

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]
[REDACTED]

BOARD DATE: 12 March 2024

DOCKET NUMBER: AR20230009003

APPLICANT REQUESTS: upgrade of her under honorable conditions (general) discharge to honorable due to an undiagnosed mental illness from a military sexual assault (MST).

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

- DD Form 149 (Application for Correction of Military Record)
- Medical Documentation

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, section 1552(b); however, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.

2. The applicant states, in effect:

- she was suffering from undiagnosed mental illness after suffering a MST, while in the Army, which caused her to have post-traumatic stress disorder (PTSD)
- she suffers from depression with suicidal ideation due to undiagnosed mental illness
- she received multiple counseling's, which led to her discharge, because she went to Mexico, while on leave, not knowing it was not allowed.
- she did not know she could reapply for an upgrade after new rules were added in 2014, for PTSD and MST

3. The applicant provides medical documentation showing she has been diagnosed with PTSD secondary to a MST. The applicant reported an incident of MST, which occurred in early 2010, while she was stationed at Fort Polk, Louisiana. She did not report the incident to anyone in authority.

4. The applicant provides medical documentation, which will be reviewed by the behavioral health staff at the Army Review Boards Agency.

5. The applicant's service record contains the following document:

a. DD Form 4 (Enlistment/Reenlistment Document Armed Forces of the United States) shows the applicant enlisted in the Regular Army on 27 January 2009.

b. Orders 293-02, published by Headquarters, 4th Brigade Combat Team, 10th Mountain Division, dated 20 October 2009 show the applicant changed her last name effective 18 August 2009.

c. Memorandum for Record from a physician's assistant (PA), dated 17 November 2009, states the memorandum was to certify the applicant had abdominal surgery through a civilian provider, on 12 November 2009. On 13 November 2009, it was requested the applicant be granted convalescent leave until 4 January 2010. After the PA examined the applicant, he recommended 14 days convalescent leave with an end date of 1 December 2009. The applicant would follow-up with the PA to receive a limiting profile for an additional 14 days.

d. Letter from a Doctor in Mexico dated 30 April 2010 states he received \$5,400 from the applicant for laparoscopic band surgery. The surgery would be performed on 30 April 2010 [sic] and the applicant was discharged without mental and/or medical complications and with recommendations and instruction. The letter included an operative report.

e. DA Forms 4856 (Developmental Counseling Form) shows the applicant was counseled on:

(1) 3 May 2010: for failing to obey an order, participating in an unauthorized medical procedure, and going outside the mileage radius to a foreign country. The applicant agreed with the counseling and signed the form.

(2) 19 May 2010: for failing to obey an order or regulation and failing to be at a medical appointment. The applicant agreed with the counseling and signed the form.

(3) 24 May 2010: for failing to obey an order or regulation and failing to be at a medical appointment. The applicant disagreed with the counseling stating she was at work and had told her shift leader about her appointment. She was so involved with work it slipped her mind. She signed the form.

(4) 24 May 2010: to determine why the applicant was not at her appointed place of duty, to implement measures to prevent similar situations from occurring, for failing to

obey an order or regulation, and failing to be at a medical appointment. The applicant disagreed with the counseling stating, she had forgotten about her appointment on 18 May. She was on leave and was sidetracked. On 20 May, she was at work and informed her shift leader about her appointment. She was trying to get her work done by 1600. When her shift leader reminded her about the appointment at 1600, it was already too late. It was also noted in the counseling statement that if her conduct continues, action may be initiated to separate her from the Army; and that if she was involuntary separated, she could receive an honorable, general or other than honorable discharge. The applicant signed the form.

f. DA Form 268 (Report to Suspend Favorable Personnel Actions (Flag)), shows the applicant was flagged for adverse action on 24 May 2010.

g. DD Form 2808 (Report of Medical Examination), dated 2 August 2010, does not show the applicant had any medical or mental health issues and was qualified for separation. Her DD form 2807-1 (Report of Medical History) shows she was seeing a psychologist for depression but was not having problems at the time she completed the form. It also shows she had gastric banding in April 2010.

