ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 24 March 2025

DOCKET NUMBER: AR20240009741

APPLICANT REQUESTS: in effect, duty-related physical disability retirement in lieu of transfer to the Retired Reserve due to medical disqualification without the benefit of gray area retirement upon application at the age of 60

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

- DD Form 149 (Application for Correction of Military Record)
- self-authored statement
- Headquarters, Walter Reed Army Medical Center memorandum 19 June 1978
- Headquarters, Walter Reed Army Medical Center Orders 208-48, 26 October 1978
- Retired Reserve Certificate, 21 February 1979
- Statement, 13 March 1979
- Headquarters, First U.S. Army Orders 50-17, 13 March 1979
- Headquarters, First U.S. Army letter, 19 March 1979
- partial DA Form 2-1 (Personnel Qualification Record – Part II)

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:

a. He is sending copies of his military documents he has as evidence to support his claim that he received a disability retirement in 1979 that wasn't handled correctly. The records are from 1978 at Fort Bragg, NC, and from 1979 at Walter Reed Army Hospital.

b. He didn't receive an identification (ID) card until about 6 years ago, but now the U.S. Army Reserve (USAR) unit has moved or no longer exists. He has yet to receive any benefits from his retirement and he appreciates any help in rectifying this matter.

3. The applicant enlisted in the Regular Army on 11 September 1963.

4. A DA Form 20 (Enlisted Qualification Record) shows the applicant service in Vietnam from 22 June 1965 through 12 July 1965.

5. A DD Form 214 (Armed Forces of the United States Report of Transfer or Discharge) shows:

- the applicant's date of birth is 3 July 1940 (making him currently 84 years old)
- he was honorably released from active duty on 27 June 1966, as an overseas returnee, and transferred to the USAR Control Group (Reinforcement)
- he was credited with 2 years, 9 months, and 17 days of net active service this period, including 1 year and 6 days of foreign service in the U.S. Army Pacific (USARPAC)

6. The applicant enlisted in a USAR Troop Program Unit (TPU) on 11 September 1966.

7. A Headquarters, Walter Reed Army Medical Center memorandum, 19 June 1978, amended Orders 83-1 to release the applicant from attachment at Fort Bragg, NC, and attached him to Walter Reed Army Medical Center Medical Holding Company, Washington, D.C., effective 19 June 1978.

8. A DA Form 2173 (Statement of Medical Examination and Duty Status) shows:

a. The applicant was admitted to Womack Army Hospital, Fort Bragg, NC, on 6 June 1978.

b. He suffered a myocardial infarction, inferior posterior (heart attack) at approximately 1210 on 6 June 1978. He complained of chest pains approximately 1.5 hours after participating in physical training that morning and was transported immediately to Womack General Hospital.

c. He was on active duty training with his USAR TPU at the time, which began on 3 June 1978 and ended 6 June 1978.

d. His unit commander signed the form on 5 August 1978, indicating a formal line of duty (LOD) investigation was not required and the injury was considered to have been incurred in the LOD.

9. A Medical Statement, 31 August 1978, shows the applicant was disabled in the performance of his military duty from 6 June 1978 to present, due to disease incurred while engaged in active duty training. He has not been retired or separated and is presently awaiting appearance before a Medical Evaluation Board (MEB).

10. A DA Form 3947 (MEB Proceedings) shows:

a. An MEB convened while the applicant was attached to the Walter Reed Army Medical Center, Medical Holding Company, in a USAR status, after having been admitted to the hospital on 20 June 1978.

b. He was found medically unfit for the following conditions:

- arteriosclerotic heart disease manifested by an antecedent inferior posterior lateral myocardial infarction (Army Regulation 40-501 (Standards of Medical Fitness), chapter 3)
- hypertension
- mild neurosensory hearing loss

c. All three conditions were incurred in the LOD in 1978, and the causes were all incident to service.

d. His condition is listed as heart disease and the MEB recommendation was the applicant's separation from the USAR.

