

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 30 January 2024

DOCKET NUMBER: AR20230005270

APPLICANT REQUESTS: in effect, review of his military records to show he was discharged from the Army National Guard (ARNG) in October 2021 due to a medical disability vice expiration of his term of service (ETS).

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

DD Form 149 (Application for Correction of Military Record)

FACTS:

1. The applicant states he did not receive an exit medical exam prior to discharge; so, he was unable to let them know about his medical issues. He has had stomach issues since returning from Afghanistan. Symptoms include severe debilitating abdominal pain, nausea, and vomiting. He has had to have emergency room treatment several times since returning. Most recently, he was treated at the Birmingham, AL, VA (Department of Veterans Affairs) Medical Center. Also, during service, he was attached to an infantry unit, so he had to carry pack with everything they required along with a medical pack. The weight caused back pain, shoulder pain, and caused his ankles to twist. He had to tape his ankles prior to any maneuvers. Also, he had to take Motrin for the pain. At this time, he is unsure if the stomach ulcers were caused by Motrin taken during his enlistment or if he contracted a bacterium in Afghanistan. Birmingham VA is still testing regarding PTSD (post-traumatic stress disorder). He still has difficulty sleeping. He gets anxiety with crowds, and he is hypervigilant. He did not receive an exit medical exam prior to discharge. He was advised by a physician that he is supposed to receive an exit medical examination.

2. Review of the applicant's service records shows:

a. The applicant underwent an enlistment physical at the Atlanta Military Entrance Processing Station (MEPS) on 23 October 2015. The MEPS physician/medical examiner found him qualified for enlistment.

b. He enlisted in the Georgia Army National Guard (GAARNG) on 23 October 2015, agreeing to serve 6 years in the ARNG and 2 years in the Individual Ready Reserve.

c. He entered active duty for training from 18 July 2016 to 10 February 2017 and completed training for award of military occupational specialty 68W, Health care Specialist.

d. He was ordered to active duty/mobilized on 26 November 2018 and served in Afghanistan from 10 January 2019 to 16 July 2019.

e. He was honorably released from active duty on 12 August 2019 in accordance with chapter 4 of Army Regulation (AR) 635-200 (Active Duty Enlisted Administrative Separations) by reason of completion of required active service (Separation Code MBK and Reentry Code 1). He completed 8 months and 17 days of active service.

f. Following his release from active duty, he continued to drill with his ARNG unit, earning 40 inactive duty points, 15 membership points, and 67 active duty points, for a total of 122 retirement points during anniversary year 23 October 2019 to 22 October 2020.

g. He was again ordered to active duty on 2 April 2020 in support of COVID-19. He was honorably released from active duty on 5 June 2020, in accordance with chapter 4 of AR 635-200 by reason of completion of required active service. He completed 2 months and 4 days of active service.

h. Following his release from this active duty, he also continued to drill with his ARNG unit, earning 24 inactive duty points, 15 membership points, and 30 active duty points, for a total of 69 retirement points during anniversary year 23 October 2020 to 22 October 2021.

i. He was honorably discharged from the ARNG on 22 October 2021. His NGB Form 22 (Report of Separation and Record of Service) shows he was discharged in accordance with National Guard Regulation 600-200 (Enlisted Personnel Management), paragraph 6-36(n)(3), by reason of expiration of active status commitment in the Selected Reserve. He completed 6 years of ARNG service.

j. Upon his discharge from the ARNG, he was assigned to the U.S. Army Reserve Control Group (IRR) to complete his remaining 2 years' service obligations.

k. On 26 October 2023, the U.S. Army Human Resources Command published orders honorably discharging him from the U.S. Army Reserve effective 24 October 2023, after having completed his 8 years enlistment commitment.

3. On 18 August 2023, a staff member of the Army Review Boards Agency dispatched a letter to the applicant informing him that for the ABCMR to consider his application, he must provide a copy of the medical documents that support his medical issues. If he did

not have a copy of these documents, he might contact the doctor that diagnosed him or his VA Regional Office for assistance. His case was placed on hold pending his response. As of mid-January 2024, he has not responded.

4. 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 Armed Forces Health Longitudinal Technology Application (AHLTA), the Health Artifacts Image Management Solutions (HAIMS) and the VA's Joint Legacy Viewer (JLV). The applicant desires to have his medical conditions reviewed in pursuit of Army disability benefits. He mentioned gastrointestinal issues/abdominal pain, back pain, shoulder pain, ankle injury and PTSD.

b. The ABCMR ROP summarized the applicant's records. Of note, he was enlisted in the Georgia Army National Guard 23Oct2015. He completed his first period of active service from 18Jul2016 to 10Feb2017 with MOS was 68W10 Health Care Specialist. He had two other periods of active service: 26Nov2018 to 12Aug2019 and 02Apr2020 to 05Jun2020. He was deployed in Afghanistan 20190110-20190716. He was separated from Georgia ANG effective 22Oct2021 due to expiration of active service commitment. His service was characterized as honorable. He was transferred to the USAR Control Group and then he was discharged effective 24Oct2023. The applicant's enlistment medical exam did not show any significant abnormalities. The following in-service medical records were essentially silent for significant medical problems.

