

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 2 August 2024

DOCKET NUMBER: AR20230004715

APPLICANT REQUESTS: in effect, correction of his DD Form 214 (Certificate of Release or Discharge from Active Duty) to show in item 28 (Narrative Reason for Separation) a more favorable reason.

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

- DD Form 149 (Application for Correction of Military Record)
- DD Form 214, for the period ending 17 February 1993

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, in effect:

a. The narrative reason for his separation should be removed because prior medical records from 1987 to 1989 show test results for high blood sugar levels. At the time of his separation, he had undiagnosed diabetes and post-traumatic stress disorder (PTSD), due to his service in the Gulf War. This will not be used to file a veteran's affairs (VA) claim, as he is already paid at 100 percent. It is unfair for this to be on his records when medical information shows evidence of diabetes. Unbeknownst to him he was having blood glucose problems at his first duty station in Wiesbaden, Germany, prior to the Gulf War. Prior to 2009 he was diagnosed with PTSD, but he was not made aware of the diagnosis until 2009 while being treated at the Audie Murphy VA Medical Center in San Antonio, TX.

b. Seventeen years went by and the agencies and law firms that were tasked to help him either missed this information or decided not to make him aware of the information. When his children and grandchildren read his DD Form 214, they should not reach the conclusion that he was overweight and could not meet Army standards without all the information. He states the narrative reason for separation is misleading

and with the facts of his medical condition being unavailable to the reader it is unfair and should be removed from his DD Form 214, respectfully.

3. A review of the applicant's service records show:

a. A DD Form 214, which shows he entered active duty for training on 12 February 1987 as a member of the Army National Guard of the United States and he was released from active duty on 16 June 1987, by reason of expiration of term of service. His DD Form 214 shows he served 4 months and 5 days of active service.

b. DD Form 4 (Enlistment/Reenlistment Document) shows he enlisted in the Regular Army on 19 November 1987.

c. His DA Form 2-1 (Personnel Qualification Record – Part II) shows overseas service in:

- Germany – 8 December 1987 to 12 December 1989
- Saudi Arabia – 18 December 1990 to an unspecified date
- Germany – 1 May 1992 to 15 February 1993

d. DA Form 5500-R (Body Fat Content Worksheet), dated 17 July 1992, shows his body fat was 23.84 percent and the maximum body fat allowed was 22 percent.

e. DA Form 4856 (General Counseling Form) which shows he was counseled by his commander. The counseling stated, effective 17 July 1992 he was enrolled in the Army Weight Control Program. His entry weight was 201 pounds, which was 23.84 percent body fat. The goal weight established by competent medical authorities, and one which had been determined to be safely attainable in six months, was 179 pounds. His commander stated that he expected the applicant to lose an average of 3-8 pounds per month to achieve his six-month goal weight. His commander explained the ramifications of the applicant being enrolled in the overweight program.

f. A flag was initiated on the applicant on 17 July 1992 for weight control program.

g. DA Form 5500-R, dated 29 July 1992, shows his percent of body fat was 23.84 and his maximum percentage of body fat allowed was 22 percent.

h. A memorandum dated 3 August 1992, shows it was determined that the applicant exceeded the body fat standard and a goal of 3-8 pounds of weight per month which was considered to be satisfactory progress. His commander informed him that failure to make satisfactory progress or achieve the body fat standards could result in separation from the service. His commander informed him that he was flagged under the provisions of Army Regulation (AR) 600-31 (Suspension of Favorable Personnel Actions for

Military Personnel in National Security Cases and Other Investigations or Proceedings) and entered in a Weight Control Program. The applicant acknowledged that he understood his responsibilities to achieve the body fat standards to have his weight recorded periodically.

i. On 3 August 1992, the applicant's commander requested a medical evaluation be conducted. He stated the applicant exceeded the weight for height tables by 22 pounds and exceeded the body fat standards by 0.84 percent.

