DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
701 S. COURTHOUSE ROAD, SUITE 1001
ARLINGTON, VA 22204-2490

Docket No: 7043-21
Ref: Signature Date

From: Chairman, Board for Correction of Naval Records
To: Secretary of the Navy

Subj: REVIEW OF NAVAL RECORD OF FORMER ,
USMC, XXX-XX-

Ref: (a) 10 U.S.C. § 1552
(b) MCO P1900.16F, Ch. 2, Separation and Retirement Manual (MARCORSEPMAN)
(c) DODI 6130.03, Volume 1, Medical Standards for Military Service: Appointment, Enlistment, or Induction, 6 May 2018
(d) DODI 6040.46, The Separation History and Physical Examination (SHPE) for the DoD Separation Health Assessment (SHA) Program, 14 April 2016
(e) Manual of the Medical Department (MANMED), NAVMED P-177

Encl: (1) Opinion and Order in the case of *[Petitioner] v. The United States*, in the United States Court of Federal Claims, Case No. , filed 28 October 2021
(2) Order in the case of *[Petitioner] v. The United States*, in the United States Court of Federal Claims, Case No. filed 31 January 2022
(3) BUMED Memo 6110/252 25/ME/A018162, subj: Physical Qualification for Enlistment in the United States Marine Corps ICO [Petitioner], 18 August 2000
(4) DD Form 4/1-2, Enlistment / Reenlistment Document, Armed Forces of the United States, 29 August 2000.
(5) DD Form 214 (20010522-20010818)
(6) BUMED Memo , subj: Physical Qualification for Appointment/Commissioning in the United States Marine Corps ICO [Petitioner], 10 December 2001
(7) DD Form 214 (20030129-20030509)
(8) Clinic Medical Records
(9) Statement of Petitioner's Mother, re: [Petitioner], 5 February 2004
(10) University of Medical Center Letter (Provider: V.D.B., M.D.), re: [Petitioner], 23 March 2004
(11) NAVMED 6120/3, Annual Certificate of Physical Condition, 15 May 2004
(12) NAVMC 118(3), Chronological Record
(13) BUMED Memo 6110 Ser M3F1/04UM3F11477, subj: Physical Qualification for Appointment/Commissioning in the United States Marine Corps ICO [Petitioner], 19 November 2004
(14) NAVMC 763, United States Marine Corps Appointment Acceptance and Record, 26 July 2005
(15) CMC Memo 1326 MCRC, subj: Modification of Assignment to Active Duty Orders, 21 May 2009

(16) Military Medical Records
(17) First Amended Complaint in the case of *[Petitioner] v. The United States of America*, in the United States Court of Federal Claims, Case No. [redacted] filed [redacted]
(18) BCNR Memo Docket No: NR20210007043, subj: Advisory Opinion ICO [Petitioner], 2 February 2022
(19) Petitioner's Letter, subj: Advisory Opinion Rebuttal, Docket No. NR20210007043, 19 March 2022

1. Per enclosure (1), the United States Court of Federal Claims (COFC) remanded the case of the Subject, hereinafter referred to as the Petitioner, to the Board for Correction of Naval Records, hereinafter referred to as the Board, to address two specific issues.[1] First, the COFC directed the Board to "[d]etermine how much time it took for [Petitioner] to recuperate from his surgery and when, if the Marine Corps had retained him, his medical doctors would have cleared his resignation under [reference (b)]." Second, the COFC directed the Board to "[d]etermine how much back pay [Petitioner] is entitled to if it determines that the Marine Corps discharged [Petitioner] in violation of [reference (b)]."[2]

2. A three-member panel of the Board, sitting in executive session, reviewed Petitioner's case pursuant to the instructions provided in enclosure (1) and the regulations applicable to the Board's proceedings on 13 April 2022, and determined that no relief is warranted. The names and votes of the panel members will be provided upon request. Documentary material considered by the Board consisted of the enclosures, relevant portions of Petitioner's naval record, and applicable statutes, regulations, and policies.

3. The Board, having reviewed all of the evidence of record pertaining to Petitioner's allegations of error or injustice, finds as follows:

a. On 21 August 2000, Petitioner's medical disqualification for severe acne was waived to permit his enlistment in the U.S. Marine Corps (USMC) Reserve (USMCR). See enclosure (3).

b. On 29 August 2000, Petitioner enlisted in the USMCR for a period of eight years pursuant to the above referenced medical waiver. See enclosure (4).

c. From 22 May 2001 to 18 August 2001, Petitioner was ordered to active duty to attend Basic Marine Recruit Training. See enclosure (5).

