ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 20 February 2025

DOCKET NUMBER: AR20240005668

APPLICANT REQUESTS: reconsideration of her prior request for an increase of her physical disability retirement rating from 30 percent to 70 percent.

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

- self-authored statement
- DA Form 2173 (Statement of Medical Examination and Duty Status), 13 April 2021
- National Guard Bureau (NGB) memorandum, 14 June 2021

FACTS:

1. Incorporated herein by reference are military records which were summarized in the previous consideration of the applicant's case by the Army Board for Correction of Military Records (ABCMR) in Docket Number AR20230001755 on 6 October 2023.

2. The applicant states:

a. The purpose of her letter is to request reconsideration of her prior request for an increased physical disability retirement rating from 30 percent to 70 percent. She went through an extremely cumbersome and ambiguous Integrated Disability Evaluation System (IDES) process. As part of her Medical Evaluation Board (MEB), she was sent through a faulty medical examination organized by the Department of Veterans Affairs (VA) through QTC contracted services on behalf of the Army, despite already having a service-connected disability rating for post-traumatic stress disorder (PTSD).

b. Due to the COVID-19 pandemic, her entire IDES experience was ill-informed, rushed, and unjust. She asks the Board to please approve an increase to her disability retirement rating. When she first entered the IDES, she was not briefed on the distinction between the Army’s responsibilities in the MEB and those of the VA.

c. She was injured in the Army and first examined by Army behavioral health providers. An Army attending physician originally signed a DA Form 2173 on 30 June 2016, for behavioral health due to her Iraq deployment, which was never input into the

Armed Forces Health Logistical Application (AHLTA), per the signature on the DA Form 2173. She was again examined by an Army licensed clinical social worker (LCSW), who completed the DA Form 2173 on 13 April 2021. On 14 June 2021, the NGB Personnel Division Chief signed an enclosed memorandum as the final approval authority for the DA Form 2173, stating PTSD that occurred during Operation Iraqi Freedom was approved as in the line of duty (LOD). This memorandum was not included in her first request to the ABCMR. The notion of which behavioral health examinations (the Army or the VA) would be sued for which purposes, retirement disability rating versus VA disability rating, was never briefed or explained to her.

d. As part of the IDES, she was sent through another behavioral health examination, orchestrated by the VA. It was never explained to her why she was required to go through an additional behavioral health examination, despite having had her medical condition confirmed on 14 June 2021. The Army behavioral health examinations were completely ignored. During the QTC behavioral health examination, the provider repeatedly told her to respond in 10 words or less before she could respond to any question. She was dumbfounded because she was unable to adequately articulate her response.

e. After the exam, she reached out to both the North Carolina Army National Guard (NCARNG) G1, Medical Office and the QTC to describe what happened in her exam. She was informed that the exam had no bearing on her existing VA rating of 70 percent for PTSD and she did not warrant another exam by another provider. Had she known her retirement rating would be based solely on that examination by a single inconsiderate provider, who did not care to hear how she was still suffering for the mental damage she experienced during combat, especially when she was already examined by a qualified Army behavioral health provider months prior, she would have insisted she receive an additional exam.

f. The COVID-19 pandemic put a strain on the entire medical community. She was unaware that such a strain was eh cause of the misinformation and lack of guidance she received and an effort to rush to complete the IDES process. She was informed that she did not need to make any claims with the VA because she already had a 100 percent total and permanent raring. She concurred with the MEB, believing the decision only determined that she would be medically retired. She was told that her DA Form 2173 for PTSD would determine her rating, since it had not changed from June 2021 to November 2021, when the Physical Evaluation Board (PEB) decided her rating.

g. She asks the Board to consider an increase in her physical disability retirement rating from 30 percent to 70 percent. The arduous and confusing IDES process resulted in her concurrence with the PEB determination. The requirement for an additional behavioral health examination, after having been twice examined by Army behavioral health providers, and the bad judgment of one behavioral health provider lacking

professionalism and care for her as a patient, resulted in a miscalculated physical disability rating. The frustration throughout the allied health community during the COVID-19 pandemic also led to a rushed IDES process and a final PEB determination. A 70 percent physical disability retirement rating is accurate and just. Please increase her rating.

3. After 5 years total service for pay, the applicant was honorably discharged from the ARNG on 23 June 2008, in order to accept an appointment as a commissioned officer in the ARNG effective 24 June 2008.

