

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 19 March 2025

DOCKET NUMBER: AR20240006653

APPLICANT REQUESTS: in effect, physical disability retirement in lieu of physical disability separation with severance pay

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

- DD Form 149 (Application for Correction of Military Record)
- DD Form 214 (Certificate of Release or Discharge from Active Duty), Member copies 1 and 4, covering the period ending 27 December 2021
- Department of Veterans Affairs (VA) Rating Decision, 7 February 2023
- VA letter, 8 February 2023

FACTS:

1. The applicant states:
  - he feels his disability rating should have been higher
  - he was under a lot of pressure, didn't fully understand what 10 percent meant and his counselor did not correctly explain the process
  - his Army disability should have listed all of the disabilities listed on his attached VA Rating Decision, as these disabilities were present at the time of his discharge and should have been considered by the medical board
  - he incurred his disabilities in combat, which affected his decision making
  - he marked the boxes on his application indicating post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and other mental health conditions are related to his request
2. The applicant enlisted in the Regular Army on 27 April 2015.
3. The applicant deployed to Afghanistan from 14 April 2017 through 5 January 2018.
4. The applicant's DA Form 3349 (Physical Profile), DA Form 7652 (Disability Evaluation System (DES) Commander's Performance and Functional Statement), Medical Evaluation Board (MEB) Narrative Summary (NARSUM), DA Form 3947 (MEB Proceedings), VA Compensation and Pension (C&P) Exam, and VA Proposed Rating

Decision for DES purposes are not in his available records for review and have not been provided by the applicant.

5. A DA Form 199 (Physical Evaluation Board (PEB) Proceedings) shows:

- a. An informal PEB convened on 9 April 2021, where the applicant was found physically unfit with a recommended rating of 10 percent and that his disposition be separation with severance pay.
- b. His unfitting medical condition is deep venous thrombosis requiring lifelong anticoagulation, with postphlebitic syndrome, right leg (MEB diagnosis (DX) 1,2); 10 percent.
- c. He was found fit for MEB Dx 3-11 because these conditions meet retention standards of Army Regulation 40-501 (Standards of Medical Fitness), chapter 3, are not listed on the DA Form 3349 as preventing him from performing functional activities, and there is no evidence indicating that any performance issues are due to these conditions.
- d. On 20 April 2021, he signed the form indicating he had been advised of the findings and recommendations of the informal PEB and concurred, waiving a formal hearing of his case. He also indicated he did not request reconsideration of his VA ratings.

6. The applicant's DD Form 214 shows:

- he was honorably discharged on 27 December 2021, under the provisions of Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation) due to disability with severance pay, combat-related
- he was credited with 6 years, 8 months, and 1 day of net active service

7. A VA Rating Decision, 7 February 2023, shows the applicant was granted service-connection for the following disabilities:

- unspecified anxiety disorder, other specified trauma and stressor related disorder and insomnia with TBI, increased to 70 percent effective 10 November 2022
- tension headaches, increased to 30 percent effective 10 November 2022
- bilateral tinnitus, 10 percent effective 28 December 2021
- right knee instability, 10 percent effective 10 November 2022
- cervical radiculopathy, left upper extremity, 20 percent effective 10 November 2022
- cervical radiculopathy, right upper extremity, 20 percent effective 10 November 2022

- right lower extremity femoral radiculopathy, 20 percent effective 10 November 2022
- right lower extremity sciatic radiculopathy, 20 percent effective 10 November 2022
- left lower extremity ilio-inguinal nerve radiculopathy, 0 percent effective 10 November 2022
- left lower extremity obturator nerve radiculopathy, 0 percent effective 10 November 2022
- right lower extremity ilio-inguinal nerve, 0 percent effective 10 November 2022
- right lower extremity obturator nerve radiculopathy, 0 percent effective 10 November 2022
- left knee patellofemoral pain syndrome, continued at 10 percent
- right knee patellofemoral pain syndrome and tendinitis, continued at 10 percent

8. 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.

9. MEDICAL REVIEW:

1. The Army Review Boards Agency (ARBA) Medical Advisor reviewed the supporting documents, the Record of Proceedings (ROP), and the applicant's available records in the Interactive Personnel Electronic Records Management System (iPERMS), the Health Artifacts Image Management Solutions (HAIMS) and the VA's Joint Legacy Viewer (JLV). The applicant requests a higher disability rating than 10%. In effect, he contends that he did not claim all of his conditions for the MEB Proceedings that were ultimately rated by the VA. He further contends that his decision making was impacted by his PTSD, TBI and Other Mental Health conditions.

