

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

RUAL V. CARDENAS,

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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Vet.App. No. 19-1788

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

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

I. ISSUE PRESENTED

Whether the Court should affirm the November 20, 2018, Board of Veterans' Appeals (Board) decision that denied entitlement to service connection for hepatitis C.

II. STATEMENT OF THE CASE

A. Jurisdictional Statement

The Court has proper jurisdiction pursuant to 38 U.S.C. § 7252(a).

B. Nature of the Case

On November 20, 2018, the Board of Veterans' Appeals (Board) issued a decision in which it denied entitlement to service connection for hepatitis C.

[Record (R.) at 1-11]. Mr. Raul V. Cardenas (Appellant) timely appealed the Board's decision on March 18, 2019.

C. Statement of Relevant Facts

Appellant served honorably in the United States Navy from January 1980 to January 1983, as well as in the U.S. Navy Reserves. [R. at 872-73]. Appellant's service treatment records (STRs) indicate that he was exposed to "hepatitis on board [the U.S.S.] Constellation between 01 March 1981 and 07 April 1981." [R. at 814]. The STR indicates that Appellant "received 2.0 cc of gamma globulin intramuscularly as a prophylactic measure. [Appellant] was advised that the immunization did not guarantee complete immunity against hepatitis." *Id.*

In 2010, Appellant was diagnosed with hepatitis C, while he was in prison. [R. at 646]. The reported diagnosis was confirmed by VA in March 2011. [R. at 638 (638-41)]. During a March 2011 hepatology consult, Appellant "denied any prior knowledge of liver disease, jaundice, or other signs or [symptoms] of acute or chronic hepatitis." [R. at 638 (638-45)].

In May 2012, Appellant filed a claim for service connection for "hepatitis." [R. at 1262]. In a May 2013 Rating Decision, the VA regional office (RO) denied service connection for hepatitis/hepatitis C. [R. at 951-60]. A few weeks later, Appellant filed a Notice of Disagreement (NOD) stating that the "benefit of the doubt [was not] applied," and requesting a teleconference with a Decision Review Officer (DRO). [R. at 944-46].

Appellant underwent a VA examination for his hepatitis in August 2017. [R. at 109-26]. The VA examiner, a physician assistant, noted the April 1981 service treatment record which established Appellant was exposed to hepatitis in service. [R. at 111 (109-26)]. The examiner also noted 3 pages of relevant records, which included evidence of polysubstance abuse, smoking history, and treatment for hepatitis C, hepatitis C virus (HCV), and cirrhosis. [R. at 111-113].

The examiner provided a nexus opinion concluding that “it is less likely than not that the Veteran has chronic hepatitis C incurred in or caused by (the) hepatitis exposure on 4/07/1981.” [R. at 113 (109-26)]. As rationale for this opinion, the examiner noted the April 1981 record and highlighted that the record did not note the type of hepatitis, the exact date of exposure, or the route of exposure, and concluded that “this wording implies uncertainty regarding the exact date(s) of exposure to infectious hepatitis.” [R. at 113-14 (109-26)]. The examiner then explained that the three most common types of infectious hepatitis, A, B, and C, “differ in routes of transmission, chronicity and/or long[-]term sequelae.” [R. at 114]. Citing eight sources, the examiner explained the differences between the three types of hepatitis. [R. at 114-15, 116-26].

The examiner then explained that based on the absence of more detail in the service record, and Appellant’s military occupational specialty (MOS) and service on a ship during the exposure, “the circumstances lend support that Appellant was exposed to hepatitis A.” [R. at 114-15 (109-26)]. The examiner also relied on Appellant’ post-service risk factors for hepatitis C, such as intravenous

drug use, incarceration, and tattoos, as rationale that his hepatitis C is not related to service. [R. at 115 (109-26)].