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[1] Petitioner did not previously seek relief on this matter from the Board. On 2 April 2019, the Board denied Petitioner's previous, unrelated request to be awarded 105 reserve points for reserve retirement purposes for the three years that he attended law school while in the Individual Ready Reserve (IRR), in Docket No. 4582-18.
[2] In enclosure (2), the COFC clarified that this instruction applied to both the Board and the Defense Finance and Accounting Service (DFAS). Although the findings of the Board rendered the issue is moot, this instruction would have been beyond the purview of the Board as discussed below.

d. On 11 December 2001, Petitioner's medical disqualification for severe acne was waived to permit his appointment as an officer in the USMC.[3] See enclosure (6).

e. Petitioner returned to active duty as an enlisted Marine in the USMCR to attend the Basic Supply Administration course from 29 January 2003 to 9 May 2003. See enclosure (7).

f. In October 2003, Petitioner was referred to a civilian medical provider by his mother for multiple boil lesions on his abdomen, groin and in his buttocks area. This provider commented that Petitioner's condition was likely Hyrdadenitis Suppurative (HS),[4] and prescribed Doxycycline. See enclosure (8).

g. On 19 March 2004, Petitioner was referred for consultation with a plastic surgeon affiliated with the same medical clinic discussed in paragraph 3f above for an evaluation of groin and perianal hidradenitis. The entry in Petitioner's medical record reflects that this had been a problem for about six months, and that Petitioner had been treated with various courses of antibiotics, to include his current regimen of clindamycin and zyvox.[5] Surgical options were discussed with Petitioner, including excision of affected areas and skin grafts in stages, but no decision in this regard was made at this point of his treatment. See enclosure (8).

h. By letter dated 23 March 2004, Petitioner's mother reported that Petitioner's condition had improved significantly with his medication regimen. See enclosure (10).

i. On 17 May 2004, Petitioner disclosed to the USMC that he "had a minor skin infection but [he was] currently receiving treatment and the treatment ends before attending [OCS]." He further disclosed that he was prescribed clindamycin for the condition. Petitioner did not disclose that the condition was diagnosed as HS.[6] See enclosure (11).

j. Between [redacted] and [redacted], Petitioner attended OCS at Marine Corps Base (MCB) Quantico (VA). See enclosure (12).

k. On 19 November 2004, Petitioner's medical disqualification for severe acne was again waived to permit his appointment as an officer in the USMC. Petitioner's history of HS, for which he had been treated by civilian provider earlier in the year, was never considered for a waiver. See enclosure (13).

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[3] It appears from the record that Petitioner was not commissioned pursuant to this waiver. The reason for this is not clear from the record, but the Board notes that Petitioner did not attend Officer Candidate School (OCS) until 2004.

[4] According to the American Academy of Dermatology Association, HS is a little-known disease that causes deep and painful lumps under the skin, usually in the armpits or groin. HS can be misdiagnosed as boils, infected hair follicles, or a sexually transmitted disease. See https://www.add.org/public/diseases/a-z/hidradenitis-suppurativa-overview.

[5] A note in the record from Petitioner's mother, dated 5 February 2004, who is herself a medical doctor, reflects that she had prescribed Petitioner with clindamycin after speaking with another doctor who had evaluated Petitioner (that evaluation is not reflected in the medical records) and realizing that he mistakenly believed that he had prescribed the medication. See enclosure (9).

[6] Per paragraph 5.21.c. of reference (c), a "[h]istory of … [HS]" is disqualifying for appointment as an officer in the Armed Forces of the United States.

l. On 26 July 2005, Petitioner was appointed as an officer in the USMCR. See enclosure (14).

m. On 24 October 2005, Petitioner was assigned to the IRR while attending law school. See enclosure (12).

n. In February 2006, while attending law school, Petitioner returned to the same civilian medical provider discussed in paragraph 3g above for further discussion and planning for excision of hidradenitis of his groin and perianal areas. Petitioner elected to proceed with this surgery in April 2006 when he was out of school. See enclosure (8).

o. Between 17 May 2006 and 23 May 2006, Petitioner was hospitalized for surgical debridement and split thickness skin grafts (STSG) of the groin, and scheduled for post-surgery follow-up for two months. See enclosure (8).

