

IN THE CASE OF: ██████████

BOARD DATE: 6 March 2024

DOCKET NUMBER: AR20230008421

APPLICANT REQUESTS: in effect, reconsideration of his prior requests for physical disability discharge in lieu of honorable administrative discharge due to completion of required active service.

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:

- self-authored statement
- Standard Form 600 (Chronological Record of Medical Care), 7 February and 31 March 1977
- DA Form 2173 (Statement of Medical Examination and Duty Status), 17 June 1979
- Standard Form 516 (Operation Report), 18 June 1979
- Standard Form 502 (Narrative Summary (NARSUM)), 22 June 1979
- CA Form 3647-1 (Clinical Record Cover Sheet), 22 June 1979
- DA Form 3349 (Medical Condition – Physical Profile Record), 13 July 1979
- Standard Form 600, 27 July 1979
- DD Form 261 (Report of Investigation Line of Duty (LOD) and Misconduct Status), 17 August 1979
- DA Form 2823 (Sworn Statement), undated
- DA Form 3349, 27 September 1979
- DA Form 3349, 26 November 1979
- Multiple Standard Forms 513 (Consultation Sheet), November – December 1979
- 41 pages of additional service medical records
- DD Form 214 (Certificate of Release or Discharge from Active Duty) covering the period ending 25 November 1980
- physician assistant's letter, 8 April 2009
- Department of Correction Activity Restrictions, 16 February 2015
- Department of Veterans Affairs (VA) letter, 25 August 2022
- Board of Veterans' Appeals letter, 25 August 2022
- Triad Adult and Pediatric Medicine Progress Note, 1 September 2022
- Member of Congress' letter, 15 September 2022
- VA letter, 26 September 2022
- Veterans Evaluation Services appointment Information, 19 September 2022

- Electromyography (EMG) and Nerve Conduction Velocity (NCV) Findings, 18 October 2022
- Board of Veterans' Appeals letter, 26 October 2022
- VA Rating Decision, 3 November 2022
- Army Review Boards Agency (ARBA) letter, 9 November 2022
- VA Form 21-4138 (Statement in Support of Claim), 20 November 2022
- VA Form 21-4138, 10 August 2023
- two identification cards

### FACTS:

1. Incorporated herein by reference are military records which were summarized in the previous considerations of the applicant's cases by the Army Board for Correction of Military Records (ABCMR) in Docket Number AR20170003131 on 28 July 2020 and AR20220009417 on 29 March 2023.

2. The applicant states:

a. He is seeking to correct the error or injustice in his military records resulting from that fact that at the time of his honorable discharge, medical advisors neglectfully failed to establish that his disabilities incurred during military service, which is now preventing him from receiving VA disability compensation.

b. He has provided numerous medical records reflecting he was disabled by injury or illness incurred or aggravated during active military service which should render him eligible for service-connected disability compensation. His disabilities include:

- post-traumatic stress disorder (PTSD) and cerebral concussion
- multi-symptom neurological and neuropsychological symptoms of headaches, muscle pains, joint pains
- respiratory system issues
- gastrointestinal disorders
- medical fatigue
- musculoskeletal disorder – spinal arthritis, knee pain, decreased mobility and function loss with chronic pain
- foot, hand, and knee injury

3. The applicant enlisted in the Regular Army on 28 January 1977.

4. A Standard Form 600 shows the applicant was treated on 7 February 1977, for enuresis and on 31 March 1977 for a sinus condition.

5. Multiple service and service medical records dated in June 1979, provide details regarding injury to and treatment of the applicant's left ring finger.

a. A DA Form 2173 shows the applicant was admitted to Womack Army Hospital, Fort Bragg, NC, on 17 June 1979, after his involvement in an altercation while he was on approved pass.

b. A Standard Form 516 provides an Operation Report, which shows the applicant underwent surgery for primary repair of the flexor digitorum profundus of the left right finger on 18 June 1979, after he sustained traumatic laceration of the left ring finger profundus tendon.

c. A DA Form 3647-1 shows the applicant was allegedly injured during an altercation on 17 June 1979, in downtown Fayetteville, NC, and subsequently underwent surgery on 18 June 1979, for repair of the flexor digitorum profundus tendon.

d. A NARSUM, dated 28 June 1979, shows the applicant sustained a laceration to the long, ring and little fingers, volar aspect of the left hand. Upon evaluation in the Emergency Room (ER) it was noted he had full range of motion of the long and little fingers, but was unable to flex the DIP joint of the ring finger; thus, a laceration of the profundus tendon was diagnosed. He was taken to the Operating Room where primary repair of the flexor digitorum profundus, left ring finger was carried out. He did very well postoperatively. He was placed in a cast and was discharged from the hospital on 22 June 1970.

