

*Designated for electronic publication only*

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

No. 18-6733

THOMAS J. BUERGER, APPELLANT,

v.

ROBERT L. WILKIE,  
SECRETARY OF VETERANS AFFAIRS, APPELLEE.

Before BARTLEY, *Chief Judge*.

**MEMORANDUM DECISION**

*Note: Pursuant to U.S. Vet. App. R. 30(a),  
this action may not be cited as precedent.*

BARTLEY, *Chief Judge*: Veteran Thomas J. Buerger appeals through counsel an August 2, 2018, Board of Veterans' Appeals (Board) decision that denied service connection for an acquired psychiatric disorder, including post-traumatic stress disorder (PTSD), and ischemic heart disease (IHD). Record (R.) at 4-18.<sup>1</sup> For the reasons that follow, the Court will affirm the August 2018 Board decision.

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<sup>1</sup> In the same decision, the Board reopened the claim for service connection for PTSD. R. at 5. Because this determination is favorable to Mr. Buerger, the Court will not disturb it. *See Medrano v. Nicholson*, 21 Vet.App. 165, 170 (2007) ("The Court is not permitted to reverse findings of fact favorable to a claimant made by the Board pursuant to its statutory authority."). Additionally, the Board remanded claims for entitlement to an increased disability evaluation for a lumbosacral strain and a total disability evaluation based on individual unemployability. R. at 16-18. Because a remand is not a final decision of the Board subject to judicial review, the Court does not have jurisdiction to consider these issues at this time. *See Howard v. Gober*, 220 F.3d 1341, 1334 (Fed. Cir. 2000); *Breeden v. Principi*, 17 Vet.App. 475, 478 (2004) (per curiam order); 38 C.F.R. § 20.1100(b) (2019). Finally, the Board referred for appropriate action the issue of entitlement to special monthly compensation based on the need for aid and attendance of another person. R. at 5. Because Mr. Buerger has not challenged the propriety of the Board's referral, *see* Appellant's Brief (Br.) at 2-9, the Court will not address the referred issue.

## I. FACTS

Mr. Buerger served honorably on active duty in the U.S. Navy from August 1967 to July 1969. R. at 1554. His DD Form 214 reflects that his military occupational specialty was sonar technician and that he did not have foreign or sea service. *Id.*

An October 1968 service medical record reflects that Mr. Buerger was hospitalized for six days because of low back pain, diagnosed as lumbar myositis. R. at 2917-18. The service record reflects that Mr. Buerger reported that he first had low back pain after falling in boot camp and then subsequently working 14-16 hours a day filling and carrying sand bags as part of hurricane precautions at Cape Hatteras. *Id.*

A January 1969 service medical record reflects that Mr. Buerger was experiencing symptoms of "acute anxiety—depression." R. at 2901. On February 6, 1969, Mr. Buerger was hospitalized with a diagnosis of anxiety reaction. R. at 2898. The hospitalization narrative summary reflects that Mr. Buerger became increasingly depressed soon after leaving sonar school and "[t]he sources of the depression were several fold," including his sister's terminal illness, his father's failing real estate business, and "his job at Nantucket which he feels is too repetitive and has no future for him." *Id.* The service clinician diagnosed passive aggressive personality with current depression, but noted that Mr. Buerger was "using his depression in order to get out of the service." R. at 2899. The service clinician indicated that Mr. Buerger's "security clearance should be lifted as he does present a clear security risk with his emotional difficulties." *Id.*<sup>2</sup> On February 18, 1969, Mr. Buerger's diagnosis was revised to "[p]assive [a]ggressive [p]ersonality[ ] with depressive features manifested by anger turned upon himself, small legal difficulties, insomnia, depression, anger at the service, with resulting poor work performance." *Id.* Mr. Buerger was discharged from the hospital on March 4, 1969. *Id.*

The next day, Mr. Buerger presented to sick call reporting that he had "trouble sleeping and [was] hear[ing] voices during [the] night." R. at 2927. The following day, he again presented to sick call stating that he "can't take it anymore" and requesting that he be sent back to the hospital. *Id.* On March 6, 1969, he was re-hospitalized. *See* R. at 2895. During this hospitalization, service

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<sup>2</sup> Mr. Buerger's "[s]ecret and [c]onfidential" clearance was lifted on March 6, 1969. R. at 1652.

clinicians determined that Mr. Buerger experienced "a long-standing character disorder" diagnosed as passive aggressive personality disorder, R. at 2896, and he was referred to the Medical Board.