In summary, the August 2017 VA examiner found that Appellant “had limited exposure to infectious hepatitis while in the military;” that “there is a vague description and date of exposure reported aboard a ship, with confined quarters,” and these “circumstances lend support that Appellant was exposed to Hepatitis A.” *Id.* The examiner explained that there was no evidence of the risk factors for hepatitis C present in service. *Id.* Additionally, the examiner noted Appellant had no documented symptoms or diagnoses related to hepatitis during service or during his service in the reserves. *Id.* Rather, the examiner noted Appellant had “multiple risk factors for development of hepatitis C after leaving military service, including years of IVDU [(intravenous drug use)], incarceration, and tattoos.” *Id.* The examiner concluded that “[s]ince there is evidence of repeated exposure to the most significant factors for contracting hepatitis C post-military, as well as other risk factors that at least doubled his risk for HCV, it is my opinion that it is less likely than not that the Veteran has chronic hepatitis C incurred in or caused by (the) hepatitis exposure on 4/07/1981.” *Id.*

VA subsequently issued a Statement of the Case (SOC) in August 2017, continuing the denial of service connection for hepatitis C. [R. at 79-108]. Appellant filed a timely substantive appeal (VA Form 9) in September 2017, in which he stated that “[w]hile [he] served onboard the *USS Constellation* [he] traveled to Mombasa, Kenya where [he] was exposed to Hepatitis C. In [his]

service medical records it indicates that [his] exposure may not have affected [him] during the time that [he] served but may affect [him] later in life. [He is] currently diagnosed with Hepatitis C.” [R. at 75]. Appellant also requested a live videoconference with the Board judge at a local VA RO. *Id.* On October 2018, Appellant requested that the VA “cancel his video teleconference hearing for NOD 05/30/2013” and move forward with the appeal without the hearing. [R. at 14].

The Board issued a decision on November 20, 2018, and denied Appellant entitlement to service connection for hepatitis C. [R. at 1-11]. The Board first conceded that Appellant has a current diagnosis of hepatitis C. [R. at 5 (1-11)]. The Board noted that “an April 1981 service treatment record reflects that the Veteran was exposed to ‘hepatitis’ between March 1981 and April 1981 and received gamma globulin intramuscularly as a prophylactic measure[.]” [R. at 5-6]. The Board noted that Appellant’s STRs reflected no treatment “for any form of hepatitis including hepatitis C, or that he reported symptoms caused by or related to any form of hepatitis, including hepatitis C.” [R. at 6]. The Board noted that a May 1987 reenlistment examination report indicated that the examining physician determined “that all systems and body part examined were normal and noted that the Veteran was a ‘healthy individual.’” *Id.* The Board also addressed the post-service evidence and found that it “does not indicate that the Veteran has experienced continuous symptoms related to his hepatitis C since active duty service.” *Id.* The Board acknowledged Appellant’s lay statements and found them competent but not probative as to the issue of nexus. *Id.* The Board placed

“significant probative weight” on the August 2017 VA examiner’s opinion. [R. at 7]. The Board found that the preponderance of the evidence is against the Veteran’s claim for service connection. [R. at 9]. The present appeal followed.

III. SUMMARY OF ARGUMENT

The Court should affirm the November 20, 2018, Board decision because Appellant has failed to show prejudicial error. Regarding the adequacy of the August 2017 VA medical opinion, Appellant mischaracterizes the examiner’s well-reasoned and well-supported inferences. Likewise, Appellant fails to show that the medical opinion was based on an inaccurate factual premise. However, even assuming that a portion of the medical opinion is based on an inaccurate factual premise, the medical opinion nonetheless contained a thorough analysis of the evidence that did not solely rely on confined quarters on the ship when Appellant was exposed to hepatitis. Rather, the examiner, applying current medical literature to the specific facts of Appellant’s case, proffered an adequate opinion.

As for the Board’s statements of reasons or bases, Appellant merely disagrees with how the Board weighed the evidence. Unlike Appellant would have this Court find, the Board did consider and analyze the April 1981 STR showing exposure to some type of hepatitis. The Board noted it and discussed the record’s vague findings before relying on the August 2017 VA medical opinion which addressed the record in detail. Appellant’s disagreement with the amount of page space dedicated to the STR in the Board’s decision falls short of showing prejudicial error. Likewise, Appellant fails to meet his burden of showing that the

rest of the Board's discussion does not have a plausible basis in the record as the Board considered and discussed Appellant's lay statements and relied on an adequate VA medical opinion.