j. A memorandum dated 3 August 1992 shows he was scheduled for medical evaluations and dietician class at the 209th Dispensary on 12 August 1992.

k. On 17 August 1992, the health care personnel notified the applicant's commander that he had been examined and found to be fit for participation in a Weight Control/Physical Exercise Program, in accordance with AR 600-9 (The Army Weight Control Program). The health care professional noted that lab work was pending, and they would notify the applicant and the commander when the results were in.

l. DA Form 5500-R, dated 2 September 1992, shows the applicant did not meet the standards. His percent of body fat was 24.21 percent, and his allowable body fat was 22 percent.

m. A DA Form 4856 shows he received Weight Control Counseling on 2 September 1992. He was informed that he failed to meet the monthly weight loss standards.

n. On 15 September 1992, the Adult Practitioner from the 209th General Dispensary informed the applicant's commander that the labs/x-ray that the applicant completed on 25 August 1992 were normal and the applicant was medically cleared for the overweight program. The pertinent lab results consisted of cholesterol and blood sugar.

o. On 25 September 1992, the applicant's commander stated that the applicant exceeded the screening table weight by 24 pounds and body fat standards by 2.21 percent and requested nutrition education and weight reduction counseling.

p. DA Forms 5500-R shows his body fat was:

- 21 October 1992 – 25.08 percent
- 20 November 1992 – 25.43 percent
- 4 December 1992 – 25.43 percent

q. DA Form 4856 shows he was counseled on 9 December 1992 for failing to meet the monthly weight loss standards. The counseling shows he had been in the overweight program for 5 active months.

r. The applicant underwent a mental status evaluation on 12 January 1993. The Adult Practitioner noted the applicant had the mental capacity to understand and participate in the proceedings.

s. DA Form 5500-R, dated 21 January 1993, shows his calculated body fat percentage was 26.13. His body fat allowance was 22 percent.

t. On an unspecified date, the applicant's immediate commander notified the applicant of his intent to initiate separation actions against him under the provisions of AR 635-200 (Personnel Separations – Enlisted Personnel), Chapter 5-15, by reason of failure to meet Army weight/body fat standards. The commander informed the applicant that he was recommending he receive an honorable discharge, and he explained his rights.

u. On 4 February 1993, the applicant acknowledged notification of the proposed separation under the provisions of AR 635-200, chapter 5-15, and its effects; of the rights available to him; and the effect of any action he took in waiving his rights. He understood that if he had less than 6 years of total active and Reserve military service at the time of separation and was being considered for separation under AR 635-200, Chapter 15, he was not entitled to have his case heard by an administrative separation board.

- he acknowledged that he had been advised by consulting counsel of the basis for the contemplated action
- if applicable, he waived consideration of his case before an administrative board
- he elected not to submit statements in his own behalf.
- he requested representation by military counsel
- he understood that he may expect to encounter substantial prejudice in civilian life if a general discharge under honorable conditions was issued to him. He further understood that, if he received a discharge which was less than honorable, he may be ineligible for many or all benefits as a veteran under both Federal and State laws
- he understood that he could submit an application to the Army Discharge Review Board (ADRB) or the ABCMR for upgrading; however, an act of consideration by either Board did not imply that the discharge would be upgraded
- he understood that he may, up until the date the discharge authority directs or approves his discharge, withdraw his waiver of any of his rights
- he understood that if applicable, he would be ineligible to enlist/reenlist in the Army for 2 years after his discharge.

v. On an unspecified date, the applicant's immediate commander-initiated separation under the provisions of AR 635-200, chapter 5-15 and noted the applicant showed no desire to comply with the established standards in accordance with AR 600-9.

w. The separation authority approved the recommended discharge, noted he would be retained in the Individual Ready Reserve, and directed he be issued an honorable discharge.

x. The applicant was discharged on 17 February 1993. His DD Form 214 shows he was discharged under the provisions of AR 635-200, paragraph 5-15, for failure to meet body fat standards, in the rank/grade of specialist (SPC/E-4), and his service was characterized as honorable. He completed 5 years, 2 months, and 29 days of active service.