p. Between 2 August 2006 and 8 August 2006, Petitioner was again hospitalized for a second surgical procedure for "wide excision with [STSG] and local flap advancement of the buttock area," and scheduled for post-surgery follow-up of one month.[7] See enclosure (8).

q. By orders dated 21 May 2009, Petitioner was ordered to active duty, with a reporting date for The Basic School at [redacted] of [redacted]. See enclosure (15). He subsequently served continuously on active duty in the USMC as a Judge Advocate until his discharge in August 2018. See enclosure (1).

r. On 10 January 2018, Petitioner was seen by his primary care provider for "bloody drainage from lesion on left upper public area" for approximately two weeks "in region of prior abscess" which was previously incised and drained. He was diagnosed with HS.[8] Petitioner was prescribed clindamycin, as he had been 2004, and referred to dermatology for further evaluation. See enclosure (16)

s. On 24 January 2018, Petitioner was seen at the [redacted] Military Medical Center ([redacted]MC) Dermatology Clinic pursuant to the referral discussed above. He reported "many years of groin, lower [abdominal] cysts, sinus tracts, and scarring," and that "an old tract on [his] left lower abdomen" began draining pus a few weeks prior. The examining provider noted signs of a "recent flare" in the abdominal area identified by the Petitioner, but noted no drainage or inflammation at the time of the examination. The entry in Petitioner's medical record for this session reported that treatment options were discussed with Petitioner, with surgical excision being a "last resort," and that Petitioner expressed a preference for "topicals" as his clindamycin treatment seemed to be working. Although the examining provider

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[7] There is no indication in Petitioner's record that he disclosed the surgical treatments that he received from a civilian provider for the condition that he had previously reported as "a minor skin infection" for which treatment was scheduled to end prior to OCS. Petitioner contends in his rebuttal to the advisory opinion at enclosure (18) that he received treatment for a flare-up of his HS condition while at OCS in June 2004, but while enclosure (16) reflects this encounter it does not describe the condition as being for HS.

[8] Although the Board did not conduct a line-by-line inspection of nearly 10 years of medical records, this appears to be the first mention of HS in Petitioner's military health records.

recommended a follow-up within three months to assess the progress of Petitioner's treatment, Petitioner's military medical records do not reflect any such follow-up. See enclosure (16).

t. On 2 May 2018, Petitioner submitted a voluntary request for resignation with an effective date of 31 August 2018.[9] This request was subsequently approved. See enclosure (1).

u. Petitioner contends that the need for surgery related to his HS condition was identified during his separation physical in August 2018,[10] and that surgery was scheduled for 12 September 2018. He further contends that he subsequently decided that he would rather complete the procedure while in the Marine Corps rather than as a civilian through the Department of Veterans Affairs (VA). Accordingly, Petitioner claims that he "attempted to formally delay his discharge by 30 days" on or about 27 August 2018, four days before his approved scheduled discharge date. See enclosure (17). There is no evidence in Petitioner's service record supporting this contention.

v. In response to Petitioner's reported attempt to delay his discharge for medical purposes, Petitioner contends that he was questioned by the person he identifies as "the official responsible for approving or denying this request on behalf of the Marine Corps" regarding the nature of the surgery required. Petitioner reports that this individual suggested that if it was an elective or minor surgery then it could be performed by the VA, and that if it was a major surgery then the 30 day delay requested would not be enough to release him from active duty. Specifically, Petitioner was reportedly notified that he would have to delay his discharge for "at least 6 months" from his current date for convalescent leave, and was asked to reply. Neither Petitioner's naval record nor his complaint indicate whether he provided the reply requested. Petitioner does assert, however, that the matter was forwarded to the responsible official's supervisor, who forwarded the matter to Petitioner's commander. See enclosure (17).

w. Petitioner claims that he attempted to address the issue with his commander on or about 27 August 2018,[11] but his Complaint acknowledges that no action was ever taken by his command prior to his 31 August 2018 discharge date. See enclosure (17). Other than Petitioner's own statement in enclosure (17), no evidence of any of this was found in Petitioner's service record or provided to the Board for consideration.

x. On 28 October 2021, after dismissing all but one of the counts alleged by Petitioner, the COFC remanded Petitioner's case to the Board to "[d]etermine how much time it took for