IV. ARGUMENT

A. VA Satisfied Its Duty to Assist Because the August 2017 VA Medical Opinion Was Based Upon Consideration of Appellant's Medical History, the Evidence of Record, and on a Well-Supported, Well-Reasoned Rationale

Appellant argues that the August 2017 VA medical opinion is inadequate because the VA examiner rendered her opinion on evidence outside her scope of knowledge, and because the rationale is "inadequate and unsupported." Appellant's Brief (App. Br.) at 15 (14-16). Additionally, Appellant contends that the medical opinion is "based on the inaccurate factual premise that [he] was not exposed to hepatitis C in service." App. Br. at 16. The Secretary disagrees with Appellant's mischaracterizations of the August 2017 medical opinion and posits that his arguments amount to no more than disagreement with the weighing of the evidence.

Once the Secretary undertakes the effort to provide an examination, even if not statutorily obligated to do so, he must provide an adequate one. *Barr v. Nicholson*, 21 Vet.App. 303, 311 (2007). An adequate medical opinion must be based upon a consideration of the relevant evidence and must provide the Board with a foundation sufficient to evaluate the probative worth of that opinion. See *Ardison v. Brown*, 6 Vet.App. 405, 407 (1994) (adequate medical examination is

one that is based on consideration of veteran's prior medical history and describes his or her condition with a level of detail sufficient to allow the Board to make a fully informed decision on the relevant medical question). This requires the examiner to not only render a clear conclusion on the relevant medical question but to support that conclusion "with an analysis that the Board can consider and weigh against contrary opinions." *Stefl v. Nicholson*, 21 Vet.App. 120, 124 (2007) (holding that "a mere conclusion by a medical doctor is insufficient to allow the Board to make an informed decision as to what weight to assign to the doctor's opinion"); see also *Nieves-Rodriguez v. Peake*, 22 Vet.App. 295, 301 (2008) (examiner must provide "not only clear conclusions with supporting data, but also a reasoned medical explanation connecting the two"). But this obligation is not insurmountable, and an examination report need not "explicitly lay out the examiner's journey from facts to a conclusion." *Monzingo v. Shinseki*, 26 Vet.App. 97, 106 (2012) (holding that a medical examination report must be read as a whole and does not require that it "explicitly lay out the examiner's journey from the facts to a conclusion"). Whether a medical examination is adequate and to extent to which, if any, it is probative of the relevant medical questions, are factual determinations that may not be disturbed unless clearly erroneous. See *Nolen v. Gober*, 14 Vet.App. 183, 184 (2000).

Here, the August 2017 examiner opined that Appellant's current hepatitis C was less likely than not incurred in or related to his military service. [R. at 113 (109-26)]. This opinion was based on a review of the relevant medical evidence

of record, and it was supported by thorough rationale. See [R. at 111-13 (109-26) (listing in detail the records relating to hepatitis C), 113-15 (rationale for the negative nexus opinion)]; see also *Monzingo*, 26 Vet.App. at 105 (“There is no requirement that a medical examiner comment on every favorable piece of evidence in a claims file.”). Based on the available evidence, which included the April 1981 STR, the examiner interpreted the evidence and applied medical principles in formulating her conclusion. Regarding the April 1981 STR, the examiner noted that the record, signed by a U.S. Navy Medical Corp Captain, “did not specify which hepatitis virus [Appellant] was exposed to.” [R. at 114]. The examiner also noted that the “objective record” noted the exposure to the virus occurred “between 01 March 1981 and 07 April 1981.” *Id.* Based on the lack of specificity in the diagnosis and date of exposure, then, the examiner inferred that “this wording implies uncertainty regarding the exact date(s) of exposure to infectious hepatitis.” *Id.*

Contrary to Appellant’s mischaracterization, this was not an impermissible factual finding but an inference made from the available objective medical evidence of the exposure. The examiner did not render “an opinion on evidence outside her scope of knowledge” as Appellant would have this Court believe. App. Br. at 14. Rather, the examiner pointed out the obviously missing information that would link Appellant’s hepatitis C to the exposure he had in 1981.