4. MEDICAL REVIEW:

1. 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 removal of Performance/Evaluation/Derogatory Information. He contends that at the time of separation he had undiagnosed Diabetes and PTSD. He stated that medical records from 1981 to 1989 showed elevated blood sugar levels.

2. The ABCMR ROP summarized the applicant's record and circumstances surrounding the case. The applicant was a member of the Army National Guard from 12Feb1987 to 16Jun1987. He enlisted in the Regular Army from 19Nov1987. His MOS was 76P10 Material Control and Accounting Specialist. He was deployed in Saudi Arabia from 19901218 to 19910509. He was released from active duty 17Feb1993 under provisions of AR 635-200, para 5-15 due to failure to meet body fat standards. His service was characterized as honorable.

3. The applicant's weight was 201 lbs on 17Jul1992 and 29Jul1992 which was 23.84% body fat. Maximum body fat allowable was 22%. Goal weight was 179 lbs. He exceeded the Army standards in accordance with AR 600-9 and was notified on 03Aug1992 that he would be entered into the Army Weight Control Program. He was examined by medical personnel and cleared (15Sep1992) to participate in the program—no medical cause was found for his overweight condition per normal labs completed on 25Aug1992. The following measurements were recorded while in the weight control program: 24.21% on 02Sep1992; 25.08% on 21Oct1992; 25.43% on 20Nov1992 and 25.43% on 04Dec1992. Rehabilitative efforts by medical personnel included exercise

and nutrition counseling. He was counseled by command concerning the lack of satisfactory progress during the program. He underwent a Report of Mental Status Evaluation on 12Jan1993 during which the psychiatric exam was normal, and the evaluation did not yield a BH diagnosis. He was determined to have the mental capacity to understand and participate in administrative proceedings. He was released from active duty according to regulation.

4. He reenlisted in Michigan Army National Guard 05Jan2008. In the 26Sep2007 Report of Medical Examination (DD Form 2808) for (re)enlistment, he was overweight according to guidelines at the time weighing 200 lbs, (maximum allowable weight was 187 lbs); nevertheless, he was deemed qualified for service. 12Nov2008 he was seen in Ireland Military Readiness Clinic for neck pain (cervicalgia) for 3 months. He was weighing 225 lbs at the time and his BMI was 33.23. He subsequently underwent a non-duty related PEB and was found unfit for a neck condition (Cervical Pain/Radiculopathy with Degenerative Changes at C5-C6 on 30Aug2010. He did not concur but waived a formal hearing of his case. He was discharged 04Jan2011.

5. In his ABCMR application, the applicant contends that he had undiagnosed diabetes at the time of his release from active duty for failure in the Army Weight Control Program. He also stated that medical records from 1981 to 1989 showed elevated blood sugar levels. These records were not submitted or available in his electronic medical record. The current available record indicated the applicant's labs were reviewed at that time of his entry into the Army Weight Control Program, and no medical contributing cause was found for his overweight condition. Blood and urine glucose readings were normal in the JLV from the start of these records in 1995 until September 2002. The applicant indicated in the 27Jul2006 Diabetes Education Consult that he had diabetes (diagnosed as Diabetes Mellitus Type II) since 12Jul2006, and he was taking glipizide for management. He did not disclose his DM Type II diagnosis/treatment when he enlisted in the National Guard in 2008. The urinalysis at the time was negative for sugar. To date, the VA has not service-connected the DM Type II condition.

