

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 9 February 2024

DOCKET NUMBER: AR20230003619

APPLICANT REQUESTS: correction of her DD Form 214 (Certificate of Release or Discharge from Active Duty) to show her narrative Reason for separation as disability.

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:

- DD Form 149 (Application for Correction of Military Record)
- DD Form 214
- Department of Veterans Affairs (VA) Rating Determination, 28 February 2023

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, section 1552(b); however, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.
2. The applicant states she was discharged due to service-connected disability. Prior to discharge she was going through the medical board process due to disabilities incurred in service. The narrative in veterans DD Form 214 states she was discharged due to failed medical/physical/procurement standards which is not correct. The applicant underwent a thorough physical exam at Military Entrance Processing Station prior to enlisting and had no history of these disabilities until after serving. She was 19 years old at the time of discharge and due to her young age was unaware of the error in the narrative. Upon requesting her medical records and scrubbing her discharge paperwork the veteran discovered the error this month.
3. The applicant underwent a medical examination for enlistment on 5 September 2007. Her DD Form 2808 (Report of Medical Examination) shows she was found qualified for service and assigned a physical profile of 111121.

A physical profile, as reflected on a DA Form 3349 (Physical Profile) or DD Form 2808, is derived using six body systems: "P" = physical capacity or stamina; "U" = upper extremities; "L" = lower extremities; "H" = hearing; "E" = eyes; and "S" = psychiatric (abbreviated as PULHES). Each body system has a numerical

designation: 1 meaning a high level of fitness; 2 indicates some activity limitations are warranted, 3 reflects significant limitations, and 4 reflects one or more medical conditions of such a severity that performance of military duties must be drastically limited. Physical profile ratings can be either permanent or temporary.

4. She enlisted in the U.S. Army Reserve (USAR) on 6 September 2007.
5. The applicant's medical records contain radiology results which show on 27 February 2008, the impression was a normal chest CT.
6. A DD Form 2807-1 (Report of Medical History), completed on 19 May 2008, shows she marked a yes response on below items -

- shortness of breath (present)
- bronchitis (April 2005)
- inhaler (January 2008) used for shortness of breath
- hay fever (entire life)
- gum trouble - she had corrective surgery
- wear contact lens and glasses
- swollen or painful joints - knees
- knee trouble-pain
- frequent heartburn (January 2006)
- Chest pain (present)
- cyst growing from lower back (April 2005)
- frequent and severe headaches (January 2006-present)
- period of unconsciousness (April 2005)
- pain and pressure in chest (January 2006 - present)
- change in menstrual period (during basic training)
- Treated in emergency room (April 2005) for -
 - pneumonia
 - bronchitis
 - chest pain
 - shortness of breath
 - sprained ankle

7. Her DD Form 2808 (Report of Medical Examination) conducted on 12 June 2008, shows she was found qualified for service and assigned a physical profile (PULHES) of 312211. She was not qualified for service. The summary of defects and diagnosis appears as atypical musculoskeletal chest pain – existed prior to service in accordance with (IAW) Army Regulation (AR) 40-501 (Standards of Medical Fitness) 3-41e (1).

8. A Narrative Summary completed on 12 June 2008, shows a chief complaint of shortness of breath with chest pain.

a. The summary notes there was tenderness to palpation at the lower sternum just the above xiphoid notch and provides the following diagnoses:

- atypical/musculoskeletal chest pain, existing prior to service, IAW AR 40-501, 3-41e(1)
- history of intermittent left knee pain, nonduty limiting, medically acceptable
- gastroesophageal reflux disease, medically acceptable
- community acquired pneumonia, history, medically acceptable
- acute bronchitis, medically acceptable
- anxiety disorder, EPTS, medically acceptable

b. Based on the above diagnosis and limitations the applicant was referred to the Physical Evaluation Board for adjudication IAW AR 40-501, 3-41 e (1).

9. The applicant was issued a Physical Profile on 17 July 2008, for atypical chest pain. Her PULHES shows as permanent 312121.

10. A Medical Evaluation Board (MEB) convened on 18 July 2008. The applicant did not present views in own behalf.

a. After consideration of clinical records, laboratory findings, and physical examination, the board found the applicant had the following medical conditions/defects:

- atypical/musculoskeletal chest pain, existing prior to service, IAW AR 40-501, 3-41e(1) - EPTS
- history of intermittent left knee pain, non-duty limiting, medically acceptable - 2007
- gastroesophageal reflux disease, medically acceptable - 2008
- anxiety disorder; EPTS, medically acceptable - EPTS

b. She was referred to a Physical Evaluation Board (PEB). She did not desire to continue on active duty under AR 635-40 (Physical Evaluation for Retention, Retirements, or Separation). The findings were approved on 28 July 2008. The applicant, having been informed of the approved finding and recommendation of the board, agreed with the finding and recommendation on 29 July 2008.