e. Mental Status Evaluation, dated 5 August 2010, shows the applicant had the capacity to understand and participate in the evaluation and was mentally responsible. The evaluation did not reveal any psychiatric conditions or symptoms that would impair her ability to participate in separation proceedings. She was psychiatrically cleared for any administrative action deemed appropriate by the command.

f. An undated memorandum shows the applicant's commander, initiated action to separate the applicant under the provisions of Army Regulation (AR) 635-200, paragraph 14-12c (Commission of a Serious Offense) for failing to obey a lawful order by wrongfully traveling to Juarez, Mexico; for having a medical procedure, which was prohibited in the military, and for failing to be at her appointed place of duty on diverse occasions. The commander recommended an under honorable conditions (general) discharge. On 20 August 2010, the applicant acknowledged receipt of the initiation of separation.

g. On 24 August 2010, the applicant acknowledged she had been afforded the opportunity to consult with counsel. She had been advised, by her counsel, of the basis of the contemplated action to separate her for commission of serious offenses, its effects, the rights available to her, and the effect of any action taken by waiving her rights. The applicant waived her right to have her case heard by an administrative separation board on the condition she receive a characterization of service no less favorable than under honorable conditions (general). She declined to submit statements on her own behalf. The applicant had not filed an unrestricted report of sexual assault within 24 months of initiation of separation.

h. The applicant's chain of command recommended approval of the discharge with an under honorable conditions (general) discharge. On 27 August 2010, the appropriate approval authority directed the applicant's separation and the issuance of an under honorable conditions (general) discharge.

i. On 10 September 2009, the applicant in the rank of specialist/E-4, was discharged accordingly. Her DD Form 214 shows she was discharged in accordance with paragraph 14-12c of AR 635-200 with a general, under honorable conditions characterization of service. She completed 1 year, 7 months, and 14 days of net active service. The narrative reason for separation was misconduct, (serious offense), her separation code was JKQ and her reentry code was RE-3. She was awarded or authorized the:

- National Defense Service Medal
- Global War on Terrorism Service Medal
- Army Service Ribbon

6. On 18 October 2010, the applicant applied to the Army Discharge Review Board (ADRB) requesting an upgrade of her discharge in Docket Number AR20100026288 stating:

a. She was discharged for getting surgery, but her discharge says misconduct, serious offense. She was overweight and had lap band surgery unaware that it was not permitted. She did it to be a better Soldier. She got an under honorable conditions (general) discharge and she was facing hardship obtaining work due to that reason.

b. On 15 August 2011, the ADRB sent the applicant a letter stating after careful review of her application, military records, and all other available evidence, the ADRB determined she was properly and equitably discharged. Accordingly, her request for a change in the character and/or reason of her discharge was denied.

7. On 28 August 2023, the Criminal Investigation Division (CID) responded to a request for a redacted CID/Military Police Report(s) pertaining to the applicant's claim of a MST. A search of the Army criminal file indexes revealed no sexual assault records pertaining to the applicant.

8. Based on the applicant's assertion she was diagnosed with PTSD due MST and the medical documents showing she was diagnosed with PTSD, the ARBA Medical Section provided a medical review for the Board's consideration.

9. MEDICAL REVIEW:

a. The applicant requests upgrade of her under honorable conditions, general, discharge to honorable. She contends her misconduct was related to PTSD secondary to MST.

b. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following: 1) The applicant enlisted into the Regular Army on 27 January 2009; 2) Memorandum for Record from a physician's assistant (PA), dated 17 November 2009, states the memorandum was to certify the applicant had abdominal surgery through a civilian provider, on 12 November 2009. On 13 November 2009; 3) A Letter from a doctor in Mexico, dated 30 April 2010 states he received \$5,400 from the applicant for laparoscopic band surgery. The surgery was performed on 30 April 2010 [sic] and the applicant was discharged without mental and/or medical complications and with recommendations and instruction; 4) As outlined in the ROP the applicant was counseled on several occasion in May 2010 for misconduct to include failing to obey orders, obtaining an unauthorized medical procedure, going outside mileage radius to a foreign country and FTR; 5) An undated memorandum shows the applicant's commander initiated action to separate the applicant under the provisions of Army Regulation 635-200, paragraph 14-12c (Commission of a Serious Offense) for failing to obey a lawful order by wrongfully traveling to Juarez, Mexico; for having a medical procedure, which was prohibited in the military, and for failing to be at her appointed place of duty on diverse occasions; 6) The applicant's chain of command recommended approval of the discharge with an under honorable conditions (general) discharge. On 27 August 2010, the appropriate approval authority directed the applicant's separation and the issuance of an under honorable conditions (general) discharge, and on 10 September 2009 the applicant was discharged accordingly.

c. The military electronic medical record (AHLTA), VA electronic medical record (JLV), ROP, and casefiles were reviewed. A review of AHLTA shows the applicant initial BH-related encounter occurred on 21 January 2010 whereby the applicant was seen for SRP psychoeducational briefing. The applicant endorsed depressed mood, anhedonia, and sleep difficulty with bad dreams. She reported the symptoms were related to family issues and was referred to Military One Source. Encounter note dated 12 March 2010 shows the applicant was seen at the BH Clinic and reported depressed mood for the past 3 to 4 months. She reported dissatisfaction with her job as a cook, noting she had always been a secretary. She noted a previous history of depression but stated it never lasted as long and that she was better able to cope with it then. She reported depressed mood, anhedonia, sleep problems, difficulty with memory and concentration, and weight gain of 10 to 15 pounds over the past four months. She stated she saw an ad on television, was sure she had depression, and was seeking medication to address her symptoms. She was diagnosed with Depression and scheduled for follow-up.

d. On 18 March 2010 the applicant presented for follow-up and reported a slight elevation in mood subsequent to discontinuing alcohol as a sleep aid. She expressed low motivation to continue talk therapy and reiterated her desire for medication management, only, due to her busy schedule. She noted having a psychiatric appointment already scheduled. On 9 April 2010 the applicant presented to psychiatry with complaints of depressive symptoms. She reported some issues adjusting to the military lifestyle and additional stressors related to her husband's ex-wife still calling and harassing them, and her husband recently filing bankruptcy and being between jobs. She reported brief SI one week ago but denied any plans or intent. The provider noted the MSE was negative for MDD or other major psychiatric disorder. He opine the applicant was instead dealing with multifocal issues to include adjustment to the military, financial stressors, and being separated from her husband. The applicant was diagnosed with Depression NOS, prescribed psychotropic medication and scheduled for follow-up. A 4 June 2010 encounter note shows the applicant contacted her PCP/Respect-Mil provider on 4 June 2010 and reported feeling a lot better, denied any acute BH concerns, and endorsed being medication compliant. On 5 August 2010 the applicant underwent a Chapter 14 MSE. She reported that she had an elective gastric surgery, for weight control, completed by a civilian provider but did not know the procedure was not allowed for Soldiers. She noted that she now understands what she did was wrong and understands there are repercussions. The examiner found the applicant psychiatrically cleared for any administrative action deemed appropriate by command. On 19 August 2010 the applicant was seen by psychiatry for medication refill and on 2 September the applicant presented to the clinic for out-processing.

e. A review of JLV shows the applicant 50 percent SC for Limited Extension of the thigh. JLV does not show the applicant with a SC BH condition, however, the applicant's Initial PTSD DBQ dated 1 January 2024 shows the applicant was diagnosed with PTSD secondary to MST. The applicant reported that she was sexually assaulted on 1 January 2010 at Fort Polk. She was reportedly at a club drinking with other Soldiers and one offered to give her a ride back to her home on post. She reportedly does not remember the ride back to her home but awoke with scratches and hickeys on her body, and she ached. The examiner deemed the applicant endorsed sufficient symptoms to meet criteria for PTSD secondary to MST.