- 23Oct2018 Annual PHA. He answered "no/does not apply to me" to "recurring muscle, joint, or low back pain" and "stomach problems."
- 30Oct2018 and 27Nov2018 Pre-Deployment Health Assessments (DD Form 2795). No medical, dental, or mental health concerns. No history of mental health care.
- 12Jun2019 Annual PHA. He answered "no/does not apply to me" to "recurring muscle, joint, or low back pain" and "stomach problems."
- 18Jul2019 Post Deployment Health Assessment (PDHA DD Form 2796). He encountered dead bodies. He did not report any injuries. Also of pertinence, he answered that "back pain", and "pain in arms, legs or joints" "bothered him a little in the prior month". Stomach pain did not bother him at all. There were no positive answers to mental health oriented questions.
- 25Jul2019 Pre-retirement General Health Medical Examination. The abdominal exam was normal. No abnormalities in the upper or lower extremities. His gait was normal; the psychiatric exam was normal; his lab showed protein in his urine
- 14May2020 Annual PHA (DD Form 3024). He answered "no/does not apply to me" to "recurring muscle, joint, or low back pain" and "stomach problems."

- 26May2020 Post Deployment Health Re-assessment (PDHRA, DD Form 2900). He endorsed that his overall health during the prior month was very good. “Back pain”, “pain in arms, legs or joints” and “stomach pain” had not bothered him at all in the prior month. PTSD, Depression, TBI and Alcohol screens were negative
- 18Apr2021 Annual PHA (DD Form 3024). He answered “no/does not apply to me” to “recurring muscle, joint, or low back pain” and “stomach problems.” He did not have a permanent profile and was not on a temporary profile. He endorsed that he “hardly notices pain” and answered “no” to being treated for pain. PTSD, Depression, and Alcohol screens were negative.

d. On 07Apr2023 the applicant was admitted to Birmingham VAMC. He reported a past history of 'ulcers'. He was being seen for severe (10/10) acute mid-epigastric abdominal pain with nausea and vomiting since morning. He had been seen in the emergency room 2 days prior for the same. He reported a similar episode one year ago (outside hospital in Illinois) and was diagnosed with ulcers and placed on a proton pump inhibitor (PPI). Peptic Ulcer Disease was suspected. The diagnosis was confirmed by VAMC gastroenterology. His risk factors were vaping, chronic marijuana use, tobacco use, and 3 beers “a few times per week”. He did not report a significant history of NSAID use. The applicant stated he was in Afghanistan in 2019 and in 2020 he noted periodic episodic severe abdominal pain with associated nausea/vomiting. His Birmingham VAMC work-up was negative (lipase, LFTs, H. Pylori, stool Ag, KUB, CXR, abdominal ultrasound). He was discharged on a PPI 40mg daily. His weight was stable, hemoglobin was normal, and he was pain free. He denied fevers, diarrhea, melena, hematochezia, and hematemesis. His esophagogastroduodenoscopy (EGD) stomach biopsy was normal. Additionally, there was no evidence of H. pylori infection.

e. Service treatment records were reviewed in AHLTA through HAIMS. There were no records concerning abdominal pain, shoulder pain, ankle injury or mental health issues while on active orders. The applicant endorsed back pain in the 18Jul2019 PDHA; however, there were no treatment visits for the back that were found. Similarly, the applicant endorsed having encountered dead bodies while deployed; however, mental health screening questions remained negative for mental health concerns. Additionally, there were no mental health treatment records available for review. There were no outside treatment records available for review. JLV search today showed the applicant was rated by the VA for Tinnitus only. Based on records currently available, evidence was insufficient to support that the applicant had a condition which failed medical retention standards of AR 40-501 chapter 3 at the time of release from active duty in October 2021, or at the time of discharge from service in October 2023. Referral for medical discharge processing is not recommended at this time.

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 evidence shows the applicant was honorably discharged from the ARNG on 22 October 2021. His NGB Form 22 shows he was discharged in accordance with NGR 600-200, by reason of expiration of active status commitment in the Selected Reserve. He completed 6 years of ARNG service. The Board reviewed and agreed with the medical advisor's finding that based on records currently available, evidence was insufficient to support that the applicant had a condition which failed medical retention standards of AR 40-501 chapter 3 at the time of release from active duty in October 2021, or at the time of discharge from service in October 2023. Therefore, the Board determined the applicant's referral for medical discharge processing is not recommended at this time.

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.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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:

National Guard Regulation 600-200, Personnel – General, Enlisted Personnel Management, prescribes the criteria, policies, processes, procedures, and responsibilities to classify; assign; utilize; transfer within and between states; provides Special Duty Assignment Pay; separation; extension/reenlistment, and appoint to and from Command Sergeant Major, Army National Guard (ARNG) and Army National Guard of the United States (ARNGUS) enlisted Soldiers Army National Guard. Paragraph 6-36 (State ARNG Separations) lists reasons for separation from the State ARNG not listed in paragraph 6-35 above or AR 135-178. Sub-paragraph 6-36(3) provides for separation due to expiration of active status commitment in the Selected Reserve, such as at the end of 6 years of a 6 X 2 enlistment option.

- (1) 3 X 5 enlistment option, RE 1 or 3, Loss Code (LC): CG
- (2) 4 X 4 enlistment option, RE 1 or 3, LC: CG
- (3) 6 X 2 enlistment option, RE 1 or 3, LC: CE

//NOTHING FOLLOWS//