11. After consulting with the PEB Liaison Officer concerning her rights regarding the MEB and Disability Evaluation System (DES) process, On 29 July 2008, she indicated her understanding of the following rights:

- a. She had the right to have her physical impairment evaluated by a physician.
- b. If her medical condition does not meet medical retention stands, or if she was directed to a medical evaluation board by a MOS Medical Retention Board (MMRB), her case will be processed before a Physical Evaluation Board (PEB).
- c. It may be to her benefit to remain in the Army and complete the DES processing.
- d. If found unfit, and eligible for compensation, she could receive disability severance pay or medical retirement.
- e. If she waives all of these rights, she will be separated from the Army without any Army disability compensation or benefits, and that once waived the decision cannot be changed.
- f. Understanding the foregoing, she waived her rights to medical evaluation and/or disability processing. She made this decision freely and voluntarily with full knowledge of all its consequences.

12. On 30 July 2008, the applicant was counseled/received notification of chapter proceedings to separate her from military service IAW AR 635-200 (Active Duty Enlisted Administrative Separations), Chapter 5-11 (Separation of Personnel who did not Meet Procurement Medical Fitness Standards).

13. On 30 July 2008, the applicant's chain of command recommended separation IAW AR 635-200, paragraph 5-11, for failing to meet procurement medical fitness standards due to a preexisting condition and that her characterization of service be honorable.

14. On 30 July 2008, the separation authority approved the separation IAW AR 635-200, paragraph 5-11, prior to the expiration of her current term of service for failing to meet procurement medical fitness standards. He directed she receive an honorable discharge.

15. Her DD Form 214 shows she was released from active duty training on 13 August 2008 with an honorable characterization of service. She completed 10 months and 24 days of active service. Her DD Form 214 also shows:

- Item 25 (Separation Authority): AR 635-200, paragraph 5-11
- Item 26 (Separation Code): JFW
- Item 27 (Reentry Code): 3
- Item 28 (Narrative Reason for Separation): Failed Medical/Physical/Procurement Standards

16. The applicant provides a VA Rating dated 28 February 2023, showing a summary of benefits she is currently receiving.

17. Regulatory guidance provides Soldiers who are not medically qualified under procurement medical fitness standards when accepted for enlistment, or who became medically disqualified under these standards prior to entry on active duty, active duty for training, or initial entry training will be separated.

MEDICAL REVIEW:

a. The Army Review Boards Agency (ARBA) Medical Advisor reviewed the supporting documents, the Record of Proceedings (ROP), and the applicant's available records in the Interactive Personnel Electronic Records Management System (iPERMS), the Health Artifacts Image Management Solutions (HAIMS) and the VA's Joint Legacy Viewer (JLV). The applicant requests change in narrative reason for discharge to medical disability. She contends that her disability was incurred while in service.

b. The applicant's record was summarized in the ABCMR ROP. Records indicate she enlisted in the U.S. Army Reserves 06Sep2007. She entered active duty 19Sep2007. After basic training she began training for MOS 68W, combat medic. She was released from active duty training after almost 11 months in service on 13Aug2008 under provisions of AR 635-200 chapter 5 para 5-11 due to failure to meet procurement medical fitness standards. Her service was characterized as honorable.

c. The 05Sep2007 entry enlistment exam did not reveal any significant abnormalities. In the 19May2008 evaluation for medical board (Report of Medical History, DD Form 2807-1), of significance, she endorsed shortness of breath, current; pain and pressure in the chest since January 2006; frequent heartburn since January 2006; and knee swelling from time to time. *It is noted the applicant's report of premilitary illness/injury was consistent with documentation in her childhood dependent military medical records.* The undated accompanying exam (Report of Medical Examination, DD Form 2808) showed under summary of defects/diagnosis: Atypical/Musculoskeletal Chest Pain, EPTS (existed prior to service). The 18Jul2008 MEB Proceedings indicated the applicant's Atypical/Musculoskeletal Chest Pain did not meet retention standards IAW AR 40-501 3-41e(1). The condition was identified again as EPTS, noting a 2 year history of chest pain that had not been worked up prior to entry into service. Since entry into service the work up had yielded negative test results per pulmonary, gastroenterology and cardiology services. The working diagnosis was initially Moderate Persistent Asthma. Current diagnosis was Atypical Chest Pain (since March 2008). She was referred for medical board in April 2008, The MEB reviewed three other conditions (of significance) that were found to MEET retention standards: History of Intermittent Left Knee Pain, nonduty limiting; Gastroesophageal Reflux