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[9] Enclosure (1) reflects that Petitioner asserted in his Complaint to the COFC that this resignation request was involuntary, but he failed to adequately rebut the presumption that his resignation was voluntarily submitted.
[10] Specifically, Petitioner contends that he had a magnetic resonance imaging (MRI) performed on 17 August 2018, and that a surgical procedure was scheduled on 12 September 2018.
[11] Petitioner claims in paragraph 277 of enclosure (17) that he addressed the issue with his commander on the morning of 27 August 2018. This does not seem to be possible considering that he claims in paragraph 266 to have initiated the effort on 27 August 2018 through "the individual responsible for approving or denying" the request for the Marine Corps. He describes the request being processed through several levels of bureaucracy after he initiated the effort on that date, forwarded to his command for action, and a growing level of frustration due to perceived inaction finally resulting in his decision to personally visit both the Marine Corps officials responsible for the decision and his command at a location separate from his office. All of that could not possibly have occurred over the course of the morning of 27 August 2018.

Plaintiff to recuperate from his surgery and when, if the Marine Corps had retained him, his medical doctors would have cleared his resignation under [reference (b)]" and to "[d]etermine how much back pay [Petitioner] is entitled to if it determines that the Marine Corps discharged [him] in violation of [reference (b)]." See enclosure (1).

y. By memorandum dated 8 February 2022, the Board's Physician Advisor provided an advisory opinion (AO) regarding the first issue that the COFC directed the Board to address. The AO noted that there were no clinical records available which corroborated Petitioner's claim that the need for surgery was identified and/or recommended during his separation physical examination, but presumed that HS must have been the condition identified based upon its chronic nature. Based upon this assumption and the available clinical notes from Petitioner's 10 January 2018 primary care appointment and 24 January 2018 dermatology consultation appointment, the Board's Physician Advisor opined that "had Petitioner proceeded forward with surgical treatment, it is likely he would have been recommended for Surgical Debridement and Split Thickness Skin Grafts" in the area of his left lower abdomen, similar to prior exacerbations of his HS." Based upon the evidence of Petitioner's prior treatments in this regard, the Physician Advisor further opined that "it would be anticipated [that Petitioner] would have been hospitalized for approximately a week, and then discharged to a period of convalescence of up to two months until he was fully healed," at which point he would likely be found medically qualified for separation from active duty. See enclosure (18).

z. By letter dated 19 March 2022, Petitioner provided a rebuttal to the AO discussed in paragraph 3y above. In this rebuttal, Petitioner agreed with the Physician Advisor's opinion that it would have taken at least 67 days to undergo and recover from surgery. After agreeing with this conclusion, he then proceeded to challenge the qualifications of the Physician Advisor to render such an opinion and the inclusion of certain facts in the AO that he presumed "to have been offered to challenge the need for surgery." He suggested that "[a] proper and more reliable AO would have come from the physician who was to perform the surgery" and that "[t]he government is in the best position to obtain such an AO since the treating physician is a government employee and physician at Fort [redacted], [redacted]."[12] Petitioner further asserted that he "provided proof that he was undergoing medical treatment at the time of discharge" and that it was a Department of Defense medical provider who "ordered an MRI, performed a physical evaluation, and concluded that surgery was medically necessary." See enclosure (19).

aa. Paragraph 1008 of reference (b) provides, in relevant part, that:

1. A Marine may be retained for the convenience of the U.S. Government beyond the established separation date in the following cases:

a. Hospitalized, undergoing medical treatment, or not physically qualified for release (see paragraph 1011). A Marine on active duty who is hospitalized, undergoing medical treatment, or who is found not physically qualified for release will, with the Marine's written

[12] The Board notes that the Petitioner did not identify this physician, and his in-service medical records are devoid of any reference to the findings that he claims.

consent, … be retained on active duty until disposition of the case is made by medical authorities…

CONCLUSION:

Upon careful review and consideration of all of the evidence of record, the Board determined that Petitioner's discharge from the USMC was not in violation of any applicable regulations. Accordingly, the Board recommends that no corrective action be taken on Petitioner's naval record.

