

(UNCLASSIFIED)

INFORMATION PAPER

JALS-OSC
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SUBJECT: Bronchial Asthma

1. Purpose: To provide general information for Soldiers who have been diagnosed with Bronchial Asthma and are going through the Army Integrated Disability Evaluation System (IDES) process.

2. Facts:

a. The Medical Evaluation Board (MEB) is responsible for determining whether certain conditions meet or fail Army medical retention standards. Any condition may fail retention standards if it interferes with the satisfactory performance of duty, prevents a Soldier from performing any of the functional Soldier skills listed on a Soldier's Physical Profile (DA Form 3349), or falls below standards as outlined in Army Regulation 40-501, chapter 3. According to AR 40-501, if the MEB determines that a Soldier is unable to participate in the Army Physical Fitness Test (APFT) run due to asthma, then that Soldier will fail retention standards for asthma.¹ For asthma, ability to participate in alternate APFT aerobic events such as the walk, bike or swim will not suffice. However, just because asthma may fail Army medical retention standards for a particular Soldier, it does not necessarily mean that the Soldier will be found automatically unfit by the PEB for that condition.

b. The Physical Evaluation Board (PEB) is responsible for determining whether physical conditions identified by the MEB prevent the Soldier from performing military duties. The PEB must determine whether the Soldier can perform Primary Military Occupational Specialty (PMOS) duties, basic Soldier skills (i.e., carrying and firing a weapon, carrying a rucksack, etc.), and take and pass an ACFT. If the PEB determines that a Soldier cannot perform military duties because of bronchial asthma then the PEB may adopt the Department of Veterans Affairs (VA) proposed rating for asthma if the condition is considered compensable by the military.²

c. The VA Schedule for Rating Disabilities (VASRD) provides for at least a 30% rating when a Soldier's asthma requires daily inhalational or oral bronchodilator therapy. A Soldier on daily inhalational or oral bronchodilator therapy may receive a higher rating than a Soldier who uses the same medication but only intermittently (less than once a

¹ AR 40-501 has not been updated to reflect the implementation of the Army Combat Fitness Test (ACFT). However, the inability to participate in the ACFT run due to asthma would likewise fail retention standards due to asthma.

² A Soldier is given a rating for conditions *only* when the Soldier's condition is considered compensable by the Physical Evaluation Board. Generally, a condition is compensable when it was incurred in the line of duty. However, there are many complex rules regarding eligibility for military compensation. We recommend you consult with a Soldiers' Counsel to discuss your specific case.

day). Prescribed use of an Albuterol rescue inhaler “as needed” is usually not sufficient for the 30% rating.

d. VASRD 6602, Asthma, bronchial:

FEV-1 of 56- to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; **daily inhalational or oral bronchodilator therapy**, or; inhalational anti-inflammatory medication.....30%

FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; **intermittent inhalational or oral bronchodilator therapy** 10%

e. Soldiers should maintain a record of all asthma medications received, either from the military, VA, or a commercial pharmacy such as CVS or Walgreens. Facilities will print a list of medications provided to the Soldier at the Soldier’s request, along with the dates the medications were provided. The VA will review these records to determine whether the Soldier appears to be taking medication every day. The Soldier should also save empty boxes and containers with prescription labels to show daily use. If the Soldier is provided medication directly from a doctor during a visit, then the Soldier should ensure it is documented in their medical records.

f. Statements from the Soldier or witnesses indicating that the Soldier uses asthma medication daily may also be useful. There are times when pharmacy records are inaccurate or do not show the complete picture. In those cases, written statements from the Soldier and other witnesses may be helpful to supplement the medical evidence. However, the VA will likely give more weight to the medical evidence, such as statements from medical providers, treatment records, and pharmacy records. Accordingly, the Soldier’s time is best spent gathering accurate treatment records, pharmacy records or empty medication containers with prescription labels.

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 MEB/PEB process. Contact your local Office of Soldiers’ Counsel for more information. If you don’t know how to reach your local OSC, please contact your PEBLO or see our website for contact information at <https://www.jagcnet.army.mil/OSC>.

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