An April 1969 Medical Board report lists diagnoses of passive aggressive personality disorder and chronic lumbosacral strain. R. at 2929. Due to the diagnosis of chronic lumbosacral strain, the Medical Board referred Mr. Buerger to the Physical Evaluation Board (PEB) for possible service separation. *Id.*

In May 1969, the PEB found Mr. Buerger unfit for duty because of the chronic lumbosacral strain and indicated a 10% level of ratable disability. R. at 2912; *see* R. at 2897. The PEB also found Mr. Buerger unfit for duty because of passive aggressive personality disorder, but noted that the personality condition was not considered a disability and, therefore, not ratable. R. at 2912; *see* R. at 2895-96.

In February 2006, Mr. Buerger filed a claim for service connection for PTSD. R. at 1622. At that time, he submitted a contemporaneous private psychiatric examination report, which listed a diagnosis of PTSD. R. at 1616-21. The psychiatrist noted:

The veteran describes service in Vietnam for a period of 6 weeks in 1968 when he was assigned surveillance duties along inland waters and was stationed with a [SEAL] team. . . . He describes being wounded during a ground attack where he suffered scratches and bruises, but the concussion left him unconscious. He partially recalls but he has been told that he was placed on a medevac helicopter which was subsequently shot down. He was then placed on a second helicopter for definitive evacuation. He has vague memories of struggling for breath amidst a group of evacuees some of whom were badly injured, bleeding[,] and dead.

Upon return to the United States[,] the veteran was stationed at Nantucket for submarine surveillance duties during which he recalls both drills for and actual incidences of discovery of Russian submarines that were subsequently tracked and attacked by elements of the American anti-submarine forces.

R. at 1618. The psychiatrist further noted that, following service, Mr. Buerger's symptoms became quiescence until 1971 when symptoms of nightmares and panic attacks emerged. *Id.*

In March and May 2006, a VA regional office (RO) requested that Mr. Buerger provide additional details regarding claimed stressors. R. at 1608-13 (March 2006), 1601-02 (May 2006). Mr. Buerger did not respond to either letter. *See* R. at 1599. In June 2006, RO personnel, in consideration of the stressors identified in the February 2006 private psychiatric examination report, indicated that review of the veteran's service records was "negative for any significant

stressors," noting that he "was not shown to have any foreign service [or to have] participate[d] in any encounters with enemy forces." R. at 1600.

In July 2006, the Joint Services Records Research Center (JSRRC) Coordinator of the RO determined that the information required to verify the stressful events described by the veteran was insufficient to send to JSRRC. R. at 1599. Also in July 2006, the RO denied service connection for PTSD. R. at 1592-96. Mr. Buerger did not appeal the adverse RO decision. *See* R. at 7.

In March 2008, Mr. Buerger sought to reopen the claim for service connection for PTSD, indicating that he was hospitalized twice during service and was told by physicians that he was suffering from guilt associated with those that he killed or those that he may have killed. R. at 1570. At that time, he re-submitted the February 2006 private psychiatric examination report, R. at 1579-83, along with a stressor statement, which reiterated the events highlighted in the examination report, R. at 1575-77. He indicated that the ground attack that he described resulted in the back injury that led to discharge from the service and he was instructed to use hurricane preparations as a cover story because of the secret nature of his mission. R. at 1575.

Following VA examination in February 2009, the VA examiner diagnosed major depressive disorder—classified as recurrent and moderate—and personality disorder. R. at 1372. However, noting that Mr. Buerger had been diagnosed with PTSD by the private psychiatrist, the examiner opined that it was less likely than not that his PTSD was caused by or the result of his military experiences, noting that no claimed stressor was supported by service records. *Id.* The examiner additionally noted that Mr. Buerger continues to manifest behaviors consistent with the personality disorder, but that those traits were not caused by service. *Id.*

In April 2009, the RO confirmed and continued its previous denial of service connection for PTSD. R. at 1349-57. In August 2009, Mr. Buerger filed a Notice of Disagreement (NOD). R. at 1294-302. At that time, he argued, in part, that "[d]ue to the salient legal facts that all the events which cause[d his] insomnia and fear are covered by his former 'top secret' security clearance, he has avoided telling the stories that identify his stressors for 20 years." R. at 1300. Following a November 2009 Statement of the Case (SOC), R. at 1261-91, Mr. Buerger timely perfected an appeal to the Board, R. at 1250.