Furthermore, the examiner provided a thorough explanation as to why this inference was important. Indeed, the examiner noted, and then explained in detail,

the different “routes of transmission, chronicity and/or long-term sequelae” of the three most common forms of hepatitis. [R. at 14]. After outlining the mode of transmission for each type of hepatitis, the examiner noted that types “B and C are associated with exposure to infected body fluids, including blood, while hepatitis A is strongly associated with fecal/oral transmission.” *Id.* The examiner then noted that Appellant’s MOS was in administration. *Id.*; see [R. at 873 (872-73)]. The examiner reached the logical conclusion that such an MOS “was unlikely to result in exposure to blood or other body fluids routinely.” [R. at 114]. Again, contrary to Appellant’s mischaracterization of this statement, this is a logical conclusion based on the available evidence of record, not an impermissible factual finding. Additionally, the examiner supported this conclusion when she stated that “[i]f [Appellant] were to have an accidental exposure to blood from an infected individual, it is highly likely that there would be documentation of the exposure event and [follow-up] serology testing while he was in service. There is no evidence of this in the records.” *Id.*

Interestingly, Appellant does not argue that he actually had any exposure to bodily fluids or blood when he was exposed. Rather, he merely mischaracterizes the examiner’s inferences from the objective medical evidence, which she was well within her authority to make. See *Nieves-Rodriguez*, 22 Vet.App. at 302 (recognizing that VA examiners are nothing more or less than expert witnesses and that it is their responsibility to interpret the relevant medical and scientific research).

In this regard, Appellant's lay statement that he was exposed to hepatitis C while his ship was stationed in Mombasa, Kenya, does not compliment the April 1981 STR or provide sufficient additional detail, as Appellant believes. See [R. at 75]; see also App. Br. at 9, 16. While *Jandreau v. Nicholson*, 492 F.3d 1372 (Fed. Cir. 2007), allows for lay evidence to establish a diagnosis when, among other things, the lay person is reporting a contemporaneous medical diagnosis, the record contains the actual diagnosis and it contradicts the lay statement. See *id.* at 1377; see also [R. at 814]. In his VA Form 9 Appellant posited that he was told he was exposed to hepatitis C. [R. at 75]. This is simply not true. The objective medical record, which is the April 7, 1981, STR, contains no such diagnosis. [R. at 814]. The STR merely states that Appellant was exposed to "hepatitis." *Id.* As the examiner noted, the record does not specify which type of hepatitis Appellant was exposed to. See [R. at 114]. The objective medical evidence is vague as to the type of hepatitis and as to the exact date of exposure. Appellant's September 2017 VA Form 9 statement is not complimenting the STR simply because Appellant says so. Likewise, his statement that the exposure occurred while he was in Mombasa, Kenya, does not add sufficient detail as to call into question the examiner's inferences or otherwise substantiate his claim. See *Skoczen v. Shinseki*, 564 F.3d 1319, 1324 (Fed. Cir. 2009) (recognizing that, the responsibilities of developing the evidence aside, the claimant bears the burden of establishing his or her entitlement to the benefits sought); *Ortiz v. Principi*, 274 F.3d 1361, 1365 (Fed. Cir. 2001) (explaining that the evidence must demonstrate

entitlement to the benefit). Therefore, Appellant has failed to show that the August 2017 medical opinion was based on inaccurate factual premises or that the examiner made factual findings outside the scope of her knowledge.

In any case, the August 2017 VA examiner's opinion provided additional reasoning for her conclusion that Appellant's hepatitis C was unrelated to the in-service hepatitis exposure. Citing medical literature, the examiner noted that "hepatitis A antibodies are present in Gamma Globulin, which was administered to [Appellant] after his hepatitis exposure in service." [R. at 115]; see [R. at 814]. The examiner applied the medical literature she referenced to the specific facts of Appellant's case and cited the relevant records to support her conclusion that the exposure was likely to hepatitis A. [R. at 115].

The examiner also discussed the risk factors for infection of hepatitis C and applied them to the relevant records in Appellant's case. Significantly, the examiner noted that the "strongest risk factor for development of hepatitis C is IVDU, which was documented in [Appellant] after his military service. (Reported use from 28-40 [years old], [consistent with] onset of use – 1998)." *Id.* Additionally, the examiner also cited medical literature indicating that incarceration for more than three months, as well as intranasal cocaine use, sexual promiscuity, tattoos and piercing, all evident in Appellant's post-military history, were additional risk factors to contracting hepatitis C. *Id.*