Disease; and Anxiety Disorder (EPTS). She had a permanent P3 for Atypical Chest Pain with multiple associated functional activity limitations.

d. Rough chronology of events related to Chest Pain

- 26Apr2007 Brooke AMC. The applicant was seen for 1 year history of regurgitation of food and liquids at least 4 episodes/month. Diagnosis: Esophageal Reflux. *This visit was 5 months prior to entry on active duty.*
- 08Jan2008 Brooke AMC. She was seen for difficulty breathing while running and when sleeping for the past 3-4 months. She was given an inhaler and a profile. She denied history of Asthma. She endorsed having experienced difficulty with running during Basic Training.
- 10Jan2008 Brooke AMC. The applicant reported having the same symptoms while running during childhood, but she never underwent testing.
- 21Mar2008 Brooke AMC. She reported “history of chest pain for 2 years”.
- Pulmonary work up was negative: 26Feb2008 chest x-ray and 27Feb2008 chest CT were normal; and rescue inhaler was minimally effective. 26Feb2008 spirometry was normal. 10Mar2008 methacholine challenge was negative. 24Apr2008 CPET/treadmill testing demonstrated mild reduction in exertional capacity and parameters suggestive of deconditioning—there was no evidence of asthma.
- Concurrently, a gastrointestinal etiology for her chest pain was being ruled out: The response to proton pump inhibitors was not optimal (21Mar2008 and 30Jun2008). The April 2008 EGD showed normal lower esophagus biopsies.
- Cardiology workup was also negative and included a normal EKG (12Mar2008), normal echocardiogram (30Jun2008), and normal exercise stress test (08Jul2008).
- 12Jun2008 MEB visit. The applicant had complaints of shortness of breath, chest pain with heavy exertion and stress. The work up was negative except for decreased conditioning. She was not on any inhalers (since March).

e. Left Knee condition

The applicant was first seen for knee pain after the MEB was initiated (02Jun2008 Brooke AMC). She reported left knee pain for 2 months. There was no history of injury. She was given self-care instruction and was to return in 3-4 weeks if symptoms were not improving. Diagnosis: Patellofemoral Syndrome, Left. There were no other visits for this condition. The condition did not require physical therapy, orthopedics, or pain service consultation while she was in service. There was a permanent L2 physical profile for the left knee condition.

f. BH condition: Anxiety Disorder

The applicant was first seen by mental health services after the MEB was initiated (24Jun2008 Psychiatry Brooke AMC). She described having chest pain when she

exercised or when she was psychologically stressed. This first began in 11th grade when her SSG father came back from Germany to San Antonio, and she began school in the States. To clarify the contribution of anxiety to her chest pain, anti-anxiety medication was added. Her chest pain was improved as a result (but did not resolve—the chest pain was still intermittent). Anxiety Disorder was added to MEB proceedings as an EPTS condition and medically acceptable. There was no history of suicide attempts, psychosis, substance abuse, emergency room visits for BH concerns, or psychiatric hospitalization.

g. Rationale/Opinion

The applicant was diagnosed with Atypical Chest Pain within 6 months of entry on active duty, that was interfering with her ability to participate in Army physical training and ability to pass the APFT. The condition failed medical procurement standards of AR 40-501 chapter 2. Soldiers found to be not medically qualified under procurement medical fitness standards when accepted for enlistment, may be separated under chapter 5-11. The condition was discovered during the first 6 months of active duty and would generally have resulted in an Entrance Physical Standards Board; however, her Atypical Chest Pain condition also failed medical retention standards of AR 40-501 chapter 3. She underwent a MEB and was referred for a PEB for the Atypical Chest Pain. The applicant opted to undergo a command direct separation under AR 635-200 5-11 rather than a physician directed discharge through MEB/PEB processing under AR 635-40. The applicant was counseled about the advantages of MEB/PEB processing (29Jul2008 signed waiver). The date of onset of the Atypical Chest Pain is unknown—reporting varied from childhood symptoms to onset during AIT. The evidence that supports the applicant's Atypical Chest Pain was EPTS is reported symptom onset time frame dated to prior to entry into service (21Mar2008, 19May2008 and others). In addition, there was a treatment visit for chest pain 5 months prior to entrance on active duty.

