

**IN THE UNITED STATES COURT
OF APPEALS FOR VETERANS CLAIMS**

GLORIA M. DILLARD,
Appellant,

v.

ROBERT L. WILKIE,
Secretary of Veterans Affairs,
Appellee.

**ON APPEAL FROM THE
BOARD OF VETERANS' APPEALS**

**BRIEF OF THE APPELLEE
SECRETARY OF VETERANS AFFAIRS**

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**IN THE UNITED STATES COURT OF APPEALS
FOR VETERANS CLAIMS**

GLORIA M. DILLARD,)	
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Appellant,)	
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v.)	Vet.App. No. 18-5532
)	
ROBERT L. WILKIE,)	
Secretary of Veterans Affairs,)	
)	
Appellee.)	

**ON APPEAL FROM THE
BOARD OF VETERANS' APPEALS**

**BRIEF OF THE APPELLEE
SECRETARY OF VETERANS AFFAIRS**

ISSUES PRESENTED

1. Whether remand is warranted for the Board of Veterans' Appeals' (Board or BVA) to adequately evaluate Appellant's MDD symptoms in accordance with the ratings criteria for mental disorders.
2. Whether the Board erred in failing to address whether a new examination was warranted where there was evidence of worsening symptoms since the last VA examination.

STATEMENT OF THE CASE

A. Jurisdictional Statement

The Court has proper jurisdiction pursuant to 38 U.S.C. § 7252(a), which grants the United States Court of Appeals for Veterans Claims exclusive jurisdiction to review final decisions of the Board.

B. Nature of the Case

Gloria M. Dillard (Appellant) appeals the September 27, 2018, decision of the Board that denied entitlement to an initial rating in excess of 50% for Major Depressive Disorder (MDD). [Record (R.) at 2-12]].

In her brief, Appellant argues that she should be granted 70% rating for MDD and entitlement to a Total Rating based upon Individual Unemployability (TDIU). [Br. at 3]. Appellant argues that the Board erred by overlooking evidence and failing to apply the benefit-of-the-doubt doctrine. [Br. at 2].

The Secretary asks the Court to vacate and remand the September 27, 2018, Board decision because the Board's statement of reasons or bases is inadequate.

C. Statement of Relevant Facts and Procedural History

Appellant served in the United States Army Reserve and was activated in support of Desert Shield/Desert Storm. [R. at 961-2].

VA treatment records indicate Appellant presented as cooperative with flattened affect in August 2014. See August 2014 VA Women's Health Outpatient Note, in CAPRI received in April 2015. [R. at 714 (711-15)].

In September 2014, Appellant underwent a private psychological evaluation by Kamala L. Uzzell, PhD., LPC-S, NCC, DCC. [R. at 664-65]. The evaluation noted that Appellant has symptoms of MDD and that she struggled to "maintain professional and personal relationships" while suffering from these symptoms. [R. at 664 (664-5)]. Appellant reported she had symptoms of depressed mood, including crying spells, as well as problems sleeping, isolating herself, hopelessness, lack of motivation, and anxiety due to her back pain. [R. at 665 (664-5)]. Appellant isolated herself and had withdrawn from everyone. [R. at 665 (664-5)]. The examiner noted Appellant's self-isolation affected her social life and her family questioned why she has "withdrawn from everything and everyone." *Id.* Dr. Uzzell also opined that Appellant's service-connected back disability "led to development of Recurrent Major Depressive Disorder." [R. at 664 (664-5)].

In September 2014, Appellant was referred for VA mental health services because she reported having difficulty dealing with stressors during a physical therapy session. [R. at 306-7]. During an initial mental health consult in October 2014, Appellant reported symptoms of anxiety and depression including isolation, fear, distrust, intolerance for people, and thoughts of death without suicidal thought or plan. [R. 499-502]. She also reported that had been divorced three times, had

strained relationships with her two children, and did not have any close friendships. [R. at 501 (499-502)]. On mental status examination (MSE), Appellant described her mood as “OK” and she was noted to have congruent affect. [R. at 502 (499-502)]. Her speech was normal in tone, volume and rhythm. Her thought process was linear, logical, and goal directed. She displayed fair to good insight and judgment. [R. at 502 (499-502)]. There was no evidence of delusions, paranoia, and suicidal or homicidal ideations. [R. at 502 (499-502)]. An addendum dated October 2014 notes Appellant’s diagnosis as “Major Depressive Disorder, Moderate. PTSD; severe social dysfunction (loss of relationships).” [R. at 503].

