologic link between exposure to Agent Orange and the later development of diabetes mellitus. In addition, in Mr. [REDACTED]'s case there is no family history of diabetes: neither parent (deceased) nor any of his three siblings were/are known to have diabetes. In contrast to Mr. [REDACTED]'s family, in the typical family in which T2D is inherited, it is manifested in the majority of offspring. Hence, it is far more likely that he acquired diabetes from environmental exposure to Agent Orange than genetic factors.

Scientific evidence now indicates that it is also more likely than not that his hypertension and heart disease were related to Agent Orange exposure. I base this opinion on reports in the peer-reviewed medical literature; one is from the highly respected Institute of Medicine establishing an association between Agent Orange exposure and hypertension (Institute of Medicine, Veterans and Agent Orange: Update, 2007); the second one from the Little Rock Veterans Administration Medical Center (Cranmer, et al., Toxicological Sciences 56:431, 2000) demonstrated that healthy subjects with prior Agent Orange exposure had evidence of insulin resistance, a condition Mr. [REDACTED] is likely to have because it is closely associated with the very same conditions he developed i.e. hypertension, diabetes, dyslipidemia (elevated cholesterol and triglyceride levels in plasma), and the accelerated development of cardiovascular disease. The probability that Mr.

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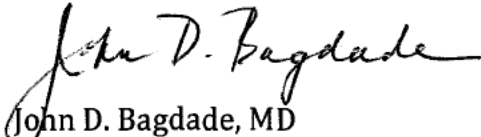
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██████'s insulin resistance is causally related to Agent Orange is strengthened by the fact he is not overweight, as obesity is the most common cause of insulin resistance.

On the basis of my review of Mr. ██████'s medical record, his documented exposure to the herbicide Agent Orange, and the above cited scientific evidence, it is more likely than not that his acquiring diabetes mellitus, hypertension, dyslipidemia, and coronary heart disease are all related to his exposure to Agent Orange while he served in the US Air Force.

Respectfully yours,



John D. Bagdade, MD

Board Certified Internal Medicine, Endocrinology & Metabolism