6. The applicant stated in his ABCMR application that he had undiagnosed PTSD at the time of his release from active duty for failure in the Army Weight Control Program. The applicant did not submit any BH service treatment records. His first contact with BH services in JLV was with VAMC social services in August 1995 in the context of adjusting to his geographic separation from his wife due to her obligations to the military in Kansas and their two sons living in Texas with the maternal grandmother while the applicant was working in Detroit Michigan. Initially he was living with his mother but subsequently lived temporarily with various family members and eventually sought help for homelessness. He was treated briefly in 2001 with Prozac due to anxiety while working as a security guard. In February 2005 he was taking Zoloft for anxiety, depression, and PTSD symptoms (02Feb2005 VAMC Psychiatry Note). In the

25Oct2005 Mental Health Note, he described increasing aggression and violence after serving in the gulf war. This along with alcohol use had kept him from keeping a job for more than 3 months. He also reported some paranoia symptoms and incarceration (in 1997 for 15 months) for drug conspiracy which he believes was a set up. In the 18Sep2009 Psych Intake, he described his most problematic symptoms of PTSD included flashbacks, nightmares, and intrusive memories of the burning oil wells in Iraq—the smell or sight of smoke served as a trigger for his flashbacks and memories. Although he was deployed as a computer specialist, he also served guard duty in bunker with “bombs going off” all around him and he feared for his life. Since 2006, he had been hearing whispers and seeing things out of the corner of his eye approximately 3-5 times per year. In the 21Oct2010 Initial PTSD C&P Examination Note, the VA examiner endorsed that the applicant’s PTSD condition was combat related based on his report of events during the Gulf War which include fear of hostile military/terrorist activity and ongoing characteristic symptoms. He reported heavy alcohol use following his return from the Gulf War which contributed to marital conflict and health problems.

7. There was no medical evidence found in records that indicated the applicant’s DM Type II condition contributed to his failure in the Army Weight Control Program in 1992/1993. The DM Type II condition was not diagnosed until 2006. There was some evidence the applicant’s PTSD condition could have indirectly contributed to failure in the Army Weight Control Program. The applicant indicated that due to experiences during his gulf war deployment, he drank heavily afterwards. It is a known medical principle that alcohol use can contribute to weight gain. In the ARBA Medical Reviewer’s opinion, the applicant’s self-treatment for PTSD with alcohol likely contributed to his failure in the Army Weight Control Program.

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 Board carefully considered the applicant’s request, supporting documents, and evidence in the records. The evidence of record shows the applicant was initially enrolled in the Army Weight Control Program on 17 July 1992. He was subsequently discharged from active duty for failure to meet body fat standards on 17 February 1993. The Board noted the applicant’s contention that his prior medical records showed high blood pressure; however, the Board reviewed and concurred with the medical advisor’s review finding no medical evidence the applicant’s condition contributed to his failure in the Army Weight Control Program despite the applicant’s potential self-treatment for post-traumatic stress disorder. The Board concluded the narrative reason the applicant received for failure to meet body fat standards accurately reflects the applicant’s discharge and noted no error or injustice.

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. Army Regulation 635-200 (Personnel Separations – Enlisted Personnel), in effect at the time, set forth the basic authority for the separation of enlisted personnel. Chapter 5-15 provided that Soldiers who failed to meet Army body composition/weight control standards set forth in Army Regulation 600-9 (The Army Weight Control Program) may be separated per this paragraph when such condition is the sole basis for separation.

a. Separation action would not be initiated under this paragraph until the Soldier had been given a reasonable opportunity to comply with and meet the weight/body reduction goals prescribed for him or her by health care personnel. Soldiers who have been diagnosed by health care personnel as having a medical condition which precluded them from participating in the Army body composition/weight control program would not be separated under this paragraph.

b. The service of Soldiers separated per this paragraph would be characterized as honorable.

3. Army Regulation 600-9 (The Army Weight Control Program), in effect at the time, established policies and procedures for the implementation of the Army Weight Control Program.

a. The primary objective of the Army Weight Control Program was to ensure that all personnel were able to meet the physical demands of their duties under combat conditions and present a trim military appearance at all times.

b. Commanders and supervisors will monitor all members of their command to ensure that they maintain proper weight, body composition, and personal appearance. At minimum, personnel will be weighed when they take the Army Physical Fitness Test (APFT) or at least every 6 months. Personnel exceeding the screening table weight or identified by the commander or supervisor for a special evaluation will have a determination made of percent body fat. Identification and counseling of overweight personnel are required.

c. Procedures.