Appellant filed a claim for service connection for depression as secondary to her service-connected back disability in October 2014. [R. at 871].

In February 2015, during an outpatient treatment visit, Appellant denied depression, anxiety or panic attacks. [R. at 707 (705-08)]. On MSE, Appellant was noted to be cooperative and guarded. *Id.* She also was noted to be alert and oriented during a February 2015 VA emergency department visit for skin rash. [R. at 708 (708-11)].

In March 2015, Appellant underwent a VA examination to assess the severity of her MDD. [R. at 739-47]. The VA examiner diagnosed Appellant with major depressive disorder, recurrent, severe without psychotic features. [R. at 739 (739-47)]. He found that Appellant had occupational and social impairment with reduced reliability and productivity. [R. at 741 (739-47)]. The examiner also found

that Appellant had symptoms of depressed mood, chronic sleep impairment, flat affect, difficulty in establishing and maintaining effective work and social relationships, and difficulty in adapting to stressful circumstances, including work or a work-like setting. [R. at 742-3 (739-47)]. She also reported symptoms of crying spells, social isolation, lack of motivation, staying in bed for long periods. [R. at 743 (739-47)]. On MSE, Appellant presented fully oriented and aware, as well as neatly groomed. *Id.* The examiner opined that Appellant's MDD was related to the "chronic pain and physical limitations, decreased quality of life associated with the lumbar degenerative disc disease." [R. at 746 (739-47)]. Appellant was diagnosed with MDD, recurrent, severe without psychotic features. [R. at 739 (739-43)].

In April 2015, Appellant was granted service connection for major depressive disorder and assigned a 50% disability rating. [R. at 722 (720-26)]. She filed a notice of disagreement (NOD) in June 2015 seeking a higher schedular rating and entitlement to a total disability rating based upon individual unemployability. [R. at 672 (672-78)]. Appellant submitted a letter in June 2015 along with her NOD wherein she argued that the Regional Office (RO) improperly disregarded her treating doctor's opinion that she had serious impairment based on a Global Assessment of Functioning (GAF) score of 46 when the RO found she had moderate impairment due to depression. [R. at 672-74 (672-78)].

In June 2015, when Appellant received emergency care for a wasp bite, no psychiatric abnormality was noted, to include no psychotic symptoms, or homicidal or suicidal ideations. [R. at 411 (411-13)].

In a letter dated June 20, 2015, Dr. Uzzell indicated that Appellant had stopped working due to back pain, fatigue, crying spells and depression. [R. at 72]. Dr. Uzzell noted that “back pain, fatigue, crying spells and depression made it unbearable for [Appellant] to work and she had to resign after only being employed part-time for four weeks.” *Id.* Dr. Uzzell opined that Appellant was unemployable due to these symptoms. *Id.* Appellant reported she was unable to perform day-to-day household tasks due to her chronic back pain and depressed mood. *Id.*

Appellant was afforded a second VA examination in July 2015. [R. at 614 (614-25)]. The examiner diagnosed Appellant with major depressive disorder, single episode, moderate. *Id.* Appellant’s current symptoms were noted to include depressed mood, concentration problems, and chronic sleep impairment,. [R. at 616 (614-25)]. The examiner noted her symptoms “could mildly to moderately impact [her] ability to start and complete work-related tasks and sustain focus on work matters, particularly during times of significant stress.” *Id.* The examiner further found that the symptoms “could also mildly to moderately impact her ability to maintain effective interpersonal relationships at work and adapt to stressful situations.” *Id.* The examiner noted that Appellant’s psychiatric symptoms caused mild to moderate impairment in her overall functioning. [R. at 615 (615-25)].

