September 1, 2025 (Current Date)

REERENCE: First, Middle, Last Name of Veteran

Veteran's SS#: XXX-XX-XXXX

Veteran's VA XXX-XX-XXXX

To Whom It May Concern,

My name is Dr. Anne Smith. I am a board-certified dermatologist and a diplomate of the American Board of Dermatology. I am writing this statement in support of John Alexander Doe’s application for veteran disability benefits. Mr. Doe has been a patient at my practice since April 2017. He has a diagnosis of chloracne and acne keloidalis nuchae with unstable and painful scarring that severely limits his ability to work and perform daily responsibilities without ongoing treatment.

I most recently examined John Alexander Doe on July 10, 2025. I have reviewed his medical records and service history regarding his Agent Orange exposure during military service, which includes documented statements of immediate appearance of cysts, nodules, and sores, including multiple infections and several skin injuries and outbreaks that have persisted for the 57 years since his discharge from active duty. He has extensive scarring affecting over 20% of his body surface area.

**Service History and Exposure:** Mr. Doe served as a combat engineer in Vietnam from 1966-1967. His duties required him to detonate explosives under bridges after American troops had safely crossed. He was required to remain in close proximity to bridges and enemy positions, often becoming submerged or semi-submerged in contaminated water. During detonations, surface contaminants would be disturbed and rain down on him, creating direct dermal contact with Agent Orange chemicals.

**Clinical Presentation:** Mr. Doe presents with constant, unstable, and painful scarring covering over 20% of his body, including the neck, scalp, cheeks, jawline, face, ears, back, and chest. These extensive skin manifestations require continuous systemic therapy including corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, psoralen with long-wave ultraviolet-A light, and other immunosuppressive medications.

**Medical Opinion:** It is my professional opinion that the veteran's current diagnosis is more likely than not a direct result of Agent Orange exposure during his official military service in Vietnam. Mr. Doe has no other known risk factors that could account for his chloracne and acne keloidalis nuchae.

**Scientific Basis:** Agent Orange contained 2,4-D and 2,4,5-T herbicides with TCDD (dioxin) contamination. The VA recognizes chloracne as a presumptive condition for Agent Orange exposure, establishing the biological plausibility that Agent Orange chemicals directly affect dermatological systems. Chloracne is a recognized presumptive condition for Agent Orange exposure under VA regulations, and Mr. Doe's condition manifested within one year of last exposure, qualifying for presumptive service connection.

Mr. Doe is diagnosed with acne keloidalis nuchae as a chloracne variant—a condition involving chronic follicular inflammation and scarring. Acne keloidalis nuchae represents a severe, chronic form of follicular disorder with keloid formation. Its location on the posterior neck is consistent with areas affected by chloracne, particularly where chemical contact and friction occur.

The pathophysiological connection to dioxin exposure is evident through follicular disruption. Agent Orange's dioxin component directly affects hair follicles, causing initial chloracne that progresses to chronic inflammatory conditions like acne keloidalis nuchae. The abnormal healing response is particularly notable, as dioxin exposure impairs normal wound healing and promotes excessive collagen formation, directly explaining the keloid scarring pattern. The chronic inflammatory state created by Agent Orange exposure leads to long-term immune dysregulation, perpetuating the inflammatory process beyond the initial chloracne presentation.

The clinical evolution pattern demonstrates clear progression: an initial phase of chloracne development within one year of exposure, followed by a chronic phase evolving into acne keloidalis nuchae with unstable, painful scarring. This progressive nature is consistent with the long-term effects of dioxin exposure. Supporting medical evidence shows the veteran's condition exhibits anatomical distribution consistent with chloracne patterns, chronic inflammatory scarring typical of dioxin-related skin disorders, and progressive nature matching other Agent Orange-related conditions.

**Supporting Literature:**

1. <https://www.publichealth.va.gov/exposures/agentorange/conditions/chloracne.asp>
2. <https://www.publichealth.va.gov/exposures/agentorange/locations/vietnam.asp>
3. <https://pubmed.ncbi.nlm.nih.gov/25144022/>
4. <https://pubmed.ncbi.nlm.nih.gov/15603524/>

**Conclusion:** Mr. Doe's acne keloidalis nuchae with unstable and painful scarring represents a chronic progression of chloracne secondary to Agent Orange exposure during Vietnam service. This condition is at least as likely as not (50% or greater probability) related to the established chloracne presumptive condition, warranting service connection under existing Agent Orange regulations.

Respectfully submitted,

Dr. Annie Smith

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