OMB Control No 2900-0075
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

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/do/PRAMain If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	SOCIAL SECURITY NO.	VA FILE NO.
[redacted]	[redacted]	C/CSS - [redacted]

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

My primary rated condition is Anemia (SCT 413533008)

This is a request to consider compensation for (3) secondary condition(s)to Anemia

1. Chronic Constipation diagnosis code (SCT 236069009) Oct 2017
2. Gerd diagnosis code (ICD-9-CM 530.81) Dec 2012
3. Chronic Fatigue

In speaking with my VSO officer, we discovered that my 2017 ratings decisions contained CUE and should be reversed with retro-active awards. I have been faithfully taking the medication Ferrous Sulfate 325MG since 1990 for my chronic anemia condition. I started taking this mediation while serving on active duty in the military and currently, over 20 years later, I am still taking it daily. The medication ferrous sulfate side-effects effect my daily life big time and is beyond repair; because of taking it, I have developed sever GERD, Chronic Constipation and Chronic Fatigue.

Daily, it causes me sever constipation, pain, stomach cramps, diarrhea, gas and fatigue. This information was overlooked in the decision rating many years ago and as a result gotten worse. While serving active duty, I did not know why I suffered from chronic fatigue, I blamed it on my busy/active schedule; however, today I learned it was a side effect of the anemia medication.

Every day the ferrous sulfate medication makes me feel lethargic, tired, and exhausted daily. Gerd is a result of the sever anemia where it’s hard and painful to swallow. Stomach and throat Burning. Unable to burp. I haven’t been able to lay flat on my back in years due to the gerd. Over the years, post service it has become progressively worse; often spiking once a month during my menstrual cycle. In the mornings, evenings, and night I have difficult and labored breathing doing minimal activities. I am tired walking up a flight of stairs; exhausted even. My heart beats faster than normal. Frequent chronic headaches and blurred vision daily. Often, I can't even wear my contacts because my eyes won't adjust. I don't interact with my children or husband as much because my chronic fatigue has me tired, sleepy, or too lethargic to get involved. Chronic stomach issues and Gerd has rendered me helpless. My quality of life has suffered tremendously.

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

SIGNATURE	DATE SIGNED	
[redacted]	01/04/2022	
ADDRESS	TELEPHONE NUMBERS *(Include Area Code)*	
[redacted]	DAYTIME	EVENING
	[redacted]	8[redacted]

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.

With the help of my VSO officer, we were able to put together a bulleted list of the evidence you will find in this packet; along with a timeline of medication prescribed.

EVIDENCE:

1. Diagnose codes for requested secondary conditions are:
   - Chronic Constipation: Diagnosis code (SCT 236069009) since Oct 2017
   - Gerd: Diagnosis code (ICD-9-CM 530.81) since Dec 2012
   - Chronic Fatigue: Diagnosis code – none.
2. Independent Medical Examination by Craig N. Bash, M.D. Negro-Radiologist
3. Nexus Letter
4. Problem List
5. Medical and VA Notes
6. Timeline of Events:
   - 1989 Severe Cramps
   - 1990 5-visits for chronic cervical pain in uterus
   - 1991 Heavy menstrual bleeding and UTI
   - 1992 Exam and treatment for dysmenorrhea and urinary frequency
   - 1993 Heavy bleeding pain cramps –Tx UTI
   - 1994 Pain heavy bleeding
   - 1994 Docusate 100MG Stool Softener for Constipation originally ordered 1 Jan 1994 – current
   - 1995 1996 Exit service
   - 2003 Chronic constipation (SCT 236069009)
   - 2011 Loestrin FE 27 Jun 2011 (prescribed to offset side affects from Ferrous Sulfate Meds).
   - 2012 Gerd (ICD-9-CM 530.81)
   - 2012 Ferrous Sulfate 325MG for Anemia originally prescribed/ordered 1 Jan 2012 current
   - 2012 Magnesium Citrate Liquid to empty Bowels – 30 Nov 2012
   - 2012 Colon Electrolyte due to constipation and Gerd – originally ordered Dec 2012
   - 2013 Ondansetron HCL 4MG for Nausea/vomiting originally ordered 17 Jul 2013
   - 2014 Ibuprofen 800MG originally ordered 29 Aug 2014 – current
   - 2014 Polyethylene Glycol 3350 for Constipation – originally ordered 13 May 2014
   - 2014 Sennosides 8.6MG for Constipation 13 May 2014
   - 2015 Anemia due to chronic blood loss (SCT 413533008)
   - 2015 Dysmenorrhea (SCT 266599000)
   - 2015 Uterine Fibroids (SCT 95315005)
   - 2015 Uterine Polyp (SCT 11314008)
   - 2016 Iron Deficiency (SCT 3524004)
   - 2020 Depression (SCT35489007

I cannot maintain a decent life without taking these medications daily. Therefore, I am asking you to consider granting these secondary claims in my favor with retroactive award dates of 2017 since this is the year the CUE happened. (1) Chronic Constipation, (2) Gerd and (3) Chronic Fatigue.

Thank you in advance for your time and consideration. [redacted]