11. The applicant's available records do not contain a DA Form 3349 (Physical Profile) for review and there is no evidence he was referred to a Physical Evaluation Board (PEB), or recommended for physical disability retirement.

12. The applicant's records contain a hand-written statement from a member of the 275th Supply and Service Battalion, 29 September 1978, indicating the reason for the applicant's missing physical is that the physical was taken by Womack Army Hospital at Fort Bragg, NC, when he had a heart attack.

13. A Headquarters, XVIII Airborne Corps and Fort Bragg memorandum to the Commander, USAR Components Personnel and Administration Center, 26 October 1978, shows the attached informal LOD determination pertaining to the applicant, who became ill on 6 June 1978, while on active duty for training at Fort Bragg, NC, was approved.

14. Headquarters, Walter Reed Army Medical Center Orders 208-48, 26 October 1978, released the applicant from attachment to the Medical Holding Company, Walter Reed Army Medical Center and transferred him to his parent USAR unit effective 26 October 1978.

15. The acronym "PUHLES" describes the following six physical factors used in the profiling system to classify medical readiness: "P" (Physical capacity or stamina), "U" (Upper extremities), "L" (Lower extremities), "H" (Hearing), "E" (Eyes), and "S"

(Psychiatric). Physical profile ratings are permanent (P) or temporary (T). A service member's level of functioning under each factor is represented by the following numerical designations: 1 indicates a high-level of fitness, 2 indicates some activity limitations are warranted, 3 reflects significant limitations, and 4 reflects one or more medical conditions of such a severity that performance of military duties must be drastically limited.

16. A Standard Form 88 (Report of Medical Examination) shows:

a. The applicant underwent medical examination on 25 January 1979 for the purpose of USAR periodic examination.

b. Notes include:

- dizziness secondary to myocardial infarction (MI)
- hearing loss in left ear
- chest pain secondary to MI, 1978
- MI, 1978
- suffers from high blood pressure

c. The applicant's PULHES and qualification for service or lack of qualification for service with disqualifying defects are unlisted on this form. It shows "No Profile."

17. A 371st Military Police (MP) Detachment memorandum, 9 February 1979, references the applicant's medical examination administered on 25 January 1979, and notes the physical lacks a profile or determination of qualification. It was requested the physical be reviewed and a profile plus qualification status for the purpose of retention and/or reenlistment be provided. The applicant's current enlistment was due to expire on 21 February 1979 and that information was necessary for reenlistment.

18. The applicant's records contain a Statement, signed by the applicant on 16 February 1979, which shows he indicated, having had explained to him his option for discharge or transfer to the USAR Control Group (Retired) because of his physical disability, he made the election for transfer to the USAR Control Group (Retired).

19. The applicant provided a Retired Reserve Certificate, showing he was transferred to the Retired Reserve effective 21 February 1979.

20. A Request for Assignment or Attachment of USAR Personnel, 5 March 1979, shows the applicant's commander requested his involuntary discharge at his expiration term of service (ETS) and reassignment to the Retired Reserve (USAR Control Group (Retired) effective 21 February 1979, due to physical disqualification.

21. A memorandum from the 97th U.S. Army Reserve Command to the Commander, First U.S. Army, 5 March 1979, shows the applicant had been found medically disqualified by a PEB at Walter Reed Army Medical Center and he elected to go into the Retried Reserve. Approval of the request was recommended.

22. Headquarter, First U.S. Army Orders 50-17, 13 March 1979, relieved the applicant from assignment to the 371st MP Detachment and assigned him to the USAR Control Group (Retired) effective 21 February 1979, under the provisions of Army Regulation 140-10 (USAR Assignments, Attachments, Details, and Transfers).

23. The applicant's available service records do not contain a 20 year letter notifying him of his eligibility for retired pay upon application at age 60 and his service pre-dates the authorization of a 15 year letter notifying him of his eligibility for retired pay upon application at age 60 based solely on medical disqualification and having completed at least 15 years, but less than 20 years of qualifying service for retired pay.

