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NEXUS BIBLE

Keep this next to your medical paperwork. You are going to be tasked with getting a nexus letter from someone. Some VA doctors will go out on a limb and do it for you. They are generally the contract ones associated with a major state University in symbiosis with the VA. Oregon State University has this with the Portland VAMC. Another example is the University of Washington and the Seattle VAMC. The VA has recently admonished their doctors to knock it off so anyone who gets their paycheck from the VHA will tell you to get lost.

Most success I have seen on this is via a private gastro doc you've been seeing for a while. "While" meaning about a year, preferably 3 or more. This person must be familiar with you and your case. There are some hired guns named Dr. Bash and his Whoop and Holler Gang who charge about \$6K a pop for a letter. There's no guarantee of a win with it either. At the other end of the spectrum is The Ellis Brothers. They're about \$350.00 per disease and a Frequent Flyer Miles program. Buy three diseases and get one free. Check their specials out on PTSD, too.

Humor aside, they are a last ditch option unless it's a slam dunk. Ugly but true. We have a friend who does this for free but I can guarantee he's absolutely inundated in requests and running way late on letters. That's to be expected. If Starbucks ever had a freefer all, I'm sure it would look like his inbox.

This is a PDF, but I'm sure you could hit control + "P" and get it to print the "current view". Keep in mind a nexus has to fit the individual's profile personally. Each Vet's circumstances are different. Keep in mind there are a vast body of good internet documents that support the inherent unsanitary jetgun practices. I believe you'll find it under WGM 's Hepatitis on my search bar. The search bar seems to be a pretty good deal for ferreting out relevant info using key words. Experiment with it. You sure aren't going to break anything. This site is pretty secure. I've had one spam get through since Oct. 1, 2011. No bugs, yet.

I'll add this here right now. Many Vets over the years sent in pictures of themselves and their buddies getting blasted with a jetgun. Alternately, they sent in the BVA decision showing Joe Vet won on the gun in 2004. Some send in the famous "FAST" letter of the same year and use it as the smoking gun. It doesn't work. Nobody can say what was on the nozzle of the gun in the picture. As rapidly as the VLJ granted that one claim, they shut that door tightly. Besides, a BVA decision sets no precedence so it's a waste of time.

Okay. The rules for a nexus letter are really quite simple, but the trick is using all the little, key words that pesky "VA examiner"(VAE) you read about back at the

RO is going to use and upstage the son of a bitch. It's going to look pretty stupid if all his pronouncements seem to be plagiarized from your 21-4138. Rule number one is to introduce yourself as the person asked to write this letter, and for whom.

Thus you will have some phrase similar to: Jonathan Sixpack has been my patient for the last 18 months. He presents with chronic HCV of approximately ___ years duration. I am well-acquainted with his history. He has asked me to opine on the etiology of his disease. This allows the VAE to know you didn't hire Dr. Bash. You're a paying customer. You have validity in what you tell the doctor. It establishes that you are not a Safeway Slip-on-the floor Club Charter member, too. Any records established before you file have more import and the VA trusts them as documents when weighing them for credibility.

Rule 2 is ironclad. The doctor must see, read and comment on the service medical records from your time in service. If there is some glaring risk such as documented hepatitis while in, regardless of what they called it, then this is a stroll in the park. Groves v. Peake (2008) gives us the presumption that Hep in service (any flavor) is hep today unless VAE can explain in plain English why it isn't. I have reviewed Mr. Sixpack's contemporary records and they reveal that

- 1) Joe had VD in Japan in 1972-a recognized risk factor for the transmission of HCV or
- 2) Joe had a acute bout of hepatitis in 1968 and was hospitalized for ten days or
- 3) Joe presented with sclera ictera (yellow eyeballs) at the Combat aid station outside Phu Bai after a week in the jungle. Or
- 4) Military records show he was a combat infantryman with a Purple Heart which indicates being wounded in action ...

So you get the drift. Some comment has to be made that shows familiarity with the records that the VAE is going to be looking at, too. If he (VAE) gets there first, he can say the records reveal there is a minor history of STD while in but it doesn't prove anything. Once he says this, you will spend five years trying to get it fixed.

Rule three-again a "gotta have" is the doctor's personal chats with you. Joe relates a history of combat blood exposure/exposure to herd immunity practices with a Podojet or Munji brand pneumatic injector vaccine device while in Basic and Tech training. The gun was not only *not* sanitized between uses as was frequent then, but occasionally a recruit would flinch and the pneumatic air pressure would slice the skin. No attempts were made to observe what are now considered to be elementary sanitary protocols. His medical records reveal a history of hepatitis during service where his skin and eyes became yellow and his urine was extremely dark. Light clay-colored stools were also observed. These

are all classic presentations of...The idea is to turn you into a person. An entity. Not a number.

Rule four is the phraseology. It has to encompass any professional specialty the doctor has such as gastroenterology or one in Hepatology. Thus... As a hepatologist well familiar with Joe's case, it is my professional opinion that it is more likely than less likely/most likely/ as likely as not/ at least as likely as not that Joe contracted this while in the Air Force during his service. I further believe that the Cryoglobulinemia/Porphyrria Cutanea Tarda/ DM2/Peripheral Neuropathy/Fibromyalgia/ Rheumatoid Arthritis are all secondary to the chronic HCV he suffers from. It's a good idea to get this in right here so when you file for the secondaries later, it's already a matter of record. This is the meat right here that will win the case. The coup de grace that many a doctor forgets or omits is the logic section which follows. A simple statement, unsupported by a rationale will fall flat on its ass with no "because of the following".

