IN THE CASE OF: [redacted]

BOARD DATE: 14 February 2024

DOCKET NUMBER: AR20230008229

APPLICANT REQUESTS: reconsideration of her earlier request to correct item 28 (Narrative Reason for Separation) of her DD Form 214 (Certificate of Release or Discharge from Active Duty) to show medical retirement.

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

- Self-Authored Statement
- DD Form 214, for the period ending 20 June 2012
- Army Review Boards Agency (ARBA) Acknowledgement Letter
- Department of Veterans Affairs (VA) Benefits Summary and Progress Notes
- Previously Submitted DD Form 293 (Application for the Review of Discharge or Dismissal), dated 16 April 2018
- Acknowledgement Letter from ARBA, dated 14 May 2018
- Memorandum, subject: Medical Advisory Opinion for [Applicant], dated 5 May 2020
- Previous Record of Proceedings for the Applicant, dated 19 June 2020
- ABCMR Decision Document, dated 9 April 2021
- Memorandum, subject: Army Board for Correction of Military Records (ABCMR) Evaluation for [Applicant], dated 31 August 2021

FACTS:

1. Incorporated herein by reference are military records which were summarized in the previous consideration of the applicant's case by the ABCMR in Docket Number AR20180005861 on 19 June 2020.

2. The applicant states the ABCMR made a decision to have her military records changed and the medical board decided that partial medical retirement should be warranted, but was denied.

a. She struggled most of her military career with asthma and falling out of a five-ton vehicle, hurting her back and left hip. She was exposed to black mold in the barracks and all of these conditions combined made it extremely difficult to complete physical fitness training in Korea and after.

b. While in the service, she was told that due to her asthma, she was non-deployable and that a medical evaluation board would need to be conducted if the problem persisted. She inquired into the medical evaluation board to her administrative section and was told that the packet was lost and she was too close to her expiration of term of service to start another. She was advised to file a claim with the VA, to which she did.

c. She believes she failed retention due to medical, she was not allowed to re-enlist. She also attempted to re-enter military service and was denied based on the separation code she received.

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

a. She enlisted in the Regular Army on 21 June 2007. She served in Korea from 7 November 2007 to 6 September 2008. She held military occupational specialty 88H, Cargo Specialist and attained the rank of private first class (E-3).

b. Her enlisted record brief (ERB) indicates a PULHES (Physical Profile Serial System) rating of 111111 (Qualified) and MRC (Medical Readiness Classification) 1 (Deployable).

c. On 20 June 2012, the applicant was discharged under the provisions of Army Regulation (AR) 635-200 (Active Duty Enlisted Administrative Separations), chapter 4 (Completion of Required Active Service) with an honorable characterization of service. Her DD Form 214 shows she completed 5 years of active-duty service.

4. The applicant provides her VA benefits summary and progress notes, which show she has been evaluated and compensated by the VA (80%).

5. On 16 April 2018, the applicant submitted an application to the ABCMR for review of her discharge seeking a medical retirement.

a. On 14 May 2018, ARBA sent the applicant an acknowledgement letter indicating her application has been received.

b. On 5 May 2020, the ARBA Medical Advisor provided a medical advisory opinion concerning the applicant.

(1) The applicant is requesting that she be medically retired from the Army for her asthma.

(2) The ARBA medical advisor reviewed the documentation in the applicant's application, the military electronic medical record (AHLTA), and the VA electronic medical record (JLV).

(3) She was first seen for shortness of breath and coughing with exertion on 15 July 2008. The provider diagnosed her with moderate asthma and placed her on an inhaler.

(4) She was seen again in August 2009 for persistent and somewhat worsening symptoms. The provider placed her on a temporary no running profile and referred her to pulmonary for evaluation. The pulmonologist evaluated her and she underwent a change test. The pulmonologist opined that the result of the test was in a non-specific range. The findings may consistent with a mild degree of bronchia hyper-responsiveness to methacholine due to asthma, allergic rhinitis, chronic obstructive pulmonary disease or other lung diseases.

(5) Despite continued medical management with two oral inhalers, she remained symptomatic. Evaluation by cardiology was negative and she was referred to gastroenterology for evaluation. During this evaluation in late 2010, she also complained of difficulty swallowing and with speech. She was diagnosed with eosinophilic esophagitis. She was started on medication that appears to have helped with her asthma and she was reduced to one inhaler on an as needed basis. However, there are no studies that quantify her improvement.

(6) In several other AHLTA notes, the providers mention she was on a no running profile for her asthma. No physical profiles were found in the record.

(7) Given that she appears to have been on a no run profile for a considerable period of time in service and based on the information currently available, it is within reason that her asthma failed retention standards at the time of her discharge from the Army. The medical advisor opined that a referral of the applicant's record to IDES for evaluation of her asthma was warranted.

c. On 19 June 2020, the applicant's record was reviewed by the ABCMR. The Board determined the evidence presented was sufficient to warrant a recommendation for partial relief. Therefore, her record was referred to the Office of the Surgeon General for review of her conditions as they existed at the time of her separation.