In December 2012, Mr. Buerger filed a claim for service connection for IHD due to exposure to Agent Orange while serving in the Republic of Vietnam. R. at 1079.

Following VA psychiatric examination in December 2012, the examiner diagnosed major depression, classified as recurrent and moderate. R. at 776. The examiner opined that Mr. Buerger's major depression was less likely than not caused by or a result of service and less likely than not due to or a continuation of his mental health treatment in service. R. at 781. The examiner indicated that Mr. Buerger's in-service depression was situational in nature and that, in the examiner's opinion, the situational stressors over 40 years ago were not causing his current depression. *Id.* The examiner additionally noted that Mr. Buerger "does not qualify for a PTSD diagnosis[] because there is no evidence of a traumatic stressor." *Id.* Specifically, the examiner indicated that the stressor related to submarine surveillance did not qualify as a traumatic stressor and, regarding the second claimed stressor, there was no record of any service in Vietnam. *Id.* The examiner noted that Mr. Buerger was not a very credible historian and noted inconsistencies in his presentation. *Id.*

In July 2013, the RO requested that Mr. Buerger provide additional details regarding his claimed service in Vietnam, R. at 731-34; however, he did not respond, *see* R. at 677. In September 2013, the RO denied service connection for IHD. R. at 716-20. In October 2013, Mr. Buerger filed an NOD. R. at 698. In March 2015, the RO's JSRRC Coordinator indicated that the information required to verify service in Vietnam or other Agent Orange exposure was insufficient to send to JSRRC. R. at 677. Following a May 2015 SOC, R. at 650-76, Mr. Buerger timely perfected an appeal to the Board, R. at 644-49.

In May 2017, Mr. Buerger, with current counsel, testified at a Board hearing, describing the two claimed stressors. R. at 541-90. Notably, he reiterated that he was recruited for a clandestine mission in Vietnam and, upon attempted extraction, his helicopter was shot down, resulting in three fractures of his back. R. at 552-54, 574-77. He also stated that, while serving in Nantucket, he was responsible for intercepting Russian submarine communications, which led to U.S. forces sinking the Russian submarines and killing the individuals aboard. R. at 555, 577-78. In addition, he indicated that he was told his "record would be cleaned" of any indication that he had been to Vietnam, R. at 552, so there was "no direct evidence that he served in Vietnam," R. at 543.

In the August 2018 decision on appeal, the Board denied service connection for an acquired psychiatric disorder and IHD. R. at 4-18. Significantly, the Board found "no credible supporting evidence that [the] claimed stressors occurred." R. at 5. This appeal followed.

## **II. JURISDICTION AND STANDARD OF REVIEW**

Mr. Buerger's appeal is timely and the Court has jurisdiction to review the August 2018 Board decision pursuant to 38 U.S.C. §§ 7252(a) and 7266(a). Single-judge disposition is appropriate. *See Frankel v. Derwinski*, 1 Vet.App. 23, 25-26 (1990).

The Board's determinations regarding service connection are findings of fact subject to the "clearly erroneous" standard of review. 38 U.S.C. § 7261(a)(4); *see D'Aries v. Peake*, 22 Vet.App. 97, 104 (2008). "A factual finding 'is "clearly erroneous" when although there is evidence to support it, the reviewing court on the entire evidence is left with the definite and firm conviction that a mistake has been committed.'" *Hersey v. Derwinski*, 2 Vet.App. 91, 94 (1992) (quoting *United States v. U.S. Gypsum Co.*, 333 U.S. 364, 395 (1948)).

The Board must support its material determinations of fact and law with adequate reasons or bases. 38 U.S.C. § 7104(d)(1); *Pederson v. McDonald*, 27 Vet.App. 276, 286 (2015) (en banc); *Allday v. Brown*, 7 Vet.App. 517, 527 (1995); *Gilbert v. Derwinski*, 1 Vet.App. 49, 56-57 (1990). To comply with this requirement, the Board must analyze the credibility and probative value of evidence, account for evidence it finds persuasive or unpersuasive, and provide reasons for its rejection of material evidence 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). When assessing the credibility of lay evidence, the Board may consider factors such as facial plausibility, bias, self-interest, and consistency with other evidence of record. *Southall-Norman v. McDonald*, 28 Vet.App. 346, 355 (2016) (citing *Buchanan v. Nicholson*, 451 F.3d 1331, 1337 (Fed. Cir. 2006); *Caluza*, 7 Vet.App. at 511).