Appellant reported that she lived alone, had little contact with her children, and denied a close relationship with her siblings. *Id.* She also reported her physical limitations contributed to her depressed mood. *Id.* She further reported she attended church once a week but denied any other social activities. *Id.* The examiner opined that Appellant's psychiatric symptoms would not preclude physical labor tasks such as lifting, pushing or pulling or sedentary tasks, such as answering telephones or filing papers. [R. at 616 (615-25)]. However, "[d]epressed mood, concentration problems, sleep disturbance, and fatigue could contribute to motivation problems and difficulties sustaining concentration." *Id.* The examiner found Appellant's symptoms could have a mild to moderate impact on her ability to attend to work-related tasks, maintaining effective interpersonal relations, and adapting to stressful situations. *Id.* Appellant denied anger, and any suicidal or homicidal thoughts. [R. at 622 (615-25)]. On MSE, Appellant presented as cooperative with good hygiene and grooming. Her speech was "somewhat slowed but within normal limits in tone, volume, and production." [R. at 624 (615-25)]. Some psychomotor retardation was observed. [R. at 622 (615-25)]. Finally, there was no evidence of hallucinations, delusions, or paranoia. [R. at 624 (615-25)].

Appellant was also granted individual unemployability based on her combined service-connected disabilities in a July 2015 Rating Decision. [R. at 179-83].

In March 2016, Dr. Uzzell stated that Appellant's major depressive disorder symptoms had worsened. [R. at 71]. She reported Appellant self-isolates and is unable to handle being around other people. *Id.* She noted Appellant was living alone and was struggling to take care of her household tasks. *Id.* She concluded that Appellant's "mental health is severely impaired." *Id.*

Appellant appealed to the Board in May, 2016. [R. at 46].

In the September 27, 2018, decision on appeal, the Board denied Appellant's claim for an increased rating and found that the current rating of 50% was appropriate. [R. at 9 (2-12)]. The Board found that a higher rating of 70% was not "warranted because Appellant's symptoms and overall impairment did not include those symptoms noted under this level of impairment or like symptoms that would exhibit the frequency, severity, and duration required of such a rating." *Id.*

The Board found that Appellant:

consistently had normal speech, she was also neatly dressed and groomed, and did not exhibit near-continuous panic or depression affecting ability to function independently, appropriately, and effectively. The Board also notes that [Appellant] consistently denied having suicidal ideations. Additionally, there is no evidence in her psychiatric treatment record of any suicide ideation or plan.

R. at 10 (2-12)]. The Board found that Appellant, "has not demonstrated any symptomatology of comparable severity to the listed symptoms considered by a 100- percent rating because she has denied any of the listed symptoms." *Id.*

SUMMARY OF THE ARGUMENT

The Court should vacate and remand the September 27, 2018, Board decision that denied entitlement to an initial rating in excess of 50% for MDD. The Board erred in its decision because it failed to properly evaluate Appellant's mental health symptoms in accordance with the diagnostic code and this Court's precedent concerning the evaluation of mental health disorders. As a result, the Board's statement of reasons or bases is inadequate, and remand is warranted.

ARGUMENT

A. THE BOARD'S STATEMENT OF REASONS OR BASES IS INADEQUATE BECAUSE THE BOARD FAILED TO ADDRESS EVIDENCE PERTINENT TO ENTITLEMENT TO A 100-PERCENT SCHEDULAR RATING.

The Board failed to analyze the severity, frequency, and duration of Appellant's symptoms that may be pertinent to a 100 schedular rating. As a result, the Board's statement of reasons or bases is inadequate.

"The Board is required to provide a written statement of the reasons or bases for its findings and conclusions on all material issues of fact and law presented on the record; the statement must be adequate to enable a claimant to understand the precise basis for the Board's decision, as well as to facilitate review in this Court. To comply with this requirement, the Board must analyze the credibility and probative value of the evidence, account for the evidence that it finds to be

persuasive or unpersuasive, and provide the reasons for its rejection of any material evidence favorable to the claimant.” *Thompson v. Gober*, 14 Vet.App. 187, 188 (2000) (per curiam order) (citing 38 U.S.C. § 7104(d)(1); *Allday v. Brown*, 7 Vet.App. 517, 527 (1995); *Simon v. Derwinski*, 2 Vet.App. 621, 622 (1992); *Gilbert v. Derwinski*, 1 Vet.App. 49, 57 (1990); *Caluza v. Brown*, 7 Vet.App. 498, 506 (1995), *aff’d*, 78 F.3d 604 (Fed. Cir. 1996) (table); *Gabrielson v. Brown*, 7 Vet.App. 36, 39-40 (1994)).