6. On 31 August 2021, the medical evaluation board physician reviewed the applicant's record and opined that based on available evidence, there was insufficient objective evidence to support a need for IDES referral for asthma.

7. The Army rates only conditions determined to be physically unfitting at the time of discharge, which disqualify the Soldier from further military service. The Army disability rating is to compensate the individual for the loss of a military career. The VA does not have authority or responsibility for determining physical fitness for military service. The VA may compensate the individual for loss of civilian employability.

8. 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 believes that she should have been medically retired rather than having been released from active-duty service. In her 24Sep2023 statement, she stated that Asthma prevented her from completing the 2-mile portion of the APFT and she was on a no-run profile. She also mentioned lower back and left hip issues. This is a request for reconsideration of the decision from Board dated 19Jun2020. The previous ABCMR Board was reviewed to include the 05May2020 ARBA Medical Reviewer’s opinion that due to the applicant’s having been “on a no run profile for a considerable period of her time in service”, it was within reason to consider that the Asthma condition failed retention standards. The 31Aug2021 observations by the McDonald Army Health Center MEB Physician showing their conclusion that there was insufficient objective evidence to support a need for IDES referral for asthma, was also noted. And finally, the 31Aug2021 Office of the Surgeon General’s concurrence with the MEB physician’s assessment was also noted.

b. The ABCMR ROP summarized the applicant’s records. She entered the Regular Army 21Jun2007. She was deployed in Korea 20071107 to 20080906. Her MOS was 88H10 Cargo Specialist. She was released from active duty on 20Jun2012 under provisions of AR 635-200 chapter 4 due to completion of required active service. Her discharge was characterized as honorable.

c. Pertinent medical records (and VA ratings) for Asthma, Bronchial 30%; Degenerative Arthritis of Lumbar Spine 20%; and Paralysis of Sciatic Nerve 40% are below. There were no records found for a left hip condition. The applicant was not rated by the VA for a hip condition.

d. Degenerative Arthritis of Lumbar Spine; and Paralysis of Sciatic Nerve
The applicant was first seen for upper back pain (severe) 16Dec2008 Ft Story AHC status post motor vehicle accident the weekend prior. She denied lower back pain during the visit. She was placed on temporary profile for one month. On 19Feb2009, she was seen requesting chiropractor treatment for continued mild mid to upper back

pain. There was no low back pain. The lumbosacral exam was normal. The 06Apr2011 physical exam for ETS did not show any abnormalities. She was pain free. On 04Mar2013, during a visit to establish care at the VA (9 months after discharge from service), she reported low back pain 5/10. She reported having a history of back arthritis for which she took Advil.

e. Rational/Opinion

The review did not indicate that conservative therapy had been exhausted. There were no visits with principal complaint low back pain while the applicant was in service. There were no visits for back pain within the 2 years prior to REFRAD. The 05Apr2011 termination physical did not note any back issues. Based on records available for review, there was insufficient evidence to support the presence of a back condition which failed medical retention standards of AR 40-501 chapter 3 at REFRAD.

f. Asthma, Bronchial

- 15Jul2008 Primary Care Clinic Carrol. The applicant presented with complaints of chest tightness and wheezing. Symptoms started while deployed in Korea in November 2007. She also divulged a history of childhood Asthma requiring hospitalization. She was having trouble keeping up with physical training. Treatment included prescriptions for albuterol, steroid inhaler, and 5-day course of oral steroids. Diagnosis: Moderate Persistent Asthma.
- 09Sep2009 Pulmonary Function Laboratory results showed mild obstructive pattern on baseline pulmonary function tests. There was a positive response during the 26Oct2009 methacholine challenge test which was consistent with Asthma. However, there was mild degree of bronchial hyperresponsiveness which suggested there may be an etiology other than asthma.
- 26Oct2009 Pulmonary diagnosed Mild Persistent Asthma. Treatment included steroid combo inhaler and albuterol inhaler and duty limitations. She was to follow up one month. *The applicant returned more than 6 months later.*
- 25May2010 Pulmonary Evaluation. The applicant endorsed good peak flow (portable self-test of air flow) and symptom control with her Symbicort inhaler (maintenance). She had reduced her albuterol inhaler (rescue) use from daily to 2-3 times per week. Her Asthma was deemed well controlled. The exercise-induced bronchospasm study on 21May2010 showed normal baseline spirometry with no evidence of exercise-induced bronchospasm while on medications. The study demonstrated that her exercise intolerance was not due to bronchospasm. The specialist suggested the exercise intolerance was due to deconditioning, weight gain due to relative decreased activity (due to the no-run profile) and potentially a cardiac etiology.
- 07Jun2010 Cardiology Portsmouth NMCP. A cardiac contribution to the applicant's exercised induced dyspnea was ruled out by a normal transthoracic echocardiogram.