(1) Body fat composition will be determined for personnel:

- Whose body weight exceeds the screening table weight in table 1.
- When the unit commander or supervisor determines that the individual's appearance suggests that body fat is excessive.

(2) Routine weigh-ins will be accomplished at the unit level. Percent body fat measurements will be accomplished by company or similar level commanders (or their designee) in accordance with standard methods prescribed in Appendix B to this regulation. Active and Reserve component soldiers exceeding the body fat standards in paragraph 20c, above, will be provided weight reduction counseling by health care personnel, entered in a Weight Control Program by unit commanders, and flagged under the provisions of AR 600-31 by the unit commander. Enrollment in a Weight Control Program starts on the day that the soldier is informed by the unit commander that he/she has been entered in a weight control program. The weight reduction counseling can be accomplished prior to or shortly after entry into a program.

(3) A medical evaluation will be accomplished by health care personnel when the soldier has a medical limitation, or is pregnant, or when requested by the unit commander. One is also required for soldiers being considered for separation due to failure to make satisfactory progress in a weight control program, or within 6 months of ETS. If an individual's condition is diagnosed by medical authorities to result from an underlying or associated disease process, health care personnel will take one of the following actions:

- Prescribe treatment to alleviate the condition and return personnel to their unit.
- Hospitalize individuals for necessary treatment; this action applies to Active Army personnel only. Reserve Component personnel will be referred to their personal physician for further evaluation or treatment at the individual's expense.
- Determine whether the individual's condition is medically disqualifying for continued service. In these cases, disposition will be made under provisions of appropriate regulations.

(4) If health care personnel discover no underlying or associated disease process as the cause of the condition and the individual is classified as overweight, these facts will be documented, and the individual entered in a weight control program by the unit commander. Suspension of favorable personnel actions will be initiated under AR 600-31 for personnel in a weight control program.

- The required weight loss goal of 3 to 8 pounds per month is considered a safely attainable goal to enable soldiers to lose excess body fat and meet the body fat standards. Weigh-ins will be made by unit personnel monthly

(or during unit assemblies for ARNG and USAR personnel) to measure progress.

- An individual who has not made satisfactory progress after any two consecutive monthly weigh-ins may be referred by the commander or supervisor to health care personnel for evaluation or reevaluation. If health care personnel are unable to determine a medical reason for lack of weight loss-and if the individual is not in compliance with the body fat standards and still exceeds the screening table weight, the commander or supervisor will inform the individual that: Progress in unsatisfactory and he or she is subject to separation.

(5) Commanders and supervisors will remove individuals administratively from a weight control program as soon as the body fat standard is achieved.

(6) After a period of dieting and/or exercise for 6 months, soldiers who have not made satisfactory progress and who still exceed the screening table and body fat standards will be processed as follows:

- If health care personnel determine that the condition is due to an underlying or associated disease process, action described in d above will be taken.
- If no underlying or associated disease process is found to cause the overweight condition, the individual will be subject to separation from the Service under appropriate regulations.

(7) The commander or supervisor will inform the individual in writing that initiation of separation proceedings is being considered under the following regulations: AR 635-200, chapter 5-15, AR 635-100, chapter 5; NGR 600-200, chapter 7; NGR 600-101; NGR 600-5; NGR 635-100; AR 135-175; or AR 135-178. This procedure will be followed unless a medical reason is found to preclude the loss of weight or there is other good cause to justify additional time in the weight control program. The individual will immediately respond to the separation consideration letter in writing. The commander or supervisor will consider the response and initiate separation action if no adequate explanation is provided.

4. 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//