2. The ABCMR ROP summarized the applicant's record and circumstances surrounding the case. The applicant entered the Regular Army 27Apr2015. His MOS was 92Y Unit Supply Specialist. He served in Afghanistan 20170414 to 20180105. He was discharged 27Dec2021 under provisions of AR 635-40 for combat related disability with severance pay. His service was characterized as Honorable.

3. As part of IDES processing, the servicemember was directed to list the current disabilities or symptoms that he was claiming were related to his military service (on VA Form 21-526EZ). The claimant listed Deep Venous Thrombosis Requiring Lifelong Anticoagulation Therapy (hereafter referred to as DVT); Right Knee Calf condition; Right Wrist condition; Right Middle Finger condition; Headaches; Sleep Issues; Neck condition; and Back condition. The MEB in turn, confirmed and/or clarified the medical

basis for the claimed conditions and listed the following conditions to be reviewed for his disability medical evaluation: DVT; Postphlebitic Syndrome, Right Leg; Tension Headache; Cervical Spine Strain; Lumbosacral Strain; Right Wrist Sprain, Chronic; Right Hand Collateral Ligament Sprain, Chronic; Right Knee Pes Anserine Bursitis with Medical Meniscus Tear on MRI (referred hereafter as Right Knee condition); Right Calf Strain; Unspecified Anxiety Disorder; Myopia, (Bilateral) and Chorioretinal Scar, Right Eye. The MEB determined that DVT and Postphlebitic Syndrome, Right Leg did not meet retention standards of AR 40-501 chapter 3. The remaining conditions were determined to meet retention standards.

4. The PEB convened 09Apr2021 (DA Form 199) found condition DVT with Postphlebitic Syndrome, unfitting for continued service. The condition was rated at 10% under code 7199-7121. The remaining MEB confirmed conditions were not found unfitting for continued service. As the applicant's case was adjudicated as part of the IDES process, the rating and discharge code were applied as proposed by the VA. The applicant did not request for the VA to reconsider the rating they determined for the unfitting condition DVT with Postphlebitic Syndrome, Right Leg.

a. 08Jan2017 Emergency Room Womack AMC (WAMC). The applicant presented with a 3-day history of right calf pain after a long car ride. Ultrasound right lower extremity revealed a positive Superficial Vein Thrombophlebitis Lesser Saphenous; however, a DVT was not found.

b. 15May2020 Emergency Room WAMC. The applicant presented with a 3 to 4-day history of right calf pain/swelling after returning from Kuwait. Ultrasound right lower extremity revealed deep venous thrombosis involving the distal popliteal vein.

c. 18Jun2020 WAMC Ultrasound right lower extremity revealed the DVT had resolved. Physical exam: Gait was normal. There was no edema in the extremities.

d. 07Aug2020 Hematology/Oncology WAMC. He reported occasionally having swelling in the distal lower leg after a day's work. He did not wear compression stockings. Because of the 2 episodes and positive family history (father), he was deemed to be at higher-than-average risk for a recurrent thrombosis and thus would likely benefit from indefinite anticoagulation. Therefore, he was determined to have met MRDP and a P3 profile was recommended a P3 profile for (lifelong) anticoagulation.

e. 27Oct2020 Artery and Vein Conditions DBQ. The applicant reported current symptoms included severe pain, cramping and numbness in the right leg. The current treatment was Xarelto once a day.

5. The remaining conditions listed by the MEB were carefully reviewed. The severity of the conditions at the time of the MEB/discharge was briefly summarized below.

