

PRIVATE OPINION OUTCOMES
BY CONDITION



Observed Board grant rates with and without a detected private opinion.

The size of the observed difference varies by condition. Read each rate with its own appeal count and remember that these are historical Board outcomes, not the probability of success for a new claim.

GASTROESOPHAGEAL REFLUX DISEASE

+52.2 points



SLEEP APNEA SYNDROMES (OBSTRUCTIVE, CENTRAL, MIXED)

+51.9 points



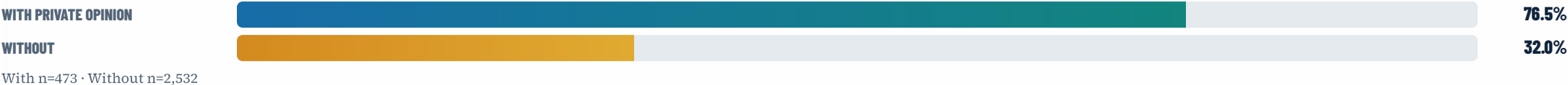
LUMBOSACRAL OR CERVICAL STRAIN

+51.7 points



ASTHMA, BRONCHIAL

+44.5 points



HYPERTENSIVE VASCULAR DISEASE (HYPERTENSION AND ISOLATED SYSTOLIC HYPERTENSION)

+44.4 points



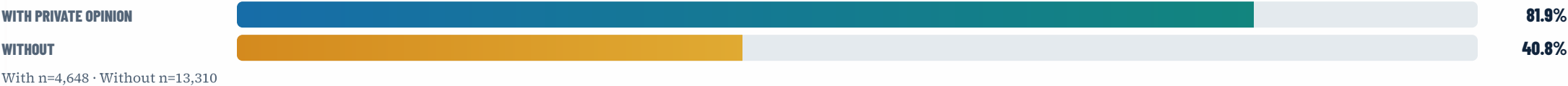
MIGRAINE

+41.4 points



POSTTRAUMATIC STRESS DISORDER

+41.1 points



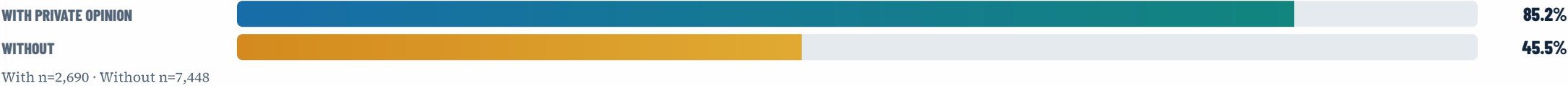
HEARING LOSS

+41.0 points



MAJOR DEPRESSIVE DISORDER

+39.7 points



DIABETES MELLITUS

+37.1 points



ARTERIOSCLEROTIC HEART DISEASE (CORONARY ARTERY DISEASE)

+30.4 points



TINNITUS, RECURRENT

+24.2 points



DENOMINATOR DISCIPLINE

Each condition compares EVA service-connection issues with a detected private opinion against issues without that detected marker. Counts are issue-level observations in published decisions. The groups may differ in case strength, representation, development, and appeal posture.

DO NOT RANK PROVIDERS FROM THIS CHART

The data identify the presence of a private opinion, not its price, author, specialty, length, or quality. Individual opinions still must be weighed on their facts and reasoning.

DESCRIPTIVE, NOT PREDICTIVE. A high historical rate does not establish nexus, prove causation, or guarantee an outcome for a particular veteran.