24. The applicant's DA Form 5016 (Chronological Statement of Retirement Points) shows the applicant completed 14 years and 1 day of qualifying service retirement between the dates of 11 September 1963 and 22 February 1979.

25. A review of the U.S. Army Human Resources Command (AHRC) Soldier Management System (SMS) shows:

a. A transaction was completed on 1 February 1979 to transfer the applicant from USAR Troop Program Unit (TPU) service to the Retired Reserve effective 1 February 1979, due to completion of 20 or more years of qualifying service for retired pay at age 60.

b. The applicant contacted AHRC, Retirement Management on 12 occasions between October 2013 – September 2014, inquiring about receiving retired pay as he had been transferred to the Retired Reserve 1979 due to medical disqualification and had yet to ever receive retired pay.

c. He was alternately advised by AHRC to submit a DD Form 108 (Application for Retired Pay Benefits), contact the Defense Finance and Accounting Service (DFAS), contact his Retirement Services Officer (RSO), and ultimately to apply to the ABCMR after his Retirement Points Accounting System (RPAS) information was updated to reflect all points that could be added and resulted in only 14 years of qualifying service for retirement, an insufficient amount for a gray area retirement upon application at or after age 60.

26. MEDICAL REVIEW:

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

b. The applicant is applying to the ABCMR requesting to be retired for physical disability. He states:

> "I retired on physical disability about March 13, 1979. I had atherosclerotic heart disease is what caused me to be retired from military duty on the advice of my doctor."

c. The Record of Proceedings details the applicant's military service and the circumstances of the case. Documents show the applicant entered the United States Army Reserve 1966. Orders published by the First United States Army show he was transferred to the USAR Control Group (Retired) from the USAR on 21 February 1979 under provisions provided in paragraph 5-1a(8) of AR 140-10, Assignments, Attachments, Details, And Transfers (12 May 1975):

> "Have been found medically disqualified for retention in an active status or for entry on active duty, not as a result of own misconduct, regardless of total years of service completed."

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

e. Documentation shows the applicant had a myocardial infarction 6 June 1978 on and was hospitalized at Ft. Bragg, NC. From the Statement of Medical Examination and Duty Status (DA 4173):

> "[Applicant] suffered a myocardial infarction, inferior posterior (heart attack) at approximately 1210 hours on 6 June 1978. [Applicant] complained concerning chest pains approximately 1½ hours after participating in PT for that morning. [Applicant] was transported immediately to Womack General Hospital.

f. A 31 August 1978 memorandum states “EM [enlisted member is presently awaiting appearance before a Medical Evaluation Board.”

g. A DA form 3947, which appears to be the MEB, states the applicant had three conditions, the first of which failed medical retention standards:

1. Atherosclerotic heart disease manifested by an antecedent inferior posterior later myocardial infarction

2. Hypertension

3. Mild neurosensory hearing loss.”

h. They recommended the applicant be separated from the USAR. On 26 October 1978, the applicant approved the findings and recommendation of the board.

i. On 26 October 1978, an informal line of duty determination found his heart attack was in the line of duty. This was, unfortunately, the wrong conclusion, as the underlying atherosclerotic heart disease which led to the heart attack had existed prior to service that weekend.

j. From paragraph 1-4i of AR

“Existed prior to service (EPTS). A term added to a medical diagnosis to signify that there is clear and unmistakable evidence that the disease or injury, or underlying condition producing the disease or injury, existed prior to the individual's entry into military service or was incurred between periods of active service.
Included in this category are diseases of a chronic nature and those diseases with an incubation period which clearly precludes a finding that the inception of the disease occurred during inactive duty training, short tours of active duty, or active duty for training.”

k. While an acute episode which occurs in a reserve component member during drill is taken care of (in this case at Ft. Bragg), the underlying condition is EPTS and therefore considered to have not been incurred in the line of duty.

l. However, paragraph 2-16b or AR 600-33 also states:

“It is further presumed that, even if the foregoing provision is overcome by such evidence, any additional disability or death resulting from the pre-existing injury or disease was caused by service aggravation. Only specific findings of natural

progress of the pre-existing injury or disease, based upon well-established medical principles, as distinguished from medical opinion alone, are sufficient to overcome the presumption of service aggravation.

m. The DA 4173 States the applicant did not experience the heart attack during physical training but at "1210 hours on 6 June 1978. [Applicant] complained concerning chest pains approximately 1½ hours after participating in PT." Thus, the applicant's heart attack occurred well after the exertion of PT and while he was not physically active. This would be seen as natural progression.

n. On 16 February 1979, the applicant elected to be transferred to USAR Control Group (Retired):

"Having had explained to me my option for discharge or transfer to the USAR Control Group Retired, because of my physical disability, I make the following election :

To transfer to the USAR Control Group , Retired"

o. While the applicant's separation appears to have included errors in processing, he is not entitled to compensation through the Disability Evaluation System for this EPTS condition. Even though he was medically disqualified, the condition would have been non-compensable as he was a drilling member and there is no evidence his atherosclerotic heart disease was the result of his military Service. Paragraph 4-13f(2) of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation (25 February 1975) states:

"A member is eligible for consideration for physical disability benefits if his physical defects were incurred or were aggravated while entitled to basic pay, were not the result of intentional misconduct or willful neglect and were not incurred during a period of unauthorized absence."

p. As the applicant's condition had EPTS, the condition would most likely be non-compensable.

q. JLV shows he has been awarded several VA service-connected disability ratings, including a rating for atherosclerotic heart disease effective 18 June 1978 and increased to 100% effective 4 April 2022. However, the DES only compensates an individual for permanent service incurred medical condition(s) which have been determined to disqualify him or her from further military service and consequently prematurely ends

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

r. Given the current information, it is the opinion of the ARBA medical advisor that a referral of the case to the DES or the granting of a medical retirement cannot be recommended at this time.

BOARD DISCUSSION:

After reviewing the application, all supporting documents, the Board determined relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. Based upon the available documentation and the findings and recommendations outlined in the medical review, the Board concluded there was insufficient evidence of an error or injustice warranting a change to the applicant's narrative reason for separation.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:XXX	:XXX	:XXX	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.

//SIGNED//

X

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. 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. 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 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 (Disability 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; 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. Chapter 8 (Reserve Components), in effect at the time, provides additional guidance for Reserve component member who are eligible for physical disability in accordance with the provisions of this regulation. Reserve component members called or ordered to active duty for a period of more than 30 days will be processed in the same manner as a member of the Regular Army.

d. When a commander or other appropriate authority believes a Reserve component member is unable to perform the duties of his office, grade, rank, or rating because of physical disability resulting from an injury determined to be the proximate result of performing active duty (30 days of less), inactive duty training, or active duty under the authority of Title 10, U.S. Code, section 270(b) (45 days or less), he will refer the member for medical evaluation.

e. If the results of the medical evaluation indicate the member is not qualified to perform his military duties, he will be referred to an MEB for evaluation. If the MEB finds the member's physical disability is the result of a disease not directly caused by an injury, he will be processed in accordance with Army Regulation 40-3 (Medical, Dental, and Veterinary Care) and Army Regulation 140-120 (Army Reserve – Medical Examinations). If the MEB finds the member is not qualified for further military service as the result of an injury or disease directly caused by an injury, the commander of the Medical Treatment Facility (MTF), upon approval of the MEB proceedings, will refer the case to a PEB in accordance with this regulation.

f. The member will be retained under the control of the MTF during the PEB process. If the PEB finds the member unfit as a result of an injury or disease directly caused by an injury, he will be processed in accordance with the provisions of this regulation. If the PEB finds the member fit, he will be returned to his duty station unless his training period has expired, in which case he will be returned home.

g. A member of a Reserve component who is found to be unfit for miliary duty as a consequence of an injury or disease incurred in the line of duty incident to service, in accordance with the provisions of this regulation, whether or not hospitalized, will be entitled to pay and allowances.

h. Reserve members who have been found unfit not as a result of misconduct, willful neglect, or during a period of unauthorized absence, may be considered for continuance in an active status of the USAR under the provisions of Army Regulation 140-120.