## **III. ANALYSIS**

Mr. Buerger argues that the Board erred in denying service connection for PTSD when it "focused entirely on the fact that the [v]eteran had no service records to back up his claim[] and improperly dismissed his testimony of the events which he endured in Vietnam, calling it

'incredible.'" Appellant's Br. at 4 (citing R. at 10). In this regard, he argues that the Board failed to afford him the benefit of the doubt and failed to adequately consider the February 2006 favorable medical opinion when it denied the claim. *Id.* at 5. Additionally, he argues that the Board erred in denying service connection for major depressive disorder when it failed to consider service-related sources of his depression as identified by the December 2012 examiner. *Id.* at 6-7. Finally, he argues that the Board erred when it denied service connection for IHD when it found that he was not exposed to Agent Orange based on finding his statements regarding a "top-secret mission" were not credible without affording him the benefit of the doubt. *Id.* at 7-8.<sup>3</sup> The Secretary urges the Court to affirm the Board decision, arguing that the Board provided adequate reasons or bases for its determinations that Mr. Buerger's statements were not credible and otherwise that service connection for PTSD, major depressive disorder, and IHD were not warranted. Secretary's Br. at 16-28.

#### A. PTSD

Service-connection claims for PTSD are somewhat different from claims for other acquired psychiatric disorders. Generally, establishing service connection requires medical or, in certain circumstances, lay evidence of (1) a current disability; (2) in-service incurrence or aggravation of a disease or injury; and (3) a link between the claimed in-service disease or injury and the present disability. *Shedden v. Principi*, 381 F.3d 1163, 1167 (Fed. Cir. 2004); *Caluza*, 7 Vet.App. at 506. However, service connection for PTSD requires (1) a current medical diagnosis of PTSD; (2) credible supporting evidence that the claimed in-service stressor actually occurred; and (3) medical evidence establishing a link between the claimed in-service stressor and the current symptoms of PTSD. *See Cohen v. Brown*, 10 Vet.App. 128, 138 (1997); 38 C.F.R. § 3.304(f) (2019).

In its decision, the Board noted that the February 2006 private examination report and several VA treatment records identified a diagnosis of PTSD. But the Board explained that,

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<sup>3</sup> Mr. Buerger's opening brief contains citations to nonprecedential cases from this Court and relies on these cases as binding, decisional law. Appellant's Br. at 5-6. Counsel is reminded that the Court's Rules of Practice and Procedure (Rules) preclude parties from citing actions designated as nonprecedential as precedential unless it is for the "binding or preclusive effect in the case on appeal." U.S. VET. APP. R. 30(a). Instead, "[a]ctions designated as nonprecedential by this Court [ ] may be cited *only* for the persuasive value of their logic and reasoning, *provided that* the party states that no clear precedent exists on point and the party includes a discussion of the reasoning as applied to the instant case." *Id.* (emphasis added).

although Mr. Buerger alleged service under combat conditions, the evidence of record did not support such assertions. R. at 10 (finding "absolutely no evidence" that Mr. Buerger had foreign service or engaged in combat). In addition, the Board found Mr. Buerger's assertions regarding his claimed stressors not credible. *Id.* The Board further explained that it found the February 2006 private medical opinion that provided a PTSD diagnosis not probative because it was based solely on Mr. Buerger's non-credible lay assertions. R. at 13; *see Reonal v. Brown*, 5 Vet.App. 458, 460-61 (1993) (noting that "[a]n opinion based upon an inaccurate factual premise has no probative value").

The Court concludes that Mr. Buerger fails to demonstrate clear error in the Board's credibility determination or that it failed to provide adequate reasons or bases for this determination. Although Mr. Buerger argues that the Board failed to consider "pertinent medical and lay evidence" including his credible lay testimony, this misreads the Board decision.<sup>4</sup> The Board found his testimony not credible and, by extension, the favorable medical opinion not probative because it was based solely on the non-credible lay testimony. R. at 10, 13. Thus, the Board did not fail to consider the pertinent evidence; to the contrary, it considered the evidence and explained why it discounted both his lay testimony and the favorable medical opinion. *Id.*