6. A physical profile is used to classify a Soldier's physical disabilities in terms of six factors or body systems, as follows: "P" (Physical capacity or stamina), "U" (Upper extremities), "L" (Lower extremities), "H" (Hearing), "E" (Eyes), and "S" (Psychiatric) and is abbreviated as PULHES. Each factor has a numerical designation: 1 indicates a high level of fitness, 2 indicates some activity limitations are warranted, 3 reflects significant limitations, and 4 reflects one or more medical conditions of such a severity that performance of military duties must be drastically limited. Physical profile ratings can be either permanent or temporary.

7. A DA Form 3349 shows:

a. On 13 July 1979, the applicant was given a temporary physical profile rating of 3 (T3) in factor U, due to a cut tendon on the left hand and was medically qualified for restricted duty for 56 days.

b. His restrictions included no crawling, jumping, parachute jumping, hand-to-hand combat or contact sports, prolonged handling of heavy materials, overhead work, push-

ups, pull-ups, climbing of rope, ladder, mountain, prolonged or frequent gripping with left hand, no exposure of feet to cold, sharp objects.

8. A Standard Form 600 shows the applicant was seen at the Troop Medical Clinic (TMC) on 27 July 1979 and 24 September 1979, for complaints of knee pain, including swelling in both knees, locking when sitting down, and giving out when attempting to walk up stairs.

9. A DD Form 261, dated 27 August 1979, provides an investigation into the LOD and misconduct status of the applicant's injury sustained on 16 June 1979 at the [REDACTED].

a. It shows the applicant injured his left hand by grabbing the cutting edge of a knife in self-defense. His medical diagnosis was open knife wound in left hand which was not the result of intentional misconduct or neglect.

b. The remarks show it was recommended the applicant not be held liable for any expenses incurred as a result of this injury. This conclusion was reached due to the fact that he was on an authorized pass and well within the limits of the pass. A police report was not available due to the fact that the police were not notified. It was the determination that the applicant acted in self defense and no type of punitive action was required.

c. The injury was found in the LOD by the appointing authority on 28 August 1979, by the investigating officer on 5 September 1979, and by the approval authority on 27 September 1979.

10. Two additional DA Forms 3349 show:

a. On 27 September 1979, the applicant was given a T3 profile in factor U for a cut tendon on his left ring finger, with restricted duty for 3 months. Restrictions included those on the DD Form 3349 dated 13 July 1979.

b. On 26 November 1979, the applicant was given a T3 profile in factor P for neck and back strain with limitations for 60 days. Limitations included no crawling, stooping, running, jumping, marching or standing for long periods; no strenuous physical activity; no physical training or parachute jumping. He was found medically qualified for retention with limitations.

11. Two Standard Forms 513 show:

a. On 30 November 1979, the applicant was seen by Occupational Therapy and given a provisional diagnosis of whiplash injury subsequent to an automobile accident

on 9 November 1979, where he lost consciousness for several minutes and complains of neck pain and headache. He was previously seen by Neurology. A consultation request was made for Physical Therapy. On 6 December 1979, he was seen by Physical Therapy where he was assessed with acute cervical strain and given exercises.

b. On 10 December 1979, the applicant was seen by Neurology where he was given a provisional diagnosis of cerebral concussion syndrome following a motor vehicle accident on 9 November 1979, and a referral to Psychology was made for evaluation.

12. Multiple additional medical documents dated between January – April 1980, show:

a. A Standard Form 600 shows the applicant was seen at the Neurology Clinic on 8 January 1980, where he was again seen post motor vehicle accident in November 1979. He was assessed with cerebral concussion syndrome, improved and whiplash injury to neck and back, improved. He was to follow-up with Urology for urinary problem, continue to wear soft collar for neck and take Tylenol.

b. A Standard Form 509 (Progress Note) shows on 22 February 1980, a medical examiner diagnosed the applicant with neck strain, urgency of urination, etiology unknown, condition of right knee, and back sprain. Treatment included Valium, Donnatal for bladder condition, x-ray of the cervical spine, and Tylenol.

c. A Standard Form 509 shows on 14 March 1980, a medical examiner provided further progress notes, showing he continued to have problems with his neck and back, enuresis, but his right knee was improving. He was diagnosed with cervical spine condition, thoracic spine condition, bladder condition, and non-specific dermatitis right side of face. Treatment included multiple pain medications, medication for urinary urgency, cream for face lesion, and x-ray of the thoracic spine.

d. A Standard Form 509 shows on 1 April 1980, the applicant was seen for strep throat, where his treatment included antibiotics, pain medication, and rest until well.