h. It was determined that the Atypical Chest Pain condition was not permanently service-aggravated: The condition temporarily worsened due to increased physical activity associated with military physical training but returned to baseline. The applicant entered service with a history of intermittent chest pain. She reported not being physically active prior to entry into service. While in service, there was no history of injury, and all testing was negative except an abnormal exercise study (CPEX) that was consistent with deconditioning. Notwithstanding 2 emergency room visits for chest pain just before and right after discharge (25Jul2008, 12Oct2008), likely due to the stress of transitioning; her intermittent chest pain returned to baseline with documented pain free periods (28Jul2008, 13Feb2009, 27Aug2009, 12Jan2010).

i. Based on the medical evidence available for review, in the ARBA Medical Reviewer's opinion, the applicant's Atypical Chest Pain was multifactorial in nature with variable response to treatment and with onset prior to service. JLV search today shows

the applicant currently has asthma, reflux and BH diagnoses. While the applicant was in service, there was insufficient evidence to support that the applicant's Mild Intermittent Asthma; Gastroesophageal Reflux Disease; or Anxiety Disorder, individually failed medical retention standards of AR 40-501 chapter 3, (or would have been regarded as individually unfitting for continued service by a PEB if it had been completed). Evidence was also insufficient to support that the Intermittent Left Knee Pain condition failed medical retention standards of AR 40-501 chapter 3. Based on review of evidence, a change in narrative reason for discharge to medical disability is not warranted. The chapter 5-11 separation for failure to meet procurement standards appears to best approximate the medical facts of the case. Referral for medical discharge processing is not warranted.

BOARD DISCUSSION:

After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. The Board concurred with the medical advisor's review finding the applicant's discharge was proper and equitable and a change to her narrative reason for separation is not warranted. Additionally, her condition was pre-existing; therefore, a referral to the IDES is not warranted.

BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.







I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. Title 10, U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.
2. Title 10, U.S. Code, chapter 61, provides the Secretaries of the Military Departments with authority to retire or discharge a member if they find the member unfit to perform military duties because of physical disability. The U.S. Army Physical Disability Agency, under the operational control of the Commander, U.S. Army Human Resources Command (HRC), is responsible for administering the PDES and executes Secretary of the Army decision-making authority as directed by Congress in chapter 61 and in accordance with Department of Defense Directive 1332.18 and Army Regulation 635-40.
3. Army Regulation (AR) 40-501 (Standards of Medical Fitness) governs medical fitness standards for enlistment, induction, appointment, retention, and separation. Chapter 2 provides the physical standards for enlistment/induction. Paragraph 2-11 refers to conditions which may result in failure of procurement standards.
4. AR 635-40 (Physical Evaluation for Retention, Retirement, or Separation) governs the evaluation of physical fitness of Soldiers who may be unfit to perform their military duties because of physical disability. It states that according to accepted medical principles, certain abnormalities and residual conditions exist that, when discovered, lead to the conclusion that they must have existed or have started before the individual entered the military service. Examples are manifestation of lesions or symptoms of chronic disease from date of entry on active military service (or so close to that date of entry that the disease could not have started in so short a period) will be accepted as proof that the disease existed prior to entrance into active military service.
5. AR 635-200, paragraph 5-11 specifically provides that Soldiers who are not medically qualified under procurement medical fitness standards when accepted for enlistment, or who became medically disqualified under these standards prior to entry on active duty, active duty for training, or initial entry training will be separated. A medical proceeding conducted by an EPSBD, regardless of the date completed, must establish that a medical condition was identified by appropriate medical authority within 6 months of the Soldier's initial entrance on active duty, the condition would have permanently or temporarily disqualified the Soldier for entry into the military service had it been detected at the time of enlistment, and the medical condition does not disqualify the Soldier from retention in the service under the provisions of AR 40-501, chapter 3.

6. Title 10, U.S. Code, section 1201, provides for the physical disability retirement of a member who has at least 20 years of service or a disability rating of at least 30 percent. Title 10 U.S. Code, section 1203, provides for the physical disability separation of a member who has less than 20 years of service and a disability rating of less than 30 percent.

7. Title 38, U.S. Code, sections 1110 and 1131, permits the VA to award compensation for medical conditions incurred in or aggravated by active military service. The VA, however, is not empowered by law to determine medical unfitness for further military service. The VA, in accordance with its own policies and regulations, awards compensation solely on the basis that a medical condition exists and that said medical condition reduces or impairs the social or industrial adaptability of the individual concerned. Consequently, due to the two concepts involved, an individual may have a medical condition that is not considered medically unfitting for military service at the time of processing for separation, discharge, or retirement, but that same condition may be sufficient to qualify the individual for VA benefits based on an evaluation by that agency.

8. Section 1556 of Title 10, United States Code, requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//