Contrary to Appellant's allegations, the examiner's opinion was not merely based on likely exposure to hepatitis A. Yes, this was one of the conclusions the

examiner reached. [R. at 115]. However, the examiner also noted that none of the risk factors for hepatitis C were present during service. *Id.* The examiner also noted the lack of report of symptomatology or diagnosis of hepatitis C in service, while Appellant served in the reserves or thereafter until 2010. *Id.* However, the examiner noted that after Appellant's service he had multiple risk factors for infection, including IVDU, intranasal cocaine use, meth use, incarceration of 6 months, tattoos while incarcerated, and piercings. As such, to the extent that Appellant's September 2017 statements call into question the confinement in which Appellant found himself at the time of his exposure, he has failed to show prejudicial error where the examiner's opinion was based on a thorough medical analysis of the available evidence and current medical literature.

B. The Board's Statement of Reasons or Bases Was Adequate Because It Has a Plausible Basis on the Record and Contains an Explanation of Its Findings

Appellant argues that the Board erred because it provided no analysis of the April 1981 STR showing exposure to Hepatitis and because it failed to explain the significance of the gap of time between the in-service exposure and the first treatment for hepatitis C. App. Br. at 6-12. However, the Board's reasons or bases statement is adequate because it was based on the record and explained its reasoning in detail. See [[R. at 5-7].

A Board decision must be supported by statements of reasons or bases which adequately explain the basis of the Board's material findings and

conclusions. 38 U.S.C. § 7104(d)(1). This requires the Board to analyze the probative value of the evidence, account for that which it finds persuasive or unpersuasive, and explain why it rejected evidence materially favorable to the claimant. *Caluza v. Brown*, 7 Vet.App. 498, 506 (1995), *aff'd per curiam*, 78 F.3d 604 (Fed. Cir. 1996) (table). The Board, however, need not comment upon every piece of evidence contained in the record. *Newhouse v. Nicholson*, 497 F.3d 1298, 1302 (Fed. Cir. 2007). Rather, it must simply provide sufficient discussion to enable both the claimant and this Court to understand the basis of its decision and permit judicial review of the same. *Gilbert v. Derwinski*, 1 Vet.App. 49, 57 (1990). A deficiency in the Board's statement of reasons or bases necessitates remand only where such deficiency is preclusive of effective judicial review or otherwise shown to have caused harm to the claimant. *See Mayfield v. Nicholson*, 19 Vet.App. 103, 129 (2005) (where judicial review is not hindered by deficiency of reasons or bases, a remand for reasons or bases error would be of no benefit to the appellant and would therefore serve no useful purpose), *rev'd in part by Mayfield v. Nicholson*, 444 F.3d 1328 (Fed. Cir. 2006).

Here, the Board found that "service treatment records fail to establish that [Appellant's] hepatitis C was incurred in or is related to service." [R. at 5 (1-11)]. The Board then noted the April 1981 STR indicating that Appellant was exposed to "hepatitis" between March 1981 and April 1981, and received gamma globulin intramuscularly as a prophylactic, but noted that "no service treatment records reflect that [Appellant] sought treatment for any form of hepatitis, including hepatitis

C, or that he reported symptoms caused by or related to any form of hepatitis, including hepatitis C.” [R. at 6]. The Board also noted a reenlistment examination in May 1987, which described Appellant as a “healthy individual.” *Id.*; see [R. at 864-65 (May 1987 Report of Medical Examination)].

Contrary to Appellant’s contentions, the Board did consider the favorable evidence of exposure in service. The Board noted that the STR only showed exposure to “hepatitis” but did not specify which type. It then relied on the fact that the record does not show any treatment or complaints of symptoms of hepatitis C that would indicate incurrence in service of the disability. The Board also noted that a reenlistment exam after the exposure indicated that Appellant was healthy and was not presenting any symptoms that would indicate hepatitis C. This was the Board’s analysis of the April 1981 record. The Board’s weighing of this evidence does not stop being analysis simply because it was not in the analysis section of the Board’s decision, which is what Appellant argues. See *Johnson v. Shinseki*, 23 Vet.App. 237, 247 (2013) (“A Board statement should generally be read as a whole, and if that statement permits an understanding and facilitates judicial review of the material issues of fact and law presented on the record, then it is adequate.”) (citation omitted), *rev’d on other grounds by Johnson v. McDonald*, 762 F.3d 1362 (Fed. Cir. 2014).