f. A review of the records shows the applicant initial BH-related treatment engagement with the VA occurred in October 2011. The applicant presented to the primary care clinic with complaints of depression for the past year, discontinuing her medication, and increased alcohol usage. She expressed a desire to restart depression medication. She was diagnosed with Depression, prescribed anti-depressant medication, and scheduled for follow-up. Encounter note dated 17 November 2011 shows the applicant presented for a walk-in visit after calling the Veteran's Crisis Line due to thoughts of suicidal ideation. During the session the applicant was joined by her spouse and reported depressed mood, increased alcohol intake of up to two bottle of wine per day, and the spouse noted the applicant also abusing her anti-depressant

medication. The provider suggested the possibility of psychiatric hospitalization, which prompted the applicant to leave the session against medical advice. The provider noted diagnoses of Alcohol Dependence r/o Alcohol Induced Mood Disorder and requested a wellness check by local PD. Records show the applicant was psychiatrically admitted for SI/HI on 1 December 2011 after calling the Veteran's hotline expressing concerns for her safety and the safety of her husband. She reported having tried to suffocate her husband while he was sleeping, as she was having a flashback. She reported having thoughts of wanting to kill them both. Records show the applicant was hospitalized from 17 November – 31 November 2011 and again from 1 December – 22 December 2011; inpatient notes were not available for review. Encounter note date 6 February 2012 shows the applicant presented for a BH intake with complaints of depressed mood, anxiety, and alcohol related problems. She reported drinking 3+ times per week, consuming a 12 pack per iteration. She reported her excessive drinking began after an MST incident that occurred approximately 2.5 years prior. She characterized her MST by verbal sexual harassment and an instance of rape. She shared that her husband was not aware of the rape. She was diagnosed with Alcohol Dependence, Depressive Disorder NOS, and a r/o for PTSD and scheduled for follow up. Encounter note dated 24 March 2014 shows the applicant was diagnosed with PTSD secondary to MST. She reported continued depression, anxiety, panic symptoms, and isolative behavior, and endorsed being psychiatrically hospitalized on approximately 6 occasions since 2011. She also reported fear of driving, fear of leaving her home, no desire for sexual intimacy, marital problems, sleep problems, and issues with normality. She was recommended for Cognitive Processing Therapy and scheduled for outpatient therapy. Records show the applicant has engaged in outpatient and inpatient treatment, intermittently, for PTSD, Unspecified Depressive Disorder, Unspecified Anxiety Disorder and Alcohol Use Disorder, to date, with fair results.

g. The applicant requests upgrade of her under honorable conditions, general, discharge to honorable. She contends her misconduct was related to PTSD secondary to MST. A review of the records shows the applicant was diagnosed with Depression, during her active-duty service. Post-service records show the applicant diagnosed with PTSD secondary to MST, Unspecified Depressive Disorder, Unspecified Anxiety Disorder, and Substance Use Disorder related to PTSD. JVL shows the applicant current 50 percent service-connected for physical ailments but do not show the applicant with a BH SC disability. It should be noted that the Initial PTSD DBQ was only recently completed (10 January 2024) and the BH SC may have yet to be updated. Regarding mitigation, given the nexus between PTSD and avoidance PTSD and problems with authority, there is a nexus between the applicant's misconduct characterized by FTR to medical appointments and disobeying lawful orders related to that failure, such that the misconduct is mitigated. However, misconduct characterized by wrongfully traveling to a foreign country to have an unauthorized procedure is not mitigated. There is nothing in the records to suggest the applicant's decision to have elective gastric surgery, performed in Mexico, was related to the MST. Given that she

had an elective abdominal procedure done by a plastic surgeon in November 2009, and had placed a deposit for the Gastric surgery, one can infer the procedure was already planned. Also, in the applicant's self-statement and during her Chapter MSE she reports being unaware that she could not travel to Mexico and unaware the procedure was prohibited, and that she accepts the consequences for her actions. There is no evidence in the record that the applicant had a condition of such severity that she could not differentiate between right and wrong and adhere to the right. However, given the applicant is diagnosed with PTSD secondary to MST, and in keeping with the Agency's position to attempt to make whole service-member who have suffered from MST, the Board might consider an upgrade to HD/SA.