4. A DD Form 214 (Certificate of Release or Discharge from Active Duty) shows the applicant was ordered to active duty in support of Operation Iraqi Freedom (OIF) on 7 October 2008, with service in Iraq from 12 November 2008 through 10 May 2009. She was honorably released from active duty on 19 August 2009, due to completion of required active service and transferred back to her ARNG unit. She was credited with 10 months and 13 days of net active service this period.

5. A second DD Form 214 shows the applicant was ordered to active duty in support of Operation Joint Guardian (KFOR) on 28 April 2015, with service in Germany from 9 June 2015 through 27 June 2015, and service in Kosovo from 28 June 2015 through 11 March 2016. She was honorably released from active duty on 24 April 2016 due to completion of required active service and transferred back to her ARNG unit. She was credited with 11 months and 27 days of net active service this period.

6. A third DD Form 214 shows the applicant was ordered to Active Duty for Operational Support - Reserve Component (ADOS-RC) under Title 10, U.S. Code, in an ARNG Active Guard/Reserve (AGR) status, with duty in North Carolina, effective 12 March 2017.

7. A VA Rating Decision, 13 July 2017, shows the applicant was granted service connection for left ovarian cyst and fibroids with an evaluation of 10 percent effective 25 April 2016.

8. A VA Rating Decision, 22 May 2018, shows a clear and unmistakable error was found for the effective date of the applicant's residual scars left ovarian cyst laparoscopy and an evaluation of 0 percent was proposed from 22 February 2018.

9. The applicant's third DD Form 214 further shows she was honorably released from active duty effective 14 June 2018, due to completion of required active service and transferred back to her ARNG unit. She was credited with 1 year, 3 months, and 3 days of net active service this period.

10. A fourth DD Form 214 shows the applicant was again ordered to ADOS-RC under Title 10, U.S. Code in an ARNG AGR status, with duty at the U.S. Air National Guard Readiness Center, effective 15 June 2018.

11. A VA letter, 22 June 2018, shows the applicant's original monthly entitlement was awarded in the amount of $1,124.09 on 1 May 2016 and after multiple amount changes, was reduced to $0.00 effective 1 October 2017, due to her return to active duty.

12. The applicant's fourth DD Form 214 further shows she was honorably released from active duty effective 14 June 2020, due to completion of required active service and transferred back to her ARNG unit. She was credited with 3 years, 3 months, and 18 days of net active service this period.

13. A VA Rating Decision, 2 September 2020, shows the previous denial of service-connection for the applicant's lumbar/thoracic strain, claimed as back injury, was confirmed and continued.

14. A VA Rating Decision, 20 November 2020, shows the applicant was granted service-connection for the following conditions with the following ratings and effective dates:

- evaluation of adjustment disorder with mixed anxiety depressed mood, bruxism, claimed as panic attacks, teeth grinding, previously rated as other specified trauma and stressor-related disorder (claimed as PTSD) now claimed as obsessive compulsive disorder, which is currently rated 70 percent is continued
- service-connection for cystitis; urinary frequency is granted with an evaluation of 40 percent effective 15 June 2020
- evaluation of allergic rhinitis, which is currently 10 percent disabling is continued

15. A VA letter, 23 November 2020, shows the applicant was granted service-connection for the following conditions with the following ratings and effective dates:

- female sexual arousal disorder, which is currently 0 percent disabling, is continued
- adjustment disorder with mixed anxiety depressed mood, bruxism claimed as panic attacks, teeth grinding, previously rated as other specified trauma and stressor-related disorder (claimed as PTSD), now claimed as obsessive compulsive disorder, which is currently 70 percent disabling is continued
- bilateral pes planus with plantar fasciitis, which is currently 0 percent disabling, is increased to 10 percent effective 15 June 2020
- allergic rhinitis, which is currently 10 percent disabling, is continued
- chronic vaginal bacteria, menstrual disorder, left ovarian cyst, laparoscopic ovarian cyst and fibroids, which is currently 0 percent disabling is continued

- patellofemoral pain syndrome, left tibial fracture, degenerative arthritis left knee, which is currently 10 percent disabling, is continued

16. A VA Rating Decision, 10 December 2020, shows the applicant was granted service-connection for the following conditions effective 15 June 2020:

- radiculopathy, right upper extremity is granted with a rating of 40 percent
- radiculopathy, left upper extremity is granted with a rating of 30 percent
- cervical disc disease with intervertebral disc syndrome (IVDS), which is currently 10 percent disabling, is increased to 20 percent

17. A VA letter, 1 February 2021, shows the applicant was advised the VA stopped her compensation benefits effective 12 March 2017, because they received information that she returned to active duty on 12 March 2017. This adjustment resulted in an overpayment of benefits which had been paid to her and she would receive a separate notification letter from the VA Debt Management Center with the exact amount of the overpayment and her right to request a repayment plan and/or the right to request waiver of the overpayment.

