

(UNCLASSIFIED)

INFORMATION PAPER

JALS-OSC

1 November 2023

SUBJECT: PEB Review of Soldiers Diagnosed with Diabetes Mellitus

1. Purpose: To provide general information for Soldiers who have been diagnosed with Diabetes Mellitus and are undergoing processing in the Integrated Disability Evaluation System (IDES).

2. Facts: Diabetes Mellitus (DM) is a condition manifested by elevated blood sugar and it often will lead to a Soldier being found unfit for medical retention. DM may result in complications including eye disease, coronary artery disease, peripheral vascular disease, cerebrovascular disease, gastrointestinal conditions, sexual dysfunction, infections, and lower extremity disorders. See AR 40-501, chapter 3-29.

a. When evaluating a Soldier diagnosed with DM, the Physical Evaluation Board (PEB) will consider, among other things, the Soldier's HbA1c (hemoglobin) level. The Soldier's HbA1c level reflects the Soldier's average blood sugar levels over a two-to-three-month period. An HbA1c level of 7.0% or lower is sometimes considered favorably by the PEB in a Soldier's quest to remain in service as long as that Soldier can control his or her diabetes by lifestyle modification, and is not taking medication to control his or her DM.

b. Soldiers diagnosed with DM might be found fit for duty. However, the extent of medical treatment required to control the Soldier's DM and the presence of diabetic complications may lead the PEB to conclude the diabetic Soldier is unfit for continued military service. The PEB's decision is performance-based and highly fact-specific. The PEB will consider each case separately and the outcome will vary significantly from case to case. Relevant factors the PEB will consider include:

- (1) The Soldier's knowledge and understanding of the disease and how to manage it while in uniform (e.g., what to avoid in MREs);
- (2) The degree to which the disease is consistently under control (typically shown by the Soldier's HbA1c level);
- (3) The Soldier's compliance with prescribed therapy, diet, and medical care; and
- (4) The specific activity and diet restrictions for this particular Soldier.

c. The PEB will balance these factors against the demands of the Soldier's Primary Military Occupational Specialty (PMOS) and Grade.

d. A Soldier diagnosed with DM who desires to be found fit for continued military service may consider seeking the following types of evidence in advance of the PEB review:

(1) A letter from the physician currently treating the Soldier's DM explaining DM does not prevent the Soldier's performance of relevant activities. The letter should also describe the medical plan for controlling the condition and indicate whether the Soldier is compliant with the plan;

(2) Statements from the Soldier's chain of command, military supervisors, and persons knowledgeable about the Soldier's duties that address his or her ability to perform those activities;

(3) A current DA Form 3349, Physical Profile, showing in Section 4: Functional Activities, box (f), which allows the Soldier to deploy; and

(4) An ACFT scorecard showing the Soldier has taken and passed a recent ACFT with at least one aerobic event and other evidence of physical fitness (e.g., extra-curricular athletic events).

e. If the PEB finds a Soldier to be unfit for duty based on DM and the disease is determined to be service connected, the VA will adjudicate the appropriate disability rating for DM using the VA Schedule for Rating Disabilities (VASRD). The most relevant factors for DM in the VASRD include:

(1) Whether or not the condition is managed by a restricted diet only;

(2) If the Soldier requires a restricted diet, insulin, and/or an oral hypoglycemic agent to control the DM;

(3) Whether the Soldier's activities must be regulated; and

(4) The degree of any complications.

3. This Information Paper is provided as a service to Soldiers in the IDES process and is intended as general information only. A Soldiers' Counsel is available to provide specific legal advice to Soldiers involved in the IDES process. Contact your local Office of Soldiers' Counsel for more information. If you don't know how to reach your local OSC office, please contact your PEBLO.

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