- 07Jul2010 Pulmonary NMCP. Her Asthma was well controlled. However, she still reported some exertional dyspnea. She was noted to have tiny, vocal quality suggestive of possible GERD (gastroesophageal reflux disease) that could be contributing to exertional dyspnea.
- 08Sep2010 Gastroenterology NMCP. She was started on proton pump inhibitor for Dysphagia (difficulty swallowing), Eosinophilic Esophagitis and GERD symptoms.
- 23Feb2011 Gastroenterology NMCP. The EGD (esophagogastroduodenoscopy) also revealed mild esophageal stricture (or stenosis). *The applicant did report a history of food impaction—it had taken over an hour to swallow a piece of steak.* The stricture was surgically dilated during the EGD procedure.
- 01Mar2011 Speech Pathology NMC Portsmouth. The fiberoptic laryngoscopy with stroboscopy procedure showed mild edema of the bilateral arytenoids, suggestive of mild laryngopharyngeal reflux. Otherwise, the scope exam was normal. The speech pathologist assessed that her voice quality was clear and there was no straining to talk. She was advised to quit smoking.
- 01Apr2011 Allergy Clinic NMCP. The consult was made to rule out food allergy contribution to Eosinophilic Esophagitis. She reported a long history of reflux and regurgitation of "brown acidy" liquid since childhood, worse after exercise and acidic foods. Allergy Sensitivity Testing results: There was no IgE mediated food triggers that need to be avoided. She was allergic to “all the grasses”. Eosinophilic Esophagitis: Symptoms were improved on Flovent inhaler and Nexium. It was noted again that her Asthma, Unspecified, Mild Persistent, was controlled on Symbicort.
- 05Apr2011 military services termination (ETS) physical. No significant abnormalities were noted. She was released without limitations.

g. Rational/Opinion

The applicant had onset of exertional dyspnea in Korea. Since 2008, she was unable to pass the APFT. Asthma was definitively diagnosed by pulmonary in 2009. In 2010, they determined her symptoms due to bronchial spasm were well controlled and that based on test results, her exercise induced dyspnea was not due to asthma. Pulmonary indicated the applicant’s difficulty with exercise was likely due to deconditioning due to lack to of physical training while on a no-run profile for so long (while her medical condition was being evaluated). Other medical conditions were ruled out as significantly contributing to her difficulty with passing the APFT. Dysphagia, GERD, and Eosinophilic Esophagitis symptoms were controlled on medication. The Esophageal Stricture was surgically treated. Speech pathology determined her voice quality was not pathological. She was referred for a Mental Status Evaluation (completed on 20Jun2011) for chapter 13 separation. However, she fractured her wrist the next day (fell on left wrist while helping a friend move furniture). She was ultimately

released from active duty 20Jun2012 due to completion of required active service. The applicant reported use of Asthma medications near the time of release. It was noted a one-month supply of the Albuterol Inhaler (rescue inhaler) was last filled in 2010 and it was filled again in March 2013, nine months after discharge according to the medication profile in JLV. This suggests intermittent use of the albuterol inhaler. It was also noted, according to the medical record, for greater than 6 months prior to REFRAD, the applicant was not on profile (16Mar2012 Primary Care Ft Story AHC). Moreover, the 27Apr2012 Enlisted Record Brief showed last exam as 10Aug2011 and PULHES 111111. And finally, for the year prior to discharge, there were no clinic visits for exertional dyspnea. In the ARBA Medical Reviewer's opinion, based on records available for review, there was insufficient evidence to support that the Asthma condition failed medical retention standards of AR 40-501 chapter 3 at the time of REFRAD. Referral for medical discharge processing is not warranted.

BOARD DISCUSSION:

1. 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 record of service, documents submitted in support of the petition and executed a comprehensive and standard review based on law, policy and regulation. Upon review of the applicant's petition, available military records and medical review, the Board concurred with the advising official finding insufficient evidence to support that the Asthma condition failed medical retention standards at the time of REFRAD. Referral for medical discharge processing is not warranted. The Board determined the applicant's record showed during her 31Aug2021 observations by the McDonald Army Health Center MEB Physician concluded that there was insufficient objective evidence to support a need for IDES referral for asthma.

2. Based on the preponderance of evidence the Board agreed there is insufficient evidence to support the contentions of the applicant for reconsideration of her earlier request to correct item 28 (Narrative Reason for Separation) of her DD Form 214 to show medical retirement. The Board found reversal of the previous Board determination is without merit and denied relief.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The Board found 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 to amend the decision of the ABCMR set forth in Docket Number AR20180005861 on 19 June 2020.

3/29/2024

X

CHAIRPERSON

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. Army Regulation (AR) 635-200 (Active Duty Enlisted Administrative Separations) establishes policies, standards, and procedures governing the separation of enlisted Soldiers.

a. Chapter 4 (Separation for Expiration of Service Obligation) states a Soldier will be separated upon expiration of enlistment or fulfillment of service obligation.

b. Paragraph 4-2c states personnel who are physically unfit for retention but who were accepted for, or continued in, military service, will not be separated because of

expiration of term of service unless processing for separation because of physical disability is waived.

2. Title 38, U.S. Code 1110 (General - Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

3. Title 38 U.S. Code 1131 (Peacetime Disability Compensation - Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during other than a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

//NOTHING FOLLOWS//