In his reply brief, Mr. Buerger indicates that he does not dispute that he is "not a reliable historian," Reply Br. at 1 (emphasis removed), and acknowledges that many of the records currently in VA's possession do not support his claim, *id.* at 1-2.<sup>5</sup> However, he argues that the reason corroborating evidence of his claim is not in the record is because VA failed to comply with the duty to assist to adequately seek clarification or confirmation from the military regarding the claimed stressors. Appellant's Br. at 5, n.1; *id.* at 6 ("[I]f the [Board] questioned Mr. Buerger's top-secret mission, it should have[,] at a minimum[,] sent the matter back to the [J]RO in order for it to get clarification from the military that [he] did or did not participate in this top-secret mission."). Outside of his lay statements, Mr. Buerger's primary support for his arguments that he did, in fact,

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<sup>4</sup> Mr. Buerger makes conflicting statements in his brief, arguing that the Board failed to making a credibility finding as to his testimony, Appellant's Br. at 5 n.1, yet acknowledging that the Board found his testimony not credible, *id.* at 7. The Board clearly found his testimony not credible. R. at 10 ("In making this determination, the Board finds the contemporaneous service records far more probative than the [v]eteran's testimony[,] *which is deemed incredible.*") (emphasis added).

<sup>5</sup> Contrary to the Court's Rules, *see* U.S. VET. APP. R. 32(d), Mr. Buerger's reply brief is not paginated. The Court will therefore assume pagination in the order the pages appear in the document as docketed.



serve on secret missions are notations reflecting that his secret clearance was removed. Reply Br. at 2 ("[W]hy was he then no longer able to maintain a 'secret' clearance.<sup>1</sup> In other words, why did he have a 'secret' clearance at all?"), 3 ("If Mr. Buerger was not on these 'secret' missions, then why did he have a 'secret' clearance[?]").

But Mr. Buerger's arguments about the duty to assist run counter to his assertions to the Board that no records exist regarding either claimed stressor. *See* R. at 543 (May 2017 Board hearing: "However, based on the veteran's testimony [ ] he's going to describe to you the reasons why there are no official records."), 552 (May 2017 Board hearing: "They told me my record would be cleaned. The mission we were on was, I guess, top secret, and they said when they came, they'd clean my record.").<sup>6</sup> As the Board noted, "[b]y [Mr. Buerger's] own reports, [ ] the claimed incidents were classified with no written records." R. at 9.

In any case, even if such records were to exist, VA repeatedly asked Mr. Buerger to provide details regarding his claimed stressors so that they could try to verify those stressors with JSRRC; repeatedly, he failed to respond, and did not provide the requested details. *See* R. at 1608-13 (March 2006 correspondence), 1601-02 (May 2006 correspondence), 731-34 (July 2013 correspondence), 573-79 (colloquy with Board member during May 2017 Board hearing). Thus, his argument regarding VA's failure to seek clarification or confirmation of his stressor events is not persuasive.

The Court agrees with the Secretary that the Board provided adequate reasons or bases for its determination that service connection for PTSD was not warranted. *See Allday*, 7 Vet.App. at 527; *Caluza*, 7 Vet.App. at 506, *Gilbert*, 1 Vet.App. at 57; *see also Hilkert v. West*, 12 Vet.App. 145, 151 (1999) (en banc) (holding that the appellant has the burden of demonstrating error), *aff'd per curiam*, 232 F.3d 908 (Fed. Cir. 2000) (table). The Board's analysis was consistent with governing law, plausible in light of the record, and sufficiently detailed to inform Mr. Buerger of the reasons for its determination that service connection was not warranted and to facilitate judicial review. Therefore, the Court will affirm this portion of the August 2018 Board decision.

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<sup>6</sup> As noted above, current counsel represented Mr. Buerger during the May 2017 Board hearing.

## B. Major Depressive Disorder

The Court also concludes that Mr. Buerger fails to demonstrate clear error in the Board's determination that service connection for major depressive disorder was not warranted or that it failed to support that determination with adequate reasons or bases. Although Mr. Buerger argues that the December 2012 examiner identified service-related factors causing his in-service depression that the Board failed to address, Appellant's Br. at 6-7, his argument is based on a misreading of the examiner's opinion and the Board opinion.

There is no disagreement that Mr. Buerger experienced depressive symptoms during service, as his records reflect periods of psychiatric hospitalization prior to his discharge, which the Board recognized. R. at 10-11. Nor is there disagreement that the circumstances of Mr. Buerger's service contributed to those depressive symptoms. *See* R. at 2898 (February 1969 service medical record describing the sources of Mr. Buerger's depression as "several fold"); *see also* R. at 781 (December 2012 examiner's recitation of the service medical records).