Additionally, the Board noted that despite Appellant’s lay reports, the record shows that the first treatment for hepatitis C was over two decades after the alleged in-service exposure. [R. at 6]. Specifically, the Board noted that Appellant had

denied any prior knowledge of liver disease, jaundice, or other signs or symptoms of acute or chronic hepatitis. *Id.* A prolonged period without complaint can be considered as evidence of non-occurrence of an event or incident. See *Maxson v. Gober*, 230 F.3d 1330, 1333 (Fed. Cir. 2000) (a prolonged and unaccounted for period of time without medical complaint can be taken into consideration by the Board as evidence of whether an injury or disease was incurred in service); see also *Buczynski v. Shinseki*, 24 Vet.App. 221, 224 (2011) (explaining that where there is a lack of notation of medical condition or symptoms where such notation would normally be expected, the Board may consider this as evidence that the conditions or symptoms did not exist). Furthermore, as discussed above, Appellant's general reports that the exposure occurred while in Mombasa, Kenya, are neither complimentary nor provide enough detail to establish exposure to hepatitis C.

Additionally, the Board properly relied on the adequate August 2017 VA medical opinion. See [R. at 109-26]. The Board placed great probative weight on the August 2017 medical opinion for its finding that the "weight of the competent evidence does not attribute [Appellant's] hepatitis C to active duty service[.]" [R. at 7]. The Board detailed the examiner's rationale in reaching the conclusion that Appellant's currently diagnosed hepatitis C was less likely caused by or incurred in service. *Id.*; see also [R. at 113-115]. The Board noted that the examiner did not find any risk factors for hepatitis C during service because there were no documented symptoms or diagnoses during any period of active service. [R. at 7].

The Board also noted the examiner explained that there were numerous intervening risk factors that could have resulted in contraction of hepatitis C, such as intravenous drug use, incarceration, and tattoos. *Id.* The Board concluded that the opinion was probative due to the examiner's "comprehensive review of the clinical evidence, her expertise, and the substantial research cited in support of her opinion." *Id.* This is an adequate weighing of the evidence against which Appellant has failed to show any error.

To the extent Appellant challenges the August 2017 VA medical opinion through the Board's reliance on it, his arguments fail because the opinion carefully considers the evidence of record against medical research and principles. Initially, Appellant concedes that the examiner was a physician assistant, and offers no challenge to her qualifications. As such the examiner's competence is not challenged. The examiner noted all the relevant evidence she considered in proffering her opinion, which included the April 1981 STR, the March 2011 VA evaluation at which Appellant reported a 2010 diagnosis of hepatitis C in prison, as well as getting tattoos and piercings while in prison and a long history of alcohol and drug use. See [R. at 111-13]. The examiner's rationale addresses the causes of each of the common types of hepatitis and the risk factors leading to them. [R. at 114]. Based on this, the examiner then analyzed the April 1981 STR and inferred that the most likely type of hepatitis Appellant was exposed to was hepatitis A. [R. at 114-15]. The examiner then homed in on Appellant's hepatitis C diagnosis and addressed the risk factors for that specific type, and the evidence that indicated

Appellant had those risk factors after service and not during service. [R. at 115]. Each of the medical conclusions in the opinion were supported by medical references, which the examiner listed and described. [R. at 116-26]. Appellant's mischaracterization of the examiner's findings as "assumptions" is unbiased and unsupported by the record. As such, Appellant fails to show any error in the adequacy of the medical opinion or the Board's statement of reasons or bases.

V. CONCLUSION

The Secretary has limited his response to only those arguments raised by Appellant in his brief, and, as such, urges this Court to find that Appellant has abandoned all other arguments not specifically raised in his opening brief. See *Norvell v. Peake*, 22 Vet.App. 194, 201 (2008). The Secretary, however, does not concede any material issue that the Court may deem Appellant adequately raised and properly preserved, but which the Secretary did not address, and requests the opportunity to address the same if the Court deems it to be necessary. Considering the foregoing, Appellee, the Secretary of Veterans Affairs, asks the Court to affirm the November 20, 2018, Board decision.

Respectfully submitted,

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