13. The applicant's DD Form 214 shows he was honorably released from active duty on 25 November 1980, due to completion of required service with corresponding separation code LBK and transferred to the U.S. Army Reserve (USAR) Control Group (Reinforcement). He was credited with 2 years, 11 months, and 28 days of net active service.

14. U.S. Army Reserve Components Personnel and Administration Center Orders 11-1067761, dated 26 November 1982, honorably discharged the applicant from the USAR Ready Reserve effective 29 December 1982.

15. A letter from the applicant's treating physician assistant, dated 8 April 2009, shows:

a. The applicant was a patient of his and had complaints of pain in his neck, right arm, and left leg, which was present for over 20 years, but has worsened over the past year. The pain has affected his activities of daily living, rendering him unable to walk more than 25 yards without having to sit down due to pain in his left leg and rendering him unable to stand or sit for more than 15 minutes due to low back pain.

b. He sustained a deep laceration to his right wrist in June 2007, requiring surgery to repair his flexor tendons and never regained full hand strength. In October 2008, he had Magnetic Resonance Imaging (MRI) of his neck and lower back, which shows moderate to severe narrowing of the nerves that exit at L3-L4 and L4-L5 levels. In the neck, there is spondylosis at the C3-C4 and C4-C5 levels. Since these changes in the spine are not amendable to surgery, they are permanent. The MRI findings provide support for the applicant's pain and claims of decreased functioning and that he is medically disabled.

16. The applicant previously applied to the ABCMR in 2017, requesting physical disability discharge. On 28 July 2020, the Board denied the applicant's request, determining the evidence presented did not demonstrate the existence of a probable error or injustice and the overall merits of the case were insufficient as a basis for correction of his records.

17. A Triad Adult and Pediatric Medicine Progress Note, dated 1 September 2022, shows the applicant was assessed with bipolar depression, generalized anxiety disorder, insomnia disorder related to known organic factor, PTSD, and chronic pain. Treatment included multiple medications and a follow-up visit in 3 months.

18. EMG and NCV Findings, dated 18 October 2022, show isolated radial sensory on the right and questionable ulnar elbow. There is no significant electrodiagnostic evidence of any other focal nerve entrapment, brachial plexopathy or cervical radiculopathy.

19. A VA Rating Decision, dated 3 November 2022, shows evaluation of postoperative residuals of laceration of left right finger, which is currently 0 percent disabling, is continued.

20. A VA Form 21-4138 shows on 20 November 2022, the applicant filed a claim for compensation for PTSD subsequent to his ABCMR application and submitted supporting documentation showing active duty traumatic injury which forced his body to compensate over a long period of time and ultimately rendered him disabled and homeless.

21. In 2022, the applicant again applied to the ABCMR requesting reconsideration of his prior request for physical disability discharge. In the adjudication of his case, Army Review Board Agency (ARBA) medical advisers provided advisory opinions that neither his behavioral health nor other physical conditions warranted his referral to the Disability Evaluation System (DES). On 29 March 2023, the Board the Board denied the applicant's request, determining the evidence presented did not demonstrate the existence of a probable error or injustice and the overall merits of the case were insufficient as a basis for correction of his records.

22. A second VA Form 21-4138 shows on 10 August 2023, the applicant submitted a claim stating he was providing new and relevant evidence pertaining to his LOD injuries which were not fairly reviewed by prior decision makers. His service-connected disabilities caused an end to his military service as well as his employability once out of the service, making it impossible for him to earn a livable wage. His conditions failed medical retention standards and required DES evaluation.

23. The Army rates only conditions determined to be physically unfitting at the time of discharge, which disqualify the Soldier from further military service. The Army disability rating is to compensate the individual for the loss of a military career. The VA does not have authority or responsibility for determining physical fitness for military service. The VA may compensate the individual for loss of civilian employability.