However, the relevant question is whether Mr. Buerger's in-service symptoms are related to his current major depressive disorder. *See Shedden*, 381 F.3d at 1167; *Caluza*, 7 Vet.App. at 506. In this regard, the December 2012 examiner opined that it was less likely than not that the current major depressive disorder was due to or a continuation of the in-service symptoms. R. at 781. The examiner explained that evidence of record indicated that Mr. Buerger's in-service depression was "situational in nature" and that situational factors present in 1969 were not causing depression 40 years later in 2009. *Id.*<sup>7</sup>

Contrary to Mr. Buerger's argument, the Board acknowledged the in-service depressive symptoms, the service-related factors contributing to those symptoms, and the December 2012 examiner's opinion. In this regard, the Board found the examiner's opinion that the in-service depression was situational in nature "highly probative." R. at 13. Relying on the examiner's opinion, the Board found that the "preponderance of the evidence is against a finding that [the] currently diagnosed major depression is related to active service or events therein." R. at 5.

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<sup>7</sup> Mr. Buerger raises no argument regarding the adequacy of the December 2012 examiner's opinion; instead, his argument is that the Board erred in its analysis in light of the opinion. Appellant's Br. at 6-7. Accordingly, the Court deems any argument regarding the adequacy of the examiner's opinion abandoned. *See Grivois v. Brown*, 6 Vet.App. 136, 138 (1994) (explaining that the Court has discretion to deem abandon issues not argued on appeal).

To the extent that Mr. Buerger objects to the Board's characterization of his in-service symptoms as reflective of a personality disorder and its failure to consider whether he was also experiencing a concomitant depressive disorder during service, *see* Appellant's Br. at 7 n.2 (quoting R. at 13), he overlooks that the Board's discussion is based on the service medical records and is an accurate recitation of those records, *see* R. at 2896, 2899. Moreover, to the extent that he objects to the Board's failure to consider whether the personality disorder was caused or exacerbated by military service, *see* Appellant's Br. at 7 n.2, the Board specifically addresses this argument and noted that personality disorders are not service-connectable disabilities, R. at 13 (citing 38 C.F.R. § 3.303(c)).

The Court agrees with the Secretary that the Board provided adequate reasons or bases for its determination that service connection for major depressive disorder was not warranted. *See Allday*, 7 Vet.App. at 527; *Caluza*, 7 Vet.App. at 506, *Gilbert*, 1 Vet.App. at 57; *see also Hilkert*, 12 Vet.App. at 151. The Board's analysis was consistent with governing law, plausible in light of the record, and sufficiently detailed to inform Mr. Buerger of the reasons for its determination that service connection was not warranted and to facilitate judicial review. Therefore, the Court will affirm this portion of the August 2018 Board decision.

### C. IHD

The Court further concludes that Mr. Buerger fails to demonstrate clear error in the Board's determination that service connection for IHD was not warranted or that it failed to support that determination with adequate reasons or bases. Mr. Buerger's sole argument on appeal is that the Board improperly dismissed his testimony regarding service in Vietnam. Appellant's Br. at 7-8. However, as discussed above, Mr. Buerger fails to demonstrate clear error in the Board's credibility determination.

As the Board found no evidence of herbicide exposure other than Mr. Buerger's assertions of service in Vietnam, which it found not credible, it found Mr. Buerger was not entitled to service connection on a presumptive basis. R. at 14. The Board otherwise found no evidence of heart disease in Mr. Buerger's service medical records or evidence that IHD is otherwise related to his military service. R. at 15.

The Court agrees with the Secretary that the Board provided adequate reasons or bases for its determination that service connection for IHD was not warranted. *See Allday*, 7 Vet.App. at

527; *Caluza*, 7 Vet.App. at 506, *Gilbert*, 1 Vet.App. at 57; *see also Hilkert*, 12 Vet.App. at 151. The Board's analysis was consistent with governing law, plausible in light of the record, and sufficiently detailed to inform Mr. Buerger of the reasons for its determination that service connection was not warranted and to facilitate judicial review. Therefore, the Court will affirm this portion of the August 2018 Board decision.

#### **IV. CONCLUSION**

Upon consideration of the foregoing, the appealed portion of the August 2, 2018, Board decision is AFFIRMED.

DATED: April 30, 2020

Copies to:

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VA General Counsel (027)