18. A DA Form 2173 shows:

a. Accident information shows occurrence on 10 January 2009 in Iraq.

b. A LCSW signed the form on 30 June 2016, indicating the applicant was seen as an outpatient at Durham VA Medical Cetner on 30 June 2016, for PTSD, unspecified and she reported behavioral health symptoms from her Iraq deployment.

c. She was on active duty at the time and the details of the accident show behavioral health due to deployment

d. Her unit commander or advisor signed the form on 13 April 2021, indicating a formal LOD investigation was not required and her injury is considered to have been incurred in the LOD.

19. An NGB memorandum, dated 14 June 2021,shows the applicant's DA Form 2173 (Statement of Medical Examination and Duty Status) for PTSD that occurred during OIF was approved as having been incurred in the LOD.

20. The applicant's DA Form 3349 (Physical Profile), DA Form 7652 (DES Commander's Performance and Functional Statement), MEB Narrative Summary (NARSUM), DA Form 3947 (MEB Proceedings), and VA Compensation and Pension (C&P) Exam, are not in her available records for review and have not been provided by the applicant.

21. A VA DES Proposed Rating, 26 November 2021, shows:

a. The following VA Rating Decision is for PEB purposes only. As the veteran refused to file a claim for VA compensation purposes, only the PEB referred condition will be addressed for PEB purposes only.

b. No decisions regarding an increased evaluation for conditions subject to service-connection or regarding service-connection itself for VA Compensation benefits have been made.

c. For DES purposes only, a 30 percent evaluation is proposed for PTSD.

21. A VA letter, 1 December 2021, shows the VA discontinued action on her claim for PTSD-adjustment disorder. They based their decision on her request dated 9 October 2021. If she did not intend to withdraw her claim for these conditions, she was advised she had 30 days to provide them with that information.

22. A DA Form 199 (Informal shows the following:

a. An informal PEB convened on 9 December 2021, wherein the PEB found the applicant physically unfit with a recommended rating of 30 percent and that her disposition be permanent disability retirement.

b. The applicant's unfitting condition is other specified trauma and stressor related disorder (MEB diagnosis (Dx) 1), 30 percent.

c. The applicant first sought treatment for this condition through the VA on 11 July 2016. The condition was caused by experiencing family-related traumatic events and was aggravated by the applicant's deployment to Iraq in 2008 form experiencing fear of hostile military activity and the threat of loss of life. The condition is attributed to combat stressors. The applicant is a drilling member of the North Carolina (NC) ARNG. At the time of the condition aggravation, the applicant was on orders for greater than 30 days and entitled to base pay. She is unfit because the DA Form 3349, section 4, functional activity limitations associated with this condition make her unable to reasonably perform required duties.

d. The NARSUM, DA Form 7652, DA form 3349, DA form 3947, VA C&P Exam, VA Rating Decision, Armed Forces Health Longitudinal Technology Application (AHLTA) Note, dated 5 September 2019 and DA Form 2173, dated 13 April 2020, were documents the PEB used in arriving at its conclusions.

e. The PEB determined the applicant was fit for the MEB Dx 2 condition.

f. On 15 December 2021, the applicant signed the form indicating she had been advised of the findings and recommendations of the informal PEB, concurred with the findings and recommendations, and waived a formal hearing of her case. She also indicated she did not request reconsideration of her VA ratings.

23. NCARNG Orders 0001580120.00, 20 December 2021, transferred the applicant to the Retired Reserve effective 14 January 2022, under the provisions of Army Regulation 635-40 (Disability Evaluation for Retention, Retirement, or Separation),due to permanent disability retirement.

24. An NGB Form 23A (ARNG Current Annual Statement), dated 19 January 2022, shows the applicant completed 15 years, 9 months, and 22 days of creditable service for retired pay.