4. Army Regulation 40-3 (Medical, Dental, and Veterinary Care) in effect at the time, provides policy on authorized medical care for service members. Procedures following approved medical board action shows Reserve Component patients medically

unfit for further active duty or training as result of injury incurred or aggravated during a period of active duty for training or Reserve duty training will be referred to a physical evaluation board.

5. Army Regulation 140-120, in effect at the time, provides sets basic policies and procedures for medical examinations used to medically qualify individuals for entrance into and retention in the U.S. Army Reserve (USAR). Disposition of medically unfit reservists shows:

a. Normally, reservists who do not meet the fitness standards set by Army Regulation 40-501, chapter 3, will be transferred to the Retired Reserve or discharged from the USAR. They will be transferred to the Retired Reserve only if eligible and if they apply for it.

b. Reservists who are found unfit may request continuance in an active USAR status. In such cases, physical disability incurred in either military or civilian status will be acceptable; it need not have been incurred only in the line of duty. However, no waiver will be granted for any disease or injury caused by the person's own misconduct.

6. Army Regulation 40-501 provides information on medical fitness standards for induction, enlistment, appointment, retention, and related policies and procedures. Soldiers with conditions listed in chapter 3 who do not meet the required medical standards will be evaluated by an MEB and will be referred to a PEB as defined in Army Regulation 635–40 with the following caveats:

a. USAR or Army National Guard (ARNG) Soldiers not on active duty, whose medical condition was not incurred or aggravated during an active duty period, will be processed in accordance with chapter 9 and chapter 10 of this regulation.

b. Reserve Component Soldiers pending separation for In the Line of Duty injuries or illnesses will be processed in accordance with Army Regulation 40-400 (Patient Administration) and Army Regulation 635-40.

c. Normally, Reserve Component Soldiers who do not meet the fitness standards set by chapter 3 will be transferred to the Retired Reserve per Army Regulation 140 -10 (USAR Assignments, Attachments, Details, and Transfers) or discharged from the Reserve Component per Army Regulation 135–175 (Separation of Officers), Army Regulation 135–178 (ARNG and Reserve Enlisted Administrative Separations), or other applicable Reserve Component regulation. They will be transferred to the Retired Reserve only if eligible and if they apply for it.

d. Reserve Component Soldiers who do not meet medical retention standards may request continuance in an active USAR status. In such cases, a medical impairment incurred in either military or civilian status will be acceptable; it need not have been

incurred only in the line of duty. Reserve Component Soldiers with non-duty related medical conditions who are pending separation for not meeting the medical retention standards of chapter 3 may request referral to a PEB for a determination of fitness in accordance with paragraph 9–12.

6. 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.

7. Army Regulation 140-10 covers policy and procedures for assignment, attaching, removing, and transferring USAR Soldiers. Chapter 6 (Transfer to and from the Retired Reserve) shows assignment to the Retired Reserve is authorized, with the exception of Enlisted Soldiers subject to involuntary separation. The Soldier may not elect reassignment to the Retired Reserve in lieu of involuntary separation, unless specifically waived. The eligible Soldiers may be allowed to transfer to the Retired Reserve if they:

a. Are entitled to receive retired pay from the U.S. Armed Forces because of prior military service or disability.

b. Completed 20 qualifying years of service for retired pay at age 60, and are eligible to receive the notification of eligibility (NOE) of Retired Pay at age 60 (20-year letter).

c. Are medically disqualified (not as a result of own misconduct) for retention in an active status, who have completed at least 15 qualifying years of service but less than 20 qualifying years of service for retired pay, and are eligible to receive the NOE for Retired Pay at Age 60 (15-year letter). The 15-year NOE pertains only to members of the Selected Reserve and that loss of qualification to continue in the Selected Reserve must be solely due to medical disqualification.

d. Have completed a total of 20 years of active service in the U.S. Armed Forces.

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

Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//