The U.S. Court of Appeals for the Federal Circuit has explained that evaluation of mental disorders under § 4.130 is “symptom driven,” meaning that “symptomatology should be the fact-finder’s primary focus when deciding entitlement to a given disability rating.” *Vazquez-Claudio v. Shinseki*, 713 F.3d 112, 117 (Fed. Cir. 2013). “[A] veteran may only qualify for a given disability rating under § 4.130 by demonstrating the particular symptoms associated with that percentage, or others of similar severity, frequency, and duration.” *Id.* To qualify for a disability rating, § 4.130 requires “not only the presence of certain symptoms [,] but also that those symptoms have caused occupational and social impairment in most of the referenced areas.” *Id.*; see 38 C.F.R. § 4.130, Diagnostic Code 9434 (Major Depressive Disorder). Additionally, this Court has held that “the presence or lack of evidence of a specific sign or symptom listed in the evaluation criteria is not *necessarily* dispositive of any particular disability level.” *Bankhead v. Shulkin*,

29 Vet.App. 10, 22 (2017) (citing *Vazquez-Claudio*, 713 F.3d at 115; *Mauerhan v. Principi*, 16 Vet.App. 436, 442 (2002)) (emphasis in original).

When evaluating mental disorders under § 4.130, a 100% rating is assigned when a service-connected mental health disorder causes “total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.” 38 C.F.R. § 4.130.

The Board found that Appellant “has not demonstrated any symptomatology of comparable severity to the listed symptoms considered by a 100-percent rating because she has denied any of the listed symptoms.” R. at 10 (2-12)]. However, the record shows that Appellant exhibits symptoms that may correspond to the 100% rating criteria. See 38 C.F.R. § 4.130 (providing that a total rating is warranted where there is total occupational and social impairment due to symptoms such as an intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene)).

During Appellant’s July 2015 VA examination, the Appellant informed the examiner, “that her most significant problem at this time is ‘just not being able to do for me.’” [R. at 624 (615-25)]. “She said, ‘I’m not feeling good about just not

being able to do and get up and go.” [R. at 622 (615-25)]. She worried about being alone ““and not being able to do for myself.” *Id.* Appellant said “she makes herself eat sometimes because she knows she needs to eat. She said her weight fluctuates ‘back and forth.’” [R. at 621 (615-25)].

In March 2016, Dr. Uzzell stated that Appellant was living alone and struggling to take care of her household tasks. [R. at 71]. In a letter dated June 20, 2015, Dr. Uzzell indicated that Appellant had stopped working due to back pain, fatigue, crying spells, and depression. [R. at 72]. Dr. Uzzell noted that Appellant was unable to perform day-to-day household tasks due to her chronic back pain and depressed mood. *Id.* She noted Appellant self-isolates, felt lonely and did not want to be around people.

The Board failed to address this evidence, which is relevant to assessing whether Appellant has total occupational and social impairment due to an intermittent inability to perform activities of daily living. The Board must provide the reasons for its rejection of any material evidence favorable to the claimant.” *Thompson*, 14 Vet.App. at 188. Accordingly, the Secretary asserts that because the Board’s statement of reasons or bases is inadequate, remand is required. 38 U.S.C. § 7104(d)(1).

**B. THE BOARD FAILED TO ADEQUATELY
EVALUATE EVIDENCE PERTINENT TO
ENTITLEMENT TO A 70-PERCENT
SCHEDULAR RATING.**

The Board failed to address evidence that pertains to Appellant's "inability to establish and maintain effective relationships." 38 C.F.R. § 4.130. In a conclusory fashion, the Board determined: "[a]s to a higher scheduler [sic] rating of 70 percent, the Board does not find such is warranted because Appellant's symptoms and overall impairment did not include those symptoms noted under this level of impairment or like symptoms that would exhibit the frequency, severity, and duration required of such a rating." [R. at 9 (2-12)]. However, in making this determination of whether Appellant was entitled to a 70% rating, the Board failed to address evidence of record related to the nature of Appellant's social impairment.