h. After reviewing the available evidence, it is the opinion of this medical advisor that the applicant had a condition or experience during her time in service that partially mitigates her misconduct.

Kurta Questions:

(1) Does any evidence state that the applicant had a condition or experience that may excuse or mitigate a discharge? Yes. The applicant contends her misconduct was related to PTSD/MST

(2) Did the condition exist or experience occur during military service? Yes.

(3) Does the condition or experience actually excuse or mitigate the discharge? Partially. A review of the records shows the applicant was diagnosed with Depression, during her active-duty service. Post-service records show the applicant diagnosed with PTSD secondary to MST, Unspecified Depressive Disorder, Unspecified Anxiety Disorder, and Substance Use Disorder related to PTSD. JVL shows the applicant current 50 percent service-connected for physical ailments but do not show the applicant with a BH SC disability. It should be noted that the Initial PTSD DBQ was only recently completed (10 January 2024) and the BH SC may have yet to be updated. Regarding mitigation, given the nexus between PTSD and avoidance PTSD and problems with authority, there is a nexus between the applicant's misconduct characterized by FTR to medical appointments and disobeying lawful orders related to that failure, such that the misconduct is mitigated. However, misconduct characterized by wrongfully traveling to a foreign country to have an unauthorized procedure is not mitigated. There is nothing in the records to suggest the applicant's decision to have elective gastric surgery, performed in Mexico, was related to the MST. Given that she had an elective abdominal procedure done by a plastic surgeon in November 2009, and had placed a deposit for the Gastric surgery, one can infer the procedure was already planned. Also, in the applicant's self-statement and during her Chapter MSE she reports being unaware that she could not travel to Mexico and unaware the procedure was prohibited, and that she accepts the consequences for her actions. There is no

evidence in the record that the applicant had a condition of such severity that she could not differentiate between right and wrong and adhere to the right. However, given the applicant is diagnosed with PTSD secondary to MST, and in keeping with the Agency's position to attempt to make whole service-member who have suffered from MST, the Board might consider an upgrade to HD/SA.

BOARD DISCUSSION:

After reviewing the application, all supporting documents, and the evidence found within the applicant's military records, the Board found that relief was warranted. The Board carefully considered the applicant's request, supporting documents, evidence in the records, and published DoD guidance for liberal consideration of discharge upgrade requests. The Board considered the applicant's statement, the applicant's record of service, the frequency and nature of the applicant's misconduct and the reason for separation. The applicant was discharged from active duty due to Misconduct - Commission of a Serious Offense with a general under honorable conditions discharge. The Board found no error or injustice in her separation processing. The Board considered the medical records, any VA documents provided by the applicant and the review and conclusions of the advising official. The Board concurred with the medical advisory opinion finding sufficient evidence to support the applicant had condition or experience that partially mitigated her misconduct. The Board determined an honorable characterization of service is appropriate under published DoD guidance for liberal consideration of discharge upgrade requests. Additionally, the Board also determined that such upgrade did not change the underlying reason for the applicant's separation, and that there would be no change to the narrative reason for separation and/or corresponding codes.

BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

█	█	█	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:	:	:	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The Board determined the evidence presented is sufficient to warrant a recommendation for relief. As a result, the Board recommends that all Department of the Army records of the individual concerned be corrected by amending the applicant's DD Form 214 for the period ending 10 September 2009, showing:

- Character of Service: Honorable
- Separation Authority: No Change
- Separation Code: No Change
- Reentry Code: No Change
- Narrative Reason for Separation: No Change



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. Title 10, U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.

2. AR 635-200 (Active Duty Enlisted Administrative Separations) prescribed the policy for enlisted separations.

a. An honorable discharge is a separation with honor and entitles a Soldier to full Federal rights and benefits provided by law. The honorable characterization is appropriate when the quality of the Soldier's service generally has met the standards of acceptable conduct and performance of duty for Army personnel or is otherwise so meritorious that any other characterization would be clearly inappropriate.

b. Chapter 14 of the regulation dealt with separation for various types of misconduct. The issuance of a discharge under other than honorable conditions (UOTHC) was normally considered appropriate for separations under the provisions of chapter 14. In a case in which an UOTHC is authorized by regulation, a member may be awarded an honorable or general discharge, if during the current enlistment period of obligated service, he has been awarded a personal decoration or if warranted by the particular circumstances of a specific case. Paragraph 14-12c provided for the separation of a Soldier due to commission of a serious military or civil offense if the specific circumstances of the offense warrant separation and a punitive discharge would be authorized for the same or a closely related offense under the Manual for Court-Martial.

3. AR 635-5-1 (Personnel Separations – Separation Program Designator (SPD) Codes), in effect at the time, prescribes the specific authorities, reasons for separating Soldiers from active duty, and the SPD codes to be entered on DD Form 214. It shows code JKQ is used for discharge for misconduct.

4. AR 601-210 (Regular Army and Reserve Components Enlistment Program) table 3-1 (U.S. Army reentry eligibility codes) states:

a. RE-1: Applies to: Person completing his or her term of active service who is considered qualified to reenter the U.S. Army.

b. RE-3: Applies to: Person who is not considered fully qualified for reentry or continuous service at time of separation or disqualification is waiverable.

c. RE-4: Applies to: Person separated from last period of service with a nonwaiverable disqualification.

5. On 3 September 2014, the Secretary of Defense directed the Service Discharge Review Boards (DRBs) and Service Boards for Correction of Military/Naval Records (BCM/NRs) to carefully consider the revised PTSD criteria, detailed medical considerations and mitigating factors when taking action on applications from former

service members administratively discharged under other than honorable conditions and who have been diagnosed with PTSD by a competent mental health professional representing a civilian healthcare provider in order to determine if it would be appropriate to upgrade the characterization of the applicant's service.

6. 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 DRBs and 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 (TBI); sexual assault; or sexual harassment. Standards for review should rightly consider the unique nature of these cases and afford each veteran a reasonable opportunity for relief even if the sexual assault or sexual harassment was unreported, or the mental health condition was not diagnosed until years later. 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. The guidance further describes evidence sources and criteria and requires Boards to consider the conditions or experiences presented in evidence as potential mitigation for misconduct that led to the discharge.

7. On 25 July 2018, the Under Secretary of Defense for Personnel and Readiness issued guidance to Military Discharge Review Boards and Boards for Correction of Military/Naval Records (BCM/NRs) regarding equity, injustice, or clemency determinations. Clemency generally refers to relief specifically granted from a criminal sentence. BCM/NRs may grant clemency regardless of the type of court-martial. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to other corrections, including changes in a discharge, which may be warranted based on equity or relief from injustice.

a. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. In determining whether to grant relief on the basis of equity, injustice, or clemency grounds, BCM/NRs shall consider the prospect for rehabilitation, external evidence, sworn testimony, policy changes, relative severity of misconduct, mental and behavioral health conditions, official governmental acknowledgement that a relevant error or injustice was committed, and uniformity of punishment.

b. Changes to the narrative reason for discharge and/or an upgraded character of service granted solely on equity, injustice, or clemency grounds normally should not result in separation pay, retroactive promotions, and payment of past medical expenses or similar benefits that might have been received if the original discharge had been for the revised reason or had the upgraded service characterization.

8. 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//