First, there is no evidence in any of Petitioner's medical or service records to support his contention that he was "undergoing medical treatment" at the time of his discharge. Petitioner's medical records suggest that his last treatment for HS was on 24 January 2018, when he was seen by the ████MC Dermatology Clinic and elected to continue topical treatments. The absence of any relevant entries in his medical records following this appointment suggests that Petitioner did not follow-up on this session, despite the recommendation to do so after three months. The absence of any contemporaneous evidence of medical treatment in Petitioner's military medical records strongly suggests that no further medical treatments or procedures were scheduled or contemplated as Petitioner's contends.

The final physical examination that Petitioner described in enclosure (17) was the separation physical examination that is required to be performed on all Marines shortly before their separation from active duty in accordance with references (b) and (d). This examination is not medical treatment, and further treatment or medical procedures do not naturally result from such examinations. Per reference (d), the separation physical examination is intended to ensure that the separating service member is medically qualified for separation[13] and to document existing medical conditions in order to facilitate the transfer of care to the VA and the evaluation of any disability claims. In accordance with paragraph 3.1. of reference (d), "[i]f a condition is detected at the time of the [separation physical examination] that would prevent a Service member from performing further duty if he or she were not separating, then the Service member will be referred for further evaluation and potential referral to the [Disability Evaluation System (DES)] or [Integrated Disability Evaluation System (IDES)]… Conditions that do not preclude completion of service but that require documentation of medical profiles for administrative purposes will be referred for such documentation according to Service specific procedures." Absent such a referral, which did not occur in Petitioner's case, the service member is presumed to be medically qualified for separation. The scheduling of further medical treatment or procedures simply does not result from separation physical examinations. Per the governing regulations, the examining provider would have either referred Petitioner for further evaluation and potential referral to the DES or IDES if he were not medically qualified for separation, or documented Petitioner's medical history and medically approved him for separation.[14] The Board does not doubt that the provider who conducted Petitioner's separation physical examination identified the potential need for surgery to address his HS condition. He or she

[13] Per reference (e), the standard for being physically qualified for separation are the same as those being qualified for retention on active duty Service and to affiliate with the reserves.

[14] Per reference (d), the provider may evaluate and document a previously unrecorded condition within the limited scope of a screening physical examination, but Petitioner's condition was previously recorded.

undoubtedly would have documented this condition in order to facilitate Petitioner's post-service treatment through the VA and/or to support Petitioner's future claim for disability compensation related to this condition. It does, however, have significant doubts regarding Petitioner's claim that this provider scheduled a surgical procedure for Petitioner on 12 September 2018. Such a referral would almost certainly have been included in Petitioner's military medical records, and no such entry appears. Petitioner also failed to provide any evidence of this referral in response to the AO, but instead attempted to transfer his burden of proof to the Board by alluding to an unidentified Department of Defense medical provider. If, contrary to the evidence, this unnamed provider did schedule a surgical procedure for Petitioner, he or she would only have done so either absent knowledge of Petitioner's pending discharge date or under the mistaken assumption that Petitioner's discharge date would be delayed, and would have done so in conjunction with a certification that Petitioner was medically qualified for separation since his 31 August 2018 discharge could not have happened otherwise. Because Petitioner was not undergoing medical treatment at the time of his discharge, his separation could not have been a violation of paragraph 1008 of reference (b).

Even if Petitioner were "undergoing medical treatment" at the time of his discharge, the Board disagrees with the Court's conclusion that paragraph 1008 of reference (b) would mandate Petitioner's retention beyond his established separation date upon his written consent. Paragraph 8111 of the same regulation provides the factors to be considered in determining whether such a request should be approved, and reserves the authority to modify an approved separation date for this purpose to the Commandant of the Marine Corps (CMC) (MMSR-4). Specifically, paragraph 8111 lists the Marine's health and well-being, determination of deferrable or elective medical treatment, prognosis for recovery, possible processing for disability evaluation through the IDES, and medical treatment available after separation through the VA, as factors for consideration in this regard.[15] Without commenting on how these factors may have applied in Petitioner's case in the absence of evidence to support his claim, the Board concludes that the retention of a Marine for medical treatment is clearly not automatic or mandatory simply because the Marine requests or consents to it per reference (b).