In September 2014, Appellant underwent a private psychological evaluation by Dr. Uzzell [R. at 664-65]. Appellant reported she has symptoms of depressed mood, including crying spells, as well as problems sleeping, isolating herself, hopelessness, lack of motivation, and anxiety due to her back pain. [R. at 665 (664-5)]. Appellant isolated herself and had "withdrawn from everything and everyone." [R. at 665 (664-5)]. Appellant reported feeling anxiety when she thought "about not being able to take care of herself." Dr. Uzzell found that Appellant's self-isolation affected her social life. *Id.*

Further, during an initial mental health consult in October 2014, Appellant reported symptoms of anxiety and depression including isolation, fear, distrust, intolerance for people, and thoughts of death without suicidal thought or plan. [R.

499-502]. She also reported that has been divorced three times, had strained relationships with her two children, and did not have any close friendships. [R. at 501 (499-502)].

Additionally, in March 2015, Appellant underwent a VA examination to assess the severity of her MDD. [R. at 739-47]. The examiner also found that Appellant had symptoms of depressed mood, chronic sleep impairment, flattened affect, difficulty in establishing and maintaining effective work and social relationships, and difficulty in adapting to stressful circumstances, including work or a work-like setting. [R. at 742-3 (739-47)]. She also reported symptoms of crying spells, social isolation, lack of motivation, staying in bed for long periods. [R. at 743 (739-47)].

During the July 2015 VA examination, Appellant's symptoms were noted to include depressed mood, chronic sleep impairment, and difficulty establishing and maintaining effective work and social relationships. [R. at 616 (614-25)]. Appellant reported that she lived alone, had little contact with her children, and denied a close relationship with her siblings. *Id.* She further reported she attends church once a week but denied any other social activities. *Id.*

The Board failed to address this evidence of related to Appellant's ability to establish and maintain effective relationships, and failure to do so constitutes error. *Thompson*, 14 Vet.App. at 188 ("the Board must analyze the credibility and probative value of the evidence, account for the evidence that it finds to be

persuasive or unpersuasive, and provide the reasons for its rejection of any material evidence favorable to the claimant.”). See 38 C.F.R. § 4.130 (providing that an “inability to establish and maintain effective relationships” is a hallmark of a 70% disability rating). Thus, the Secretary urges the Court to remand this matter for the Board to address this evidence in its determination as to whether a higher rating is warranted.

The Secretary also asserts that the Board did not address evidence pertaining to the severity, frequency and duration of Appellant’s depression symptomatology. The Board found that a higher rating of 70% was not, “warranted because Appellant’s symptoms and overall impairment did not include those symptoms noted under this level of impairment or like symptoms that would exhibit the frequency, severity, and duration required of such a rating.” [R. at 9 (2-12)]. However, the Board did not provide any support for this conclusion. Also, the Board determined, “[n]otably, Appellant’s symptoms have been consistent throughout the appeal period.” [R. at 10 (2-12)] (Board Decision) (finding that the evidence warrants a uniform 50-percent rating). The Secretary contends the Board erred as these findings are conclusory and do not address evidence of worsening symptoms. In March 2016, Dr. Uzzell stated that Appellant’s major depressive disorder symptoms had “worsened” and provided evidence of such worsening. [R. at 71]. Appellant was said to be “very depressed, and emotional at all times.” *Id.* Appellant was described as “hopeless and very discouraged about

her mood improving....” *Id.* Appellant was living alone and struggling to take care of her household tasks. *Id.*

In a letter dated June 20, 2015, Dr. Uzzell indicated that Appellant had stopped working due to back pain, fatigue, crying spells and depression. [R. at 72]. She noted that “back pain, fatigue, crying spells and depression made it unbearable for [Appellant] to work and she had to resign after only being employed part-time for four weeks.” *Id.* Dr. Uzzell opined that Appellant was unemployable due to these symptoms. *Id.* She found that Appellant was unable to perform day-to-day household tasks due to her chronic back pain and depressed mood. *Id.*

Moreover, in the September 30, 2014, evaluation, Doctor Uzzell noted that it, “has been a very difficult struggle for [Appellant] to maintain a high quality of life, as well as maintain professional and personal relationships with others while enduring these [MDD] symptoms.” [R. at 664 (664-65)]. She also noted that, “Ms. Dillard feels sad and depressed most often.” [R. at 665 (664-65)]. “Furthermore, Ms. Dillard struggles with her mood, which causes her to self-isolate and impacts her social life.” *Id.*