24. MEDICAL REVIEW:

a. The Army Review Boards Agency (ARBA) Medical Advisor was asked to review this case. Documentation reviewed included the applicant's ABCMR application and accompanying documentation, the military electronic medical record (AHLTA), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, and the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

b. The applicant is again applying to the ABCMR in essence requesting a referral to the Disability Evaluation System. He claims that his medical issues were not properly evaluated and therefore not appropriately addressed prior to his discharge.

c. The Record of Proceedings outlines the applicant's military service and the circumstances of the case. The applicant's DD 214 shows he entered the regular Army on 28 January 1977 and was honorably discharged on 25 January 1980 under provisions in Chapter 2 of AR 635-200, Personnel Separations, after having completed

his required service. His separation code LBK denotes "Completion Of Required Active Service" and his reenlistment code of 1 signifies he was fully qualified to reenlist.

d. This request was previously denied by the ABCMR on 28 July 2020 (AR20170003131) and again on 29 March 2023 (AR20220009477). Rather than repeat their findings here, the board is referred to the record of proceedings and medical advisory opinions for those cases. This review will concentrate on the new evidence submitted by the applicant.

e. Because of the period of service under consideration, there are no AHLTA encounters or documents in iPERMS.

f. The new supporting medical documents shows that during this period of Service, he was treated with a plastic mattress cover and a referral to urology for possible enuresis on 7 February 1977; a sinus issue on 31 March 1977; left plantar fascial strain on 18 April 1977; and bilateral knee symptoms on 27 July 1979.

g. It shows he was in a motor vehicle accident on 9 November 1979 with a brief loss of consciousness. He was placed on a temporary physical profile for "Neck and Back Strain" on 26 November 1979, apparently the residual of a motor vehicle accident. He was evaluated by physical therapy on 30 November and diagnosed with "acute cervical strain."

h. He was evaluated by neurology on 13 November 1979 and reevaluated by neurology for headaches and a complaint of double vision 4 December 1979. The physician documented the applicant had some double vision on right lateral gaze. He was diagnosed with "post cerebral concussion syndrome", "whiplash injury to neck & back," and "episodes of incontinence of unknown etiology." When reevaluated by neurology on 8 January 1980, the provider wrote "Now is doing much better although still has some headaches and neck pain sometimes. Still has urine incontinence sometimes in night." The exam was the same and the provider assessed "post cerebral concussion syndrome, improved", "whiplash injury to neck & back, improved."

i. He was evaluated by urology in January 1980, no diagnosis was listed, he was started on an oral medication and directed to follow-up in one month.

j. After discharge, the applicant continued to receive care for these issues, being seen on 22 February 1980 and 14 March 1980. He was treated for strep throat on 1 April 1980.

k. The remainder of the medical documentation is not contemporaneous. It is from the past several years and shows the applicant to have several chronic medical problems. These conditions are also seen in JLV.



l. While clear the applicant was injured in a motor vehicle accident and that some of these injuries had not completely resolved prior to discharge, there remains insufficient probative evidence the applicant had a permanent condition incurred during his service which would failed the medical retention standards of chapter 3, AR 40-501, and would therefore have been a cause for referral to the Disability Evaluation System. Furthermore, there is no evidence that any medical condition permanently prevented the applicant from being able to reasonably perform the duties of his office, grade, rank, or rating prior to his discharge.

m. JLV continues to show the applicant to have only one VA service-connected disability rating of 0% for “postoperative residuals of laceration of left ring finger.” The DES only compensates an individual for service incurred medical condition(s) which have been determined to disqualify him or her from further military service. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions which were incurred or permanently aggravated during their military service; or which did not cause or contribute to the termination of their military career. These roles and authorities are granted by Congress to the Department of Veterans Affairs and executed under a different set of laws.

n. It is the opinion of the Agency Medical Advisor that referral of his case to the DES remains unwarranted.

#### BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The Board carefully considered the applicant's record of service, documents submitted in support of the petition and executed a comprehensive and standard review based on law, policy and regulation. Upon review of the applicant's petition, available military records and medical review, the Board concurred with the advising official finding that referral of his case to the DES remains unwarranted. Evidence show the applicant was injured in a motor vehicle accident and that some of these injuries had not completely resolved prior to discharge, however, there still remains insufficient probative evidence the applicant had a permanent condition incurred during his service which would failed the medical retention standards as noted by the opine.

2. The Board agreed based on the preponderance of evidence and the opine review there is insufficient evidence to support the applicant's contentions for reconsideration of his prior requests for physical disability discharge in lieu of honorable administrative discharge due to completion of required active service. As such, the Board denied relief.

BOARD VOTE:

<u>Mbr 1</u>	<u>Mbr 2</u>	<u>Mbr 3</u>	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The Board found the evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis to amend the decision of the ABCMR set forth in Docket Number AR20170003131 on 28 July 2020 and AR20220009417 on 29 March 2023.