- a. Tension Headache. 27Oct2020 Headaches DBQ. He complained of twice daily headaches. He did not have treatment for the condition yet. The undersigned did not find treatment visits in AHLTA records with this condition listed as a primary diagnosis.
- b. Cervical Spine Strain; 27Oct2020 Neck Conditions DBQ. The applicant reported that this condition began in 2018 during ABN operation when he landed and hit his head on the ground. Flexion was 0 to 35 degrees (normal 0 to 45 degrees); extension was 0 to 30 degrees (normal 0 to 45 degrees). There was evidence of pain with weightbearing. There were no signs of radiculopathy. The current treatment was taking pain medication. The undersigned did not find treatment visits in AHLTA records with this condition listed as a primary diagnosis.\
- c. Lumbosacral Strain. During the 27Oct2020 Back Conditions DBQ, the applicant reported the condition began in 2016 when he was doing a ruck march with his unit. Back exam showed forward flexion 0 to 60 degrees (normal 0 to 90 degrees); extension was 0 to 25 degrees (normal 0 to 30 degrees). There was evidence of pain with weightbearing. There was no guarding or muscle spasm. The current treatment was stretching and pain relief pills. Straight leg testing was negative bilaterally (normal). There were no signs of radiculopathy. The undersigned did not find treatment visits in AHLTA records with this condition listed as a primary diagnosis.
- d. Right Wrist Sprain, Chronic. The applicant was seen on 08Oct2020 Robinson Clinic visit for chronic right dorsal wrist pain of 2 years duration without significant antecedent trauma. The exam showed mild, vague tenderness to palpation to dorsal wrist. There was no snuffbox tenderness. There was normal ROM and strength. During the 27Oct2020 Wrist Conditions DBQ, the applicant reported right wrist flare-ups that were alleviated by pain pills. There was mild decrease in all ranges of motion; however, the pain did not result in/cause functional loss. There was evidence of pain with weight bearing. Muscle strength was decreased 4/5 (normal 5/5).
- e. Right Hand Collateral Ligament Sprain, Chronic. During the 27Oct2020 Hand and Fingers DBQ exam, the right long finger at the PIP joint had flexion to 90 degrees instead of 100 degrees. There was no loss of function. Right hand grip was 4/5 (normal 5/5).
- f. Right Knee condition). The applicant was seen for right knee pain 28Mar2018 after injuring it while climbing into a military vehicle. The pain was on the top of the knee cap. During the 08Oct2020 Robinson Clinic visit, the applicant reported continued right knee pain from when he struck it on a heavy container approximately 6 months prior. Treatment thus far had included Voltaren gel and oral pain med. Notwithstanding the MRI showing a medial meniscal tear, the examiner opined that symptoms were more consistent with Pes Anserine Bursitis. The applicant was referred for physical therapy. The Knee and Lower Leg Conditions 27Oct2020 showed right knee flexion

was 0 to 80 degrees (normal 0 to 140 degrees); extension was 80 to 0 degrees (normal 140 to 0 degrees). There was evidence of pain with weight bearing.

g. Right Calf Strain. This was a VA diagnosis. The MEB noted that the right calf symptoms were attributed to postthrombotic syndrome in the medical record.

h. Myopia, (Bilateral) and Chorioretinal Scar, Right Eye. Bilateral Myopia (nearsightedness) had no limitations attributable. The Right Eye Chorioretinal Scar was diagnosed during the 12Jun2020 annual eye exam. The plan was to monitor the condition. There were no attributable limitations.

6. The applicant submitted the 07Feb2023 VA Rating Decision which included several radiculopathy conditions: Cervical Radiculopathy for the right and left upper extremity related to the neck condition; right lower extremity radiculopathy (femoral, illio-inguinal, sciatic and obturator nerves) as related to the lumbar strain condition; and left lower extremity radiculopathy (ilio-inguinal and obturator nerves) as related to the lumbar strain condition. The applicant selected that back pain 'does not apply to me' during the 07Mar2019 PHA (periodic health assessment) at Robinson Clinic Fort Bragg.

7. Behavioral health condition: Unspecified Anxiety Disorder and TBI. The year following discharge from service, the applicant's TBI screen was positive, prior screens were negative. There were no visits for the TBI condition while the applicant was in service. In 2023, the VA service-connected the TBI condition and rated it with the Unspecified Anxiety Disorder condition.

a. 17Oct2017 PDHA (post deployment health assessment). PTSD, Depression, TBI and Alcohol Abuse screenings were negative.

b. 07May2019 PHA Robinson Clinic Fort Bragg. Mental health symptoms were not endorsed during the assessment. Impairment due to sleep issues was denied.

c. 03Feb2021 Mental Disorders DBQ. The provider indicated that the applicant did not have a diagnosed TBI during this exam. His mental health symptoms included anxiety, chronic sleep impairment, daytime fatigue, mild memory loss, and flattened affect. There was no relevant substance abuse history. There was no suicide ideation. The VA BH examiner opined that due to the BH condition, he had occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks, although he was generally functioning satisfactorily (30% level).

d. 22Jul2021 Report of Mental Status Evaluation (DA Form 3822). The applicant was referred by the emergency room after presenting there for increased distress and anxiety. He denied having suicidal thoughts, plans, or intent. Cognition and perception

were not impaired. Behavior and impulsivity were normal. It was determined that there was no need for psychiatric hospitalization. He was recommended to engage in BH services. Diagnosis: Other symptoms and signs involving emotional state.