The Board failed to address the frequency, severity and duration of Appellant’s depressed mood. While some of this symptomatology was recited in the Board’s discussion of the facts, its analysis did not address this evidence in determining whether Appellant was entitled to a rating in excess of 50 percent. Given the symptoms recorded in these medical records, the Board should have

addressed whether these mood symptoms constitute occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, thinking, or mood, due to near-continuous depression affecting the ability to function independently, appropriately and effectively. See 38 C.F.R. § 4.130 (70% Rating Criterion). The Secretary asserts that failure to evaluate this evidence that pertains to Appellant's level of occupational and social impairment constitutes error because "symptomatology should be the fact-finder's primary focus when deciding entitlement to a given disability rating." *Vazquez-Claudio*, 713 F.3d at 117. On remand, the Board should address whether these, "symptoms have caused occupational and social impairment in most of the referenced areas." *Id.*

C. THE BOARD'S STATEMENT OF REASONS OR BASES IS INADEQUATE BECAUSE THE BOARD FAILED TO ADDRESS WHETHER THE DUTY TO ASSIST WAS SATISFIED.

The Board failed to address whether the Secretary complied with his duty to provide the Appellant with a new examination where there was medical evidence of worsening symptoms.

The Secretary has a duty to assist the claimant by providing a thorough and contemporaneous medical examination when the record does not adequately reveal the current state of the claimant's disability. See 38 U.S.C. § 5103A(d)(1); *Green v. Derwinski*, 1 Vet. App. 121, 124 (1991). The duty to conduct a

contemporaneous examination is triggered when the, “evidence indicates there has been a material change in a disability or that the current rating may be incorrect.” 38 C.F.R. § 3.327(a); see *Palczewski v. Nicholson*, 21 Vet. App. 174, 182 (submission of new evidence or allegation that disability has worsened may require new medical examination to be provided).

Here, the Board’s finding that Appellant’s symptoms have remained constant throughout the appeal period is not supported by an adequate statement of reasons or bases. The Board acknowledged the March 2016 letter from Dr. Uzzell stating, that Appellant’s “major depressive disorder symptoms worsened.” [R. at 9 (2-12)] (Board Decision); [R. at 71]. But then, without addressing this evidence, the Board concluded that “Appellant’s symptoms have been consistent throughout the appeal period.” [R. at 10 (2-12)] (Board Decision). Accordingly, the remand is warranted for the Board to address the evidence of worsening symptomatology and to address whether a new medical examination is needed.

In her brief, Appellant argues that she was entitled to the benefit of the doubt. [Br. at 2] (citing 38 U.S.C. § 5107(b), and 38 C.F.R. § 3.303). The Secretary disagrees that this is the dispositive issue here. Instead, the Secretary urges the Court to remand because the Board failed to offer a reasoned basis for its conclusion that Appellant’s symptomatology does not warrant a higher rating and to address whether the medical evidence of record is adequate. The benefit-of-the-doubt doctrine is to be applied only after “all procurable and assumed data”

have been obtained, thus consideration of this doctrine should be made only after the Board has determined whether a new examination is warranted. See 38 C.F.R. § 3.102. Moreover, 38 C.F.R. § 3.303 pertains to principles relating to service connection, and the issue on appeal here is on of an increased rating.

Appellant asks to be granted entitlement to individual unemployability, but Appellant has already been granted individual unemployability based on combined service connection disabilities. [R. at 179-83].

Further, Appellant attached an argument to her brief which cites, “Luck of the Draw.” [Br. at Attachment #2]. Appellant has not presented any legal basis for this argument, and it warrants no consideration. See *Abbott v. O’Rourke*, 30 Vet.App. 42, 50 n.3 (2018) (rejecting Appellant’s arguments for “failing to satisfy even the liberal standard for pro se pleadings at the Court”); *Locklear v. Nicholson*, 20 Vet.App. 410, 416 (2006) (providing that the Court need not address arguments that are “far too terse to warrant detailed analysis by the Court”).

CONCLUSION

WHEREFORE, for the foregoing reasons, Appellee, Robert L. Wilkie, respectfully urges the Court to remand the Board’s September 27, 2018, decision that denied entitlement to an initial rating in excess of 50% for MDD.

Respectfully submitted,

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CERTIFICATE OF SERVICE

On the 15th day of August 2019 a copy of the foregoing was mailed, postage prepaid, to:

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I certify under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

/s/ Lamar D. Winslow
LAMAR D. WINSLOW
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