

**Analysis of
Adams v. Collins
__ Vet. App. __ No. 23-5064
July 8, 2025**

Bottom Line Up Front:

The Court of Appeals for Veterans Claims (CAVC) held that obesity can be a “disability” for VA purposes if it causes functional impairment earning capacity. AT the same time, the Court found obesity is not a “disease” for direct service connection under 38 U.S.C. § 1110. This is a good decision for Veterans because it allows Veterans service connection for obesity on a secondary basis.

What happened in *Adams*:

- Mr. Adams, an Air Force Veteran, claimed obesity secondary to his service-connected PTSD and submitted evidence linking stress hormones (cortisol) and weight gain.
- The Board relied on a VA General Counsel policy to say that obesity is not a disease or disability and cannot be service connected (direct or secondary). Mr. Adams appealed to CAVC.
- The law pays compensation for disability due to injury or disease in service (38 U.S.C. § 1110, 1131).

What the Court Decided:

- Obesity may qualify as a disability when it causes functional impairment of earning capacity.
- Obesity is not a disease under 38 U.S.C. § 1110, direct service connection is not allowed.

Why *Adams* is important:

- You may now seek obesity as a **secondary** service connection in which disability compensation may be paid (not just an intermediary step).
- Obesity is **not** eligible for direct service connection.

VSO best practices for *Adams v. Collins*:

- Screen for secondary links: If a Veteran's SC condition (e.g., PTSD, medications, orthopedic limitations) causes or aggravates obesity, develop that theory. Show functional work impact (missed time, accommodations, limitations).
- Do **not** file for direct service connection for obesity.
- Evidence gathering treatment records, medication side effects, diet/exercise limitations due to SC conditions, employer statements on work impact, lay statements describing day-to-day functional limitations (Adams emphasized impairment of earning capacity).