e. 22Jul2021 BH Consultation Liaison WAMC. He reported being in shock, having trouble controlling himself, and having too much stress. He also reported having a headache. He had recently signed his 199 and was awaiting to be discharged. He had no prior BH treatment history. The immediate cause for his distress was command asking him for documentation for jury duty which he had lost, although he did endorse a long-time build-up of emotional stress. He had experienced a similar panic attack 15 years prior due to different life stressors. Some current stress was related to the IDES process. He denied suicide ideation. Diagnoses: Problems of Adjustment to Life-cycle Transitions and Other Problem Related to Employment.

f. 27Oct2021 EBH Robinson Clinic Fort Bragg. The applicant's capacity to adequately perform military duties in assigned MOS was NOT negatively impacted by a psychiatric condition. His prognosis was good. He met medical retention standards IAW AR 40-501, Paragraph 3-33. He met BH standards for deployment in a combat theater. He was cleared to ETS from a behavioral health perspective.

g. 10Aug2022 TBI Secondary Evaluation Outpatient VAMC. The applicant's TBI screen was positive. He reported that in 2017 while at the airport in Afghanistan waiting for a helicopter to land and transport him to another location, a VBIED approached the airport and exploded. He denied loss of consciousness (LOC) and denied loss of memory regarding this explosion. He did admit to feeling dazed after the explosion. In addition, while he was on airborne status assigned to Fort Bragg between 2015 and 2020, approximately 5 parachute landing falls resulted in hitting his head, having a headache, feeling dizzy/dazed and experiencing temporary neck pain. There was no LOC or loss of memory regarding the events immediately before or after the incidents.

## 8. Summary/Findings

a. The VA rated the DVT with Postphlebitic Syndrome under VASRD code 7121 Post-phlebitic Syndrome of any etiology, at 10% for 'intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery'. A higher rating for this condition required the presence of persistent edema. During the DBQ exam, edema was not documented nor was it reported. In the ARBA Medical Reviewer's opinion, the rating was applied per the symptoms/description of the residuals reported in accordance with VASRD principles— no error was found.

b. Despite the right lower leg Postphlebitic Syndrome and other ongoing orthopedic

conditions, the applicant remained in good physical condition. He passed the 06May2019 APFT with score 286 and he passed the 14Oct2019 APFT as well. The 01Sep Enlisted Record Brief showed he passed the January 2020 APFT with score 300.

c. Regarding the applicant's contention that his decision making was impacted by his PTSD, TBI and Other Mental Health conditions. This was not reflected in the evaluations by command. According to the DES Commander's Performance and Functional Statement (DA Form 7652), the applicant made reasonable decisions, including complex or unfamiliar ones. He performed well and the medical condition(s) did not appear to have any negative impact on the performance of his duties. During the NCO ER covering the period from 20181009 thru 20190607, the applicant was rated 'most qualified' for overall potential. During the NCO ER from 20190608 thru 20200607 rating period, he was rated 'most qualified' with overall performance deemed as 'far exceeded standard'. The 01Sep2020 Enlisted Record Brief revealed that he progressed through the ranks and achieved SSG on 20200301. The applicant developed some anxiety after the MEB/PEB proceedings were completed and he was awaiting discharge. He was seen July through October 2021 by BH services. There was no history of mania, psychosis, violence, or psychiatric hospitalization. He denied thoughts of suicide/attempts. His 14Sep2020 permanent physical profile showed S1, and he was cleared by BH to separate.

d. The PEB recommended disposition was separation with severance pay at 10% for DVT requiring lifelong anticoagulation, with Postphlebitic Syndrome. Disability severance pay was awarded for disability incurred in a combat zone or incurred while performing combat-related operation. Based on records currently available for review, in the ARBA Medical Reviewer's opinion, no change is warranted to the PEB findings.

#### 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 and standard review based on law, policy and regulation. Upon review of the applicant's petition, available military records and medical review, the Board concurred with the advising official finding the rating was applied per the symptoms/description of the residuals reported in accordance with VASRD principles— no error was found. The Board determined there is insufficient evidence to support the applicant's contentions for a physical disability retirement in lieu of physical disability separation with severance pay. The Board noted based on the medical opine and PEB findings there is no error and relief is denied.

BOARD VOTE:

Mbr 1    Mbr 2    Mbr 3

:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	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 correction of the records of the individual concerned.

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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 their 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 their 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//