X [REDACTED]

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CHAIRPERSON  
[REDACTED]

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. On 25 August 2017, the Office of the Undersecretary of Defense for Personnel and Readiness issued clarifying guidance for the Secretary of Defense Directive to Discharge Review Boards (DRBs) and Boards for Correction of Military/Naval Records (BCM/NRs) when considering requests by veterans for modification of their discharges due in whole or in part to: mental health conditions, including PTSD, traumatic brain injury, sexual assault, or sexual harassment. Boards are to give liberal consideration to veterans petitioning for discharge relief when the application for relief is based, in whole or in part, on those conditions or experiences.

2. Title 10, U.S. Code, chapter 61, provides the Secretaries of the Military Departments with authority to retire or discharge a member if they find the member unfit to perform military duties because of physical disability. The U.S. Army Physical Disability Agency is responsible for administering the Army physical disability evaluation system (DES) and executes Secretary of the Army decision-making authority as directed by Congress in chapter 61 and in accordance with DOD Directive 1332.18 (Discharge Review Board (DRB) Procedures and Standards) and Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation).

a. Soldiers are referred to the disability system when they no longer meet medical retention standards in accordance with Army Regulation 40-501 (Standards of Medical Fitness), chapter 3, as evidenced in a Medical Evaluation Board (MEB); when they receive a permanent medical profile rating of 3 or 4 in any factor and are referred by an Military Occupational Specialty (MOS) Medical Retention Board (MMRB); and/or they are command-referred for a fitness-for-duty medical examination.

b. The disability evaluation assessment process involves two distinct stages: the MEB and Physical Evaluation Board (PEB). The purpose of the MEB is to determine whether the service member's injury or illness is severe enough to compromise his/her ability to return to full duty based on the job specialty designation of the branch of service. A PEB is an administrative body possessing the authority to determine whether or not a service member is fit for duty. A designation of "unfit for duty" is required before an individual can be separated from the military because of an injury or medical condition. Service members who are determined to be unfit for duty due to disability either are separated from the military or are permanently retired, depending on the severity of the disability and length of military service. Individuals who are "separated" receive a one-time severance payment, while veterans who retire based upon disability receive monthly military retired pay and have access to all other benefits afforded to military retirees.

c. The mere presence of a medical impairment does not in and of itself justify a finding of unfitness. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the Soldier may reasonably be expected to perform because of his or her office, grade, rank, or rating. Reasonable performance of the preponderance of duties will invariably result in a finding of fitness for continued duty. A Soldier is physically unfit when a medical impairment prevents reasonable performance of the duties required of the Soldier's office, grade, rank, or rating.

3. Army Regulation 635-40 establishes the Army Disability Evaluation System and sets forth policies, responsibilities, and procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of his office, grade, rank, or rating. Only the unfitting conditions or defects and those which

contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability.

a. Disability compensation is not an entitlement acquired by reason of service-incurred illness or injury; rather, it is provided to Soldiers whose service is interrupted and who can no longer continue to reasonably perform because of a physical disability incurred or aggravated in military service.

b. Soldiers who sustain or aggravate physically-unfitting disabilities must meet the following line-of-duty criteria to be eligible to receive retirement and severance pay benefits:

(1) The disability must have been incurred or aggravated while the Soldier was entitled to basic pay or as the proximate cause of performing active duty or inactive duty training.

(2) The disability must not have resulted from the Soldier's intentional misconduct or willful neglect and must not have been incurred during a period of unauthorized absence.

c. The percentage assigned to a medical defect or condition is the disability rating. A rating is not assigned until the PEB determines the Soldier is physically unfit for duty. Ratings are assigned from the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD). The fact that a Soldier has a condition listed in the VASRD does not equate to a finding of physical unfitness. An unfitting, or ratable condition, is one which renders the Soldier unable to perform the duties of their office, grade, rank, or rating in such a way as to reasonably fulfill the purpose of their employment on active duty. There is no legal requirement in arriving at the rated degree of incapacity to rate a physical condition which is not in itself considered disqualifying for military service when a Soldier is found unfit because of another condition that is disqualifying. Only the unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability.

4. Title 10, U.S. Code, section 1201, provides for the physical disability retirement of a member who has at least 20 years of service or a disability rating of at least 30 percent. Title 10, U.S. Code, section 1203, provides for the physical disability separation of a member who has less than 20 years of service and a disability rating of less than 30 percent.

5. Title 38, U.S. Code, section 1110 (General – Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the

active military, naval, or air service, during a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

6. Title 38, U.S. Code, section 1131 (Peacetime Disability Compensation – Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during other than a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

7. Title 10, U.S. Code, section 1556 requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//