Rule five covers the final phase of support for conclusions. Any conclusory statement of facts unsupported by a well-reasoned hypothesis is an invitation to have this nexus thrown out as "not very probative". Hey-I didn't make this crap up. I'm simply reciting what 5,000 denials say. So---There are several reasons for this. Mr. Sixpack's MOS (Military Occupational Specialty)/ AFSC (Air Force Specialty Code) is in keeping with his claimed risks. He was a Combat Medic and thus was exposed to blood or blood products/ was an infantryman and has a Combat Action Ribbon/ Combat Infantryman's Badge/ Bronze Star etc/ he has a Purple Heart and a RVN Wound Medal/ medical records show he reported to the Combat Aid Station with severe lacerations due to SFWs etc./his medical records reveal he reported with flu-like symptoms several days after inoculation with the pedojet device/it is well known that the sanitary practices during that era fell far short of what we know to be sanitary protocol today/ Vietnam Veterans as a cohort are 67% more likely to be or have been, infected with one of the three primary forms of hepatitis than their contemporary age group in the civilian population. /Veterans who served between 1960 and 1990 are 30% more likely to have hepatitis than their opposite in the normal population./ his genotype is 3a which was indigenous to the Indochinese peninsula almost exclusively/2b which was most common at that time in Japan/Okinawa. And so on. This set of circumstances can encompass more than one risk. Shared razors or (bleh!) toothbrushes are a classic example of risk; military haircuts with the old straight razor up the back sides and around the ears-then back into the "blue juice jar" on the counter behind/EMG tests before 1990 with unsterilized needles; tattoos documented on the SF Form 88/92 at separation under Item #39 that weren't noted on the SF 88 at entrance. Transfusions are a bitch to prove because most aren't documented. Mine wasn't. Records from Field medical stations never got back to the head office. Their job was to keep you alive-not document that they did so. VA doesn't

understand this. They live in the perfect world where everything is documented and looks like a surgical ward. In 1970, it didn't. A lot of shit happens in war. Things are dirty and contaminated. Much should be made of this in the conclusions section at the end. Plug every hole in the nexus. Leave nothing unguarded.

Finally let's shift over to "negative evidence." Let's say you have some. Got busted with some good stick and did 15 days at the Long Binh Stockade for Wayward Youth? It *must* be emphasized that smoking Mother Nature never resulted in HCV. Similarly, snorting the White lady didn't either if you can get to the high ground early and plant the "I never shared my straw because I'm a OCD kind of guy" flag. It's worked. Some have won even with IVDU because the theory is the benefit of the doubt has to be employed. You were wounded, you shot up a couple of times and you had clap. Any one by itself could have caused it or a combination of any of the three. Each has to be given equal weight as to causality. A good Acting Veterans Law Judge (VLJ) at the BVA will recognize it. A new one is more likely to. An older, jaded one will just as likely go with what the RO hands him. Don't let it get that far.

Remember that the CFR on willful misconduct also has a codicil that says:

(3) Drug usage. The isolated and infrequent use of drugs by itself will not be considered willful misconduct;

VA will never add that into the game. If you do not point it out and add that you never shared needles, then you are going to spend another five years trying to change the VAE's finding that you are guilty as hell.

At the end of the letter, a short summary is nice but not required. *In sum, the risks for infection of chronic hepatitis were far greater during the Veteran's time of service than due to any intercurrent etiology. While Joe admits to tattoos since 1992, they were in a far more sanitary setting than the "parlor" he had apply the ones in Cholon in 1967. Records reveal Mr. Sixpack has no history of ETOH or drug abuse. He has been in a monogamous relationship with his current spouse for over ___ years and is not prone to risky behavior.*

Finally, if you have had a biopsy, you can really put the topping on the ice crème. The doctor can draw the little lines between the dots for the idiot VAE. This has won more cases than not. *Last, but not least, the liver biopsy of 12/21/08 revealed a Stage 3, Grade 3 with ¾ fibrosis on the Metavir scale. Because of the cryptogenic nature of the virus, detection was impossible until 1992. The advanced nature of the disease clinically shows the age of the infection to be in excess of ___ years which comports with the time the patient was serving and the time when his risk factors were greatest.*

Now, the doctor's job is to come to a conclusion medically that has some validity. Any nexus letter that "reaches " for a conclusion is going to be dead in the water right out of the gate. The VAE is trained as a pit bull. Their job is to demolish your house of cards. Put the bricks in it early so there's no erosion or elasticity. Any and every fact available should be positively employed. Leaving out even one risk gives the VAE what they need to drive a wedge in and do the "Aha! The claimant has failed to mention he had a UCMJ violation for _____ which undermines his credibility on this subject. The records clearly show he reported to the aid station on April 1, 1968 whereas his testimony says it was late in the monsoon season. As Monsoon season was from August to February, the credibility of his testimony in this regard is highly questionable at best. His fellow buddy's testimony is suspect too because no one can remember back that far with any degree of clarity." Shit happens. They use it all. Plug the holes up.

In conclusion, if you have no records or none of the ones that would prove your case are at hand, the law says more credit must be given to your lay testimony. This is especially true if you are a combat veteran. VA law (38 USC § 1154B) is very explicit on it. This is where I find buddy letters are worth their weight in gold. You'll need their DD 214s as well. If they go to a Notary of the Public and have it notarized, it cuts even deeper in your favor. Don't use just this as the guide. Research the whole site on this subject. There are four years and a ton of goodies to cover almost every conceivable situation. Good luck and thank your (really, I mean that) for serving our country. This is why we-you and I- are allowed to write and publish this and read it without fear of being locked up. Only in America, ladies and gentleman Vets-only in America.