In addition to the fact that paragraph 1008 of reference (b) does not mandate the retention of a Marine for medical treatment, there is no evidence that Petitioner followed the procedures required to request such retention. Petitioner's contention, as reflected in enclosure (1), that he did not need to make any formal request to delay his separation, but rather that he only had to "consent to being retained on active duty" to meet "all the conditions precedent to granting such a request" is not accurate. In accordance with paragraph 8111.1 of reference (b), in cases where a Marine voluntarily consents to remain on active duty for medical treatment, a medical extension NAVMC 321M form is required. The form must be forwarded through channels to MMSR-4, and include a statement from the Marine's commanding officer pertaining to the Marine's medical status,[16] the purpose of the medical extension request, and a recommendation for final action. In Petitioner's case, the form also had to include the justification for the request. Of note, subparagraph (a)(3)(c) of paragraph 8111.1 provides that the length of an medical extension under Petitioner's circumstances should not exceed two months.

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[15] These considerations would explain the inquiry that Petitioner described in paragraphs 267-268 of enclosure (17).
[16] In Petitioner's case, this was not his civilian supervisor at the Office of the [redacted], [redacted], who was not his supervisor, but rather his commander, who was identified in paragraph 277 of enclosure (17).

In enclosure (17), Petitioner acknowledges that his command never forwarded a NAVMC 321M to request his medical extension prior to his discharge date. The Board found no injustice in this failure, as Petitioner was primarily to blame for this failure by not complying with paragraph 1011.3 of reference (b). By waiting until four days prior to his approved separation date to attempt to delay his separation without using the published procedures, Petitioner made it impossible for an informed decision to be made upon his request prior to his discharge date. Per paragraph 1011.3 of reference (b), once a CMC-approved separation date passes, a Marine will be dropped from the rolls without CMC (MMSR) intervention. Even if Petitioner had complied with the published procedures for making such a request however, it is not likely that his request would have been approved considering the uncertain duration of the medical treatment that was the basis for his reported request and the fact that such treatment could be obtained through the VA. There simply was no error or injustice in the Marine Corps not delaying Petitioner's discharge for medical treatment when he never actually made a formal request for such action.

Finally, the Board notes that paragraph 1008.1(a) provides that a Marine undergoing medical treatment will be retained with his consent "until disposition of the case is made by medical authorities." Considering that Petitioner was found to be medically qualified for separation, medical authorities arguably did dispose of his case.

Because the Board found that the Marine Corps did not violate its regulations by failing to delay Petitioner's discharge, it did not address the issue of how much back pay may have been due to Petitioner. The Board notes, however, that this is not a determination that the Board could make even if it determined that relief was warranted in this regard. The Board is granted broad power under reference (a) to direct any changes to naval records it determines to be necessary to correct errors or remove injustices. This authority, however, does not include or extend to the determination of whether or how much compensation is due as a result of such changes. That determination is made by qualified disbursing authorities, either upon their own volition upon receipt of our decisions[17] or upon a claim from the applicant. This concept is codified in 32 C.F.R. § 723.10(c), which provides that "[s]ettlement of claims shall be upon the basis of the decision and recommendation of the Board, as approved by the Secretary or his designee. *Computation of the amounts due shall be made by the appropriate disbursing activity* (*emphasis added*)."

Despite finding that no relief is warranted in the case, the Board found that Petitioner would have taken 67 days to recover from surgery.[18] This conclusion is based solely upon the AO, with which the Petitioner agreed. It is impossible for the Board to determine how long Petitioner actually took to recuperate from surgery, as enclosure (1) seems to direct, as there was no evidence provided to the Board that Petitioner ever had the surgery in question. Such treatment may be sought through the VA if it remains necessary. In response to that part of enclosure (1) which directed the Board to determine when Petitioner's medical doctors would have cleared him for separation if he had been retained, the Board notes that Petitioner already was medically

[17] Every Board decision granting relief which may affect an applicant's benefits or compensation is automatically provided to the DFAS to make such determinations.
[18] This finding is provided solely in compliance with the Court's Order. The Board does not believe that any relief is warranted based upon this finding.

cleared for separation in August 2018 by the same examining provider that Petitioner claims to have scheduled the surgery.

RECOMMENDATION:

In view of the above, the Board recommends that no corrective action be taken on Petitioner's naval record.

4. It is certified that a quorum was present at the Board's review and deliberations, and that the foregoing is a true and complete record of the Board's proceedings in the above titled matter.

5. Pursuant to the delegation of authority set forth in SECNAVINST 5420.193, and having assured compliance with its provisions, I hereby approve the findings and recommendation of the Board on behalf of the Secretary of the Navy.

4/29/2022

5/1/2022

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Executive Director

Signed by: