ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 6 September 2024

DOCKET NUMBER: AR20240000160

APPLICANT REQUESTS: correction of his DD Form 214 (Certificate of Release or Discharge from Active Duty) to show:

- he was discharged for physical disability due to post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) vice personality disorder
- Purple Heart
- Combat Medical Badge
- Combat Infantryman Badge

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

- DD Form 149 (Application for Correction of Military Record)
- DD Form 214
- third-party Memorandum for Record, dated 30 June 2016, subject: Vehicle Accident
- Department of Veterans Affairs (VA) benefits decision letter
- VA summary of benefits letter

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 he was in a motor vehicle accident while riding in the back of a forward support vehicle in a communications chair with no seatbelt available.

3. The portion of the applicant’s request pertaining to the Purple Heart, Combat Medical Badge, and Combat Infantryman Badge will not be addressed by the Board because this portion of his request is premature. There is no evidence he requested these awards through the U.S. Army Human Resources Command as prescribed in Army Regulation 600-8-22 (Military Awards) and was denied relief. Veterans and retirees may submit requests for retroactive award of the Combat Infantryman Badge, Combat

Medical Badge, and Purple Heart to the Commanding General, U.S. Army Human Resources Command (AHRC – PDP – A), 1600 Spearhead Division Avenue, Fort Knox, KY 40122, with substantiating documents/evidence, medical records, casualty reports, witness statements, and/or other evidence of eligibility or entitlement to each award.

4. The applicant enlisted in the Regular Army on 10 January 2002. He was awarded military occupational specialty (MOS) 91W (Nuclear Medical Specialist) upon completion of initial entry training.

5. The applicant's Enlisted Record Brief shows he was assigned to Headquarters and Headquarters Battery (HHB), 3rd Infantry Division Artillery, beginning on 12 August 2002. He served in support of Operation Iraqi Freedom from 23 January to 17 July 2003.

6. The applicant's records contain an Army Commendation Medal Certificate showing he was awarded Army Commendation Medal for meritorious achievement during Operation Iraqi Freedom from 20 March to 1 May 2003 by Permanent Orders Number 110-19, issued by Headquarters, 3rd Infantry Division Artillery on 20 April 2003.

7. On 4 March 2004, the applicant underwent a command-referred mental status evaluation after a suicidal gesture. He was diagnosed as follows:

- Axis I: no diagnosis
- Axis II: personality disorder, not otherwise specified (NOS)
- Axis III: none
- Axis IV: routine military stressors, primary support group, partner relational problems

8. The evaluating psychiatrist indicated the applicant met the retention requirements of chapter 3, Army Regulation (AR) 40-501 (Standards of Medical Fitness) and did not require a medical board evaluation. The evaluating psychiatrist recommended his expeditious separation under the provisions of AR 635-200 (Active Duty Enlisted Administrative Separations), paragraph 5-13, based on the diagnosis of personality disorder, NOS.

9. On 6 May 2004, the applicant's commander informed him that he was initiating action to separate him from the Army under the provisions of AR 635-200, paragraph 5- 13 for personality disorder. The applicant was advised of his rights to consult with legal counsel, submit statements in his own behalf, and to waive his rights in writing.

10. On 7 May 2004, the applicant consulted with legal counsel and he was advised of the basis for the contemplated action to separate him for a personality disorder and its

effects, of the rights available to him, and the effect of any action taken by him in waiving his rights. He elected not to submit statements in his own behalf.

11. On 11 May 2004, the separation authority approved the applicant's separation under the provisions of AR 635-200, paragraph 5-13, by reason of personality disorder and directed he receive an honorable characterization of service.

12. The applicant's DD Form 214 shows he was honorably discharged on 25 May 2004 under the provisions of AR 635-200, paragraph 5-13, by reason of personality disorder. The DD Form 24 also shows he completed 2 years, 4 months, and 16 days of active service. The DD Form 24 does not show the Army Commendation Medal in block 13 (Decorations, Medals, Badges, Citations and Campaign Ribbons Awarded or Authorized). It shows he was awarded/authorized:

- Presidential Unit Citation
- Army Good Conduct Medal
- National Defense Service Medal
- Global War on Terrorism Service Medal
- Global War on Terrorism Expeditionary Medal
- Army Service Ribbon
- Army Lapel Button

13. The applicant provided:

a. A Memorandum for Record from a former member of his unit, dated 30 June 2016, subject: Vehicle Accident, stating the following:

> To whom it may concern, I [Sergeant First Class G] was with [the applicant] on a deployment during Operation Iraqi Freedom in 2003. I was the driver and had been awake driving for more than thirty-six hours straight without sleep. During that time on the initial invasion of Iraq, [the applicant] was in the back of the vehicle we were in and I happened to run off of a bridge due to the lack of sleep I had. [The applicant] had hit the back of his head when this happened and he looked very disoriented when I went to check on him and stated at the time that he had whiplash from the impact of the crash. I was removed as the driver and allowed to sleep and was replaced by our Section Chief [Staff Sergeant G]. [The applicant] was monitored for concussions and injuries after we reached the Baghdad International Airport in Baghdad, Iraq. [The applicant] completed his tour of Iraq and we left in the early 2004.

b. VA documents showing he was granted service-connected disability compensation for various conditions that include TBI related to PTSD-Combat).

15. 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.

16. MEDICAL REVIEW:

1. The applicant is applying to the ABCMR requesting a correction to his DD Form 214 to show he was discharged for physical disability due to Posttraumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) rather than personality disorder, a Purple Heart, Combat Medical badge, and Combat Infantryman Badge. Requests to add awards to his records is outside of the scope of this Advisory and will not be addressed. 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 in the Regular Army (RA) on 10 January 2002 as a nuclear medical specialist. He served in support of Operation Iraqi Freedom (OIF) from 23 January to 17 July 2003, 2) on 04 March 2004, the applicant underwent a command-directed behavioral health evaluation (CDBHE) following a suicide attempt and was diagnosed with Personality Disorder, Not Otherwise Specified (NOS), 3) the applicant was discharged on 11 May 2004 under the provisions of Army Regulation (AR) 635-200, paragraph 5-13, by reason of personality disorder, 4) the applicant provided a memorandum from a former member of his unit confirming an in-service motor vehicle accident while deployed stating the applicant hit the back of his head, was disoriented when he went to check on him, and said he had whiplash from the impact of the crash. It was further noted that the applicant was monitored for concussions and injuries after they reached the Baghdad International Airport and completed his tour in Iraq.

2. The Army Review Board Agency (ARBA) Medical Advisor reviewed the ROP and casefiles, supporting documents and the applicant's military service and available medical records. The VA's Joint Legacy Viewer (JLV) was also examined. In-service medical records available via the Veterans Benefits Management System (VBMS) were reviewed. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

3. Limited in-service medical records were available for review in JLV from 26 November 2002 through 18 April 2004, none of which were BH-related. The applicant provided a copy of a memorandum documenting the results of an in-service CDBHE dated 04 March 2004 which was requested by his commander due to a suicide attempt. The available documentation indicates that the applicant had a suicide attempt that was interrupted by members of his unit noting that the applicant reported experiencing several stressors due to 'routine military duties, eventual re-deployment, and his fiancé leaving him.' The provider further noted the applicant had been counseled for two

alcohol offenses and failure to report, that he had no motivation to continue his enlistment, and that he was having ongoing problems coping with his stressors. The provider documented that the applicant had a 'long-standing history of low frustration tolerance and difficulty dealing with outside stressors.' Furthermore, it was noted that he had a long-standing history of problems with anger and impulsivity in response to stressors and that his personality characteristics were unlikely to improve with therapy or counseling. He was diagnosed with Personality Disorder NOS with psychosocial stressors noted as routine military stressors, primary support group, and partner relational problems. The provider documented that the applicant had the mental capacity to understand and participate in the proceedings, that he met retention standards IAW AR 40-501 and did not require a medical board evaluation (MEB), that his condition was not amenable to future treatment nor rehabilitation and that fitness for duty and suitability for service was unlikely. He was recommended for administrative separation IAW AR 635-200, Chapter 5-13 and it was recommended to restrict access to weapons and ammunition.

4. In-service military treatment records that were available via VBMS were reviewed. The applicant's Report of Medical History for the purposes of enlistment dated 15 September 2001 showed no history of BH problems or concerns. A pre-deployment health assessment dated 15 January 2003 documented that the applicant rated his overall health as 'poor.' He also marked 'yes' to having sought counseling or mental health services in the past year and remarks indicated that he reported seeing a psychiatrist and had a 'lot of stress at the moment.' On a depression screener, he endorsed 'some' to having little interest or pleasure in doing things. A post-deployment health assessment dated 23 July 2003 documented that the applicant rated his overall health as 'fair.' He marked 'no' to interest in receiving help for stress, emotional, or a family problem. He did endorse that he felt as though he was in great danger of being killed during his deployment; however, the applicant marked 'no' to all items on a 4-item PTSD screener. The applicant denied having any medical or dental problems start during the deployment though indicated his back and nerves may affect his health. A neuro consultation was placed for a worsening tremor and physical therapy for back pain. On his Report of Medical Examination dated 19 April 2004 for the purposes of chapter separation, the provider documented that the applicant was diagnosed with personality disorder. The associated Report of Medical History dated 16 April 2004 documented that the applicant endorsed the following BH-related problems: trouble sleeping, received counseling of any time, depression, or excessive worry, been evaluated or treated for a mental condition, and attempted suicide. In the remarks section, it was noted that the applicant reported he did not get more than 3.5 hours of sleep per night and that he had been to the Army Substance Abuse Program (ASAP) and mental health. It was further noted that the applicant reported he had recently broken up with his fiancé and that he had been in a depression for 6-8 weeks. Furthermore, he reported that he attempted suicide by hanging himself due to the break-up and with the stress he was experiencing with his ex-fiancé. He also endorsed

a period of ‘unconsciousness or concussion’ and in the remarks section noted he was evaluated in the emergency room (ER) in September 2003 following a motor vehicle accident. The provider noted that he had a mild concussion though reported no current problems. He was medically cleared for separation.

5. Review of JLV shows the applicant is 100% service-connected through the VA, 70% for PTSD and 10% for traumatic brain disease, as well as several other physical health concerns. The applicant underwent several Compensation and Pension (C&P) examinations through the VA for evaluation of PTSD and TBI. Regarding his evaluations for TBI, the applicant completed an initial C&P examination on 15 September 2016 and two subsequent evaluations on 06 July 2017 and 15 November 2023. At the time of his initial C&P examination, the provider diagnosed the applicant with TBI with the date of diagnosis noted as 2003 and which was attributed to the MVA that occurred in Iraq. It was also noted that the applicant endorsed two subsequent MVA’s post-discharge. At the time of his in-service accident, the applicant reported that he felt dizzy and confused for a few hours afterwards, had some nausea, and since then had been experiencing recurrent headaches and episodic dizziness. The provider documented that the applicant had the following residuals: sense of smell and headaches. It was documented that the applicant reported upon returning home from Iraq he was more physically aggressive, irritable, and impulsive. His second C&P examination for TBI conducted on 06 July 2017 documented he had previously been granted 10% service-connection for TBI through the VA with residuals documented as alternation of sense of smell. His last TBI C&P examination was conducted on 15 November 2023 and the provider documented there was no change in diagnosis and no additional diagnosis was rendered. He also underwent four BH C&P examinations (30 March 2016, 12 September 2016, 11 July 2017, 09 November 2023) and was diagnosed with PTSD, Alcohol Use Disorder (AUD), and Neurocognitive Disorder due to TBI. It was documented that he reported having difficulty maintaining intimate relationships due to being triggered by certain events (e.g., reminders of blood, burning skin, and burning hair) which causes him to have flashbacks. He also reported difficulty maintaining employment since being discharged from the Army due to an inability to get along with others. It was documented that the applicant had 37 arrests for drinking, fighting, and resisting arrest with the first occurring in 2004 and the most recent as of the time of the evaluation was 2013. He also reported a history of one DUI in 2009. The applicant reported a reduction in drinking when he was awarded custody of his son though his alcohol consumption increased when he has flashbacks. Post-discharge, it was documented that the applicant reported he sought BH treatment in 2007, primarily through a general doctor and then a psychiatrist and psychologist, which he had gone to off-and-on prior to seeking care through the VA. The applicant reported a previous treatment history with Xanax, Effexor, Wellbutrin, Clonazepam, Zoloft, and others that were not specified. The stressors associated with the applicant’s diagnosis of PTSD were documented as ‘taking care of severely injured people in Iraq’ and ‘Combat in Iraq.’ His diagnosis of PTSD was reaffirmed at each subsequent BH C&P examination.

It was documented during his examination on September 2016 that he reported drinking alcohol at age 21 while in the military because he could not sleep at night due to seeing people die. The C&P examination dated 11 July 2017 attributed the applicant's occupational and social impairment largely to PTSD (>70%) and the attribution to TBI as negligible (<10%).

6. Regarding BH treatment through the VA, he was referred to BH through the VA on 01 February 2016 due to insomnia. It was documented that the applicant endorsed having problems with sleep, nightmares, mood, irritability, depression and anxiety, changes in appetite, decreased concentration, low energy, and anhedonia. He also endorsed some feelings of worthlessness and hopelessness. The applicant reported binge drinking on the weekends and a history of one suicide attempt and that he used alcohol and marijuana to help with sleep. The provider documented that the applicant appeared to meet criteria for PTSD and that many of his BH symptoms appeared to exist prior to military service though were exacerbated by exposure to certain events and excessive alcohol use. The provider provisionally diagnosed the applicant with acute stress disorder with a rule out of PTSD and noted his alcohol intake was above recommended limits with a rule out of AUD. The applicant initiated a comprehensive evaluation for PTSD through the Trauma Recovery Program (TRP) beginning 09 February 2016 and on 16 March 2016 was diagnosed with PTSD, AUD, Moderate, Major Depressive Disorder (MDD) in partial remission. He was referred for group therapy for PTSD and substance use disorder (SUD) treatment prior to beginning evidence-based treatment for PTSD. He was also referred to psychiatry for medication management. On 08 May 2016 during a secondary TBI screening it documented that the applicant had a mild concussion in 2003. He continued with psychiatry through 27 September 2016. The applicant has continued to seek treatment through the VA, mainly via medication management, on-and-off from the time of initiating in 2016 through present day. He was consistently diagnosed with PTSD and it was also noted in his record at times that he was diagnosed with TBI, MDD, insomnia, cued panic attacks, generalized anxiety disorder (GAD). In May 2024, the applicant was seen on a walk-in basis requesting medication. It was noted that he had been arrested for domestic battery, to which alcohol was involved, and had a restraining order and thus was unable to go to his house. The applicant was started on Vivitrol Injection for alcohol cravings as well as Sertraline and BuSpar and was referred for SUD treatment. He was enrolled in SUD treatment beginning 24 June 2024 and has continued treatment through present day noting that he has maintained his sobriety since starting treatment. His last BH note dated 27 August 2024 documented that the applicant was doing well on Abilify (antipsychotic) and was diagnosed with PTSD, Depressive Disorder, Unspecified, history of obsessive-compulsive disorder, AUD, severe, early remission, on aversive agent, and THC use disorder (iatrogenic).

7. A civilian BH intake dated 20 August 2013 that was available via VBMS was reviewed. It was documented that the applicant presented to the appointment due to

having flashbacks when hearing fireworks, and although he had been home from Iraq for 10 years, did not start experiencing PTSD 'until now.' The applicant was diagnosed with PTSD and followed-up with the provider from August 2013 to December 2013, which he was documented to be doing well on medication (Lexapro-antidepressant). He discontinued treatment due to transferring care to the VA.

8. Based on the available information, it is the opinion of the Agency Behavioral Health Advisor that there is insufficient evidence that the applicant had a BH condition in-service that warranted referral to the IDES. Records indicate that the applicant was discharged due to Personality Disorder, NOS and it was documented that he met retention standards IAW AR 40-501. Although there were no in-service BH treatment records available for review aside from his CDBHE, it was documented that the applicant's problems coping with stressors were 'long-standing.' Furthermore, a pre-deployment health assessment documented that the applicant endorsed experiencing significant stressors and had sought BH treatment prior to deployment. Since being discharged from the military, the applicant has been diagnosed and service-connected with PTSD and TBI through the VA. He has also been diagnosed with numerous other BH conditions to include MDD, Depressive Disorder, Unspecified, AUD, insomnia, and THC use Disorder. Personality disorders are characterized by a pervasive pattern of maladaptive coping and interpersonal difficulties and are not medically boardable conditions. Although it is acknowledged by this Advisor that the applicant has not been diagnosed with a personality disorder subsequent to his discharge from the military, there is insufficient evidence indicating that the applicant had a BH condition in-service that fell below retention standards IAW AR 40-501 or required disposition through medical channels. As his in-service psychiatric records aside from the CDBHE were not available for review, the Army Review Boards Agency (ARBA) presumes regularity unless there is documentation to the contrary. Given the above information, there is insufficient evidence that the applicant had a BH condition at the time of discharge that fell below medical retention standards and required disposition through medical channels. As such, a referral to IDES is not warranted.

9. Separately, under today's standards, the applicant's discharge based on his condition would fall under AR 635-200, Chapter 5-14, Other Designated Physical or Mental Health Conditions. Given that the applicant's discharge occurred 20 years ago and he continues to require ongoing treatment for PTSD related to his service, it is recommended that that Board consider updating his reason for discharge to Chapter 5-14 with the narrative reason for separation to 'medical condition, not amounting to disability.

10. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? N/A, the request is for medical retirement.

(2) Did the condition exist or experience occur during military service? N/A, the request is for medical retirement.

(3) Does the condition or experience actually excuse or mitigate the discharge? N/A, the request is for medical retirement.

BOARD DISCUSSION:

After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that partial relief was warranted. The Board carefully considered the applicant's record of service, documents submitted in support of the petition, and executed a comprehensive review based on law, policy, and regulation. Upon review of the applicant's petition, available military records, and the medical review, the Board concurred with the advising official finding insufficient evidence the applicant had a behavioral health condition in-service that warranted referral to the Disability Evaluation System. Based on this, the Board determined referral of his case to the Disability Evaluation System (DES) is not warranted. However, the Board noted and concurred with the medical advisor's review finding today's regulatory standards provide for an administrative discharge under the provisions of Chapter 5-14 vice 5-13, therefore, the Board concluded for administrative regularity, the separation authority and corresponding codes on his DD Form 214 would be amended.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
[redacted]	[redacted]	[redacted]	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:	:	:	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The Board determined the evidence presented is sufficient to warrant 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 25 May 2004 to show in:

- item 25 (Separation Authority): Army Regulation 635-200
- item 26 (Separation Code): JFV
- item 28 (Narrative Reason for Separation): condition, not a disability

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 sets forth the basic authority and procedures for the administrative separation of enlisted personnel. The regulation in effect at the time provides in paragraph 5-13, a Soldier may be separated for personality disorder not amounting to disability per AR 635-40 (Disability Evaluation for Retention, Retirement, or Separation) that interferes with assignment or with performance of duty, when so disposed as indicated below:

a. The condition is a deeply ingrained maladaptive pattern of behavior of long duration that interferes with the Soldier’s ability to perform duty (exceptions: combat exhaustion and other acute situational maladjustments). The diagnosis of personality disorder must have been established by a psychiatrist or doctoral-level clinical psychologist with necessary and appropriate professional credentials who is privileged to conduct mental health evaluations for the Department of Defense components. It is described in the Diagnostic and Statistical Manual of Mental Disorders.

b. Separation because of personality disorder is authorized only if the diagnosis concludes that the disorder is so severe that the Soldier’s ability to function effectively in the military environment is significantly impaired.

c. Separation processing may not be initiated under this paragraph until the Soldier has been counseled formally concerning deficiencies and has been afforded ample opportunity to overcome those deficiencies as reflected in appropriate counseling or personnel records.

3. AR 40-501 provides that for an individual to be found unfit by reason of physical disability, he or she must be unable to perform the duties of his or her office, grade, rank, or rating. Performance of duty despite impairment would be considered presumptive evidence of physical fitness.

4. AR 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 or her office, grade, rank, or rating. It provides that a Medical Evaluation Board is convened to document a Soldier's medical status and duty limitations insofar as duty is affected by the Soldier's status. A decision is made as to the Soldier's medical qualifications for

retention based on the criteria in AR 40-501. The regulation in effect at time states in paragraph 3-1, a mere presence of impairment does not of itself justify a finding of unfitness because of physical disability. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the member reasonably may be expected to perform because of his or her office, rank, grade, or rating.

5. AR 600-8-22 (Military Awards) states:

a. The Purple Heart is awarded for a wound sustained while in action against an enemy or as a result of hostile action. Substantiating evidence must be provided to verify that the wound was the result of hostile action, the wound must have required treatment by medical personnel, and the medical treatment must have been made a matter of official record.

b. The Combat Medical Badge is awarded to medical department personnel (colonel and below) who are assigned or attached to a medical unit of company or smaller size that is organic to an infantry unit of brigade, regimental or smaller size which is engaged in active ground combat. Battle participation credit is not sufficient; the infantry unit must have been in contact with the enemy and the Soldier must have been personally present and under fire during such ground combat. On or after 18 September 2001, the Combat Medical Badge is also awarded to medical personnel assigned or attached to, or under operational control of any ground combat arms or combat aviation units of brigade or smaller size, who satisfactorily perform medical duties while the unit is engaged in active ground combat, provided they are personally present and under fire.

c. The Combat Infantryman Badge is awarded to infantry officers and to enlisted and warrant officers who have an infantry MOS. They must have served in active ground combat while assigned or attached to an infantry unit of brigade, regimental, or smaller size.

6. Title 38, U.S. Code, Sections 1110 and 1131, permit the VA to award compensation for disabilities which were incurred in or aggravated by active military service. However, an award of a VA rating does not establish an error or injustice on the part of the Army.

7. Title 38, Code of Federal Regulations, Part IV is the VA Schedule for Rating Disabilities. The VA awards disability ratings to veterans for service-connected conditions, including those conditions detected after discharge. As a result, the VA, operating under different policies, may award a disability rating where the Army did not find the member to be unfit to perform his duties. Unlike the Army, the VA can evaluate a veteran throughout his or her lifetime, adjusting the percentage of disability based upon that agency's examinations and findings.

8. Section 1556 of Title 10, U.S. Code, 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 ABCMR applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//