25. A VA Rating Decision, dated 3 January 2023, shows evaluation of other specified trauma and stressor related disorder with alcohol use disorder (previously rated as adjustment disorder with mixed anxiety depressed mood and bruxism), which is currently 70 percent disabling, is continued.

26. The applicant previously applied to the ABCMR in December 2022, requesting an increase to her physical disability retirement rating from 30 percent to 70 percent. On 6 October 2023, the Board denied the applicant's request, determining the evidence presented does not demonstrate the existence of a probable error or injustice and the overall merits of her case are insufficient as a basis for correction of her records.

27. 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.

28. 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/or the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

b. The applicant requesting the ABCMR reconsider their prior denial of her request for an increase in her military disability rating. As before, she is requesting that her new VA rating for PTSD be applied and corresponding increase in her military disability rating.

c. The Record of Proceedings details the applicant's service and the circumstances of the case. Orders published by the United States Army Physical Disability Agency (USAPDA) on 16 December 2021 show the former ARNG drilling Soldier was permanently retired for physical disability with a 30% military disability rating effective 15 January 2022 under provisions provided in chapter 4 of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation (19 January 2017). They also show that her retirement is due to a disability incurred in the line of duty in a combat zone or as a result of performing combat related operations (as implemented by Section 020303b, DoD 7000.14-5, vol. 7a)

d. This request was previously denied by the ABCMR on 6 October 2023 (AR20230001755). Rather than repeat their findings here, the board is referred to the record of proceedings and medical advisory opinion for that case. This review will concentrate on the new evidence submitted by the applicant.

e. New evidence provided was a series of VA Ratings Decisions which did not materially affect the case.

f. From the prior ROP:

g. On 22 July 2020, the applicant was referred to the IDES for PTSD. As allowed in IDES for Reserve Component Members who already have VA service-connected disability ratings, the applicant declined to claim any additional conditions on a separate Statement is Support of Claim (VA Form 21-4138). Typed in the remarks section of this form:

> "Please be advised that I decline to make any claims with the VA at this time in the IDES program. I am already 100% totally and permanently service connected. Please only review for the MEB evaluation."

h. The medical evaluation board determined that her "Other Specified Trauma and Stressor Related Disorder" failed the medical retention standards of AR 40-501, Standards of Medical Fitness. They determined one additional condition – tinnitus – met medical retention standards. On 25 November 2021, she concurred with the MEB decision, declined an independent medical review of her MEB, declined to submit a

written rebuttal, and her case was forwarded to the physical evaluation board (PEB) for adjudication.

i. On 9 December 2021, the applicant's informal PEB determined that her "Other Specified Trauma and Stressor Related Disorder" was the sole unfitting condition for continued military service. They found her tinnitus not unfitting for continued military service.

j. The PEB applied the Veterans Benefits Administration (VBA) derived ratings of 30% and recommended the applicant be permanently retired for physical disability. On 15 December 2021, after being counseled on the PEB's findings and recommendation by her PEB liaison officer, she concurred with the board's findings, waived her right to a formal hearing, and declined to request a VA reconsideration of her disability rating.

k. JLV shows the rating for her mental health condition, then diagnosed as PTSD, had been 70% in November 2020, decreased to 30% based on her VA examination completed during the IDES, and increased to 70% effective 15 December 2022. However, the awarding of a lower or higher VA rating does not establish prior error or injustice. A disability rating is intended to compensate an individual for interruption of a military career after it has been determined that the individual suffers from an impairment that disqualifies him or her from further military service. The rating derived from the VA Schedule for Rating Disabilities reflects the disability at the point in time the VA exam(s) were completed.

l. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions incurred during or permanently aggravated by their military service. These roles and authorities are granted by Congress to the Department of Veterans Affairs and executed under a different set of laws.

m. It remains the opinion of the ARBA medical advisor the applicant's military disability rating of 30% was correct and that neither an increase in her military disability rating nor a referral of her case back to the DES is warranted.

BOARD DISCUSSION:

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 review based on law, policy, and regulation. Upon review of the applicant's petition, available military records, and the medical advisor's review, the Board concurred with the advising official finding the applicant's military disability rating of 30% was correct and that neither an increase in her military disability rating nor a referral of her case back to the Disability Evaluation System is warranted.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:XX	:XX	:XX	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

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 for amendment of the ABCMR decision rendered in Docket Number AR20230001755 on 6 October 2023.

X //SIGNED//

CHAIRPERSON

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 post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), 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//