

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 13 September 2024

DOCKET NUMBER: AR20230008536

APPLICANT REQUESTS: in effect -

a. reconsideration of her previous request for correction of her DD Form 214 (Certificate of Release or Discharge from Active Duty) to show in:

- item 4a (Grade, Rate or Rank): staff sergeant (SSG)
- item 4b (Pay Grade): E-6
- item 14 (Military Education) Defense Language Aptitude Battery (DLAB) Test (DLAB) for Italian
- item 28 (Narrative Reason for Separation) physical disability separation

b. As a new request, correction of her DD Form 214 to add, show, or delete:

- item 11 (Primary Specialty Number Name and Years and Months in Specialty) - add the additional military occupational specialties of storage specialist and traffic management officer
- item 14 - remove the clerk/typist military correspondence course; 1971
- item 14 - add sergeant's school, 1978

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

- Request for Reconsideration, 17 May 2023
- DD Form 214, 18 August 1982
- Name Change Decree, 2019
- Department of Veterans Affairs (VA) email, 8 February 2023
- National Personnel Records Center (NPRC) Letter, 2 May 2023
- Congressional emails, 17 May 2023
- Department of Veterans Affairs (VA) Disability Rating, 18 May 2023
- Army Board for Correction of Military Records (ABCMR) Docket Number AR20210017356, 13 July 2023
- Medical Records
- Army Military Human Resource Record (AMHRR)
- Congressional Privacy Release

FACTS:

1. Incorporated herein by reference are military records which were summarized in the previous consideration of the applicant's case by the Army Board for Correction of Military Records (ABCMR) in Docket Number AR20210017356 on 17 May 2022.

2. The applicant states after reviewing 463 pages of her records she has found some documents are missing and she is working to obtain those records. She contends that the intestinal complaints she made while in the military were later diagnosed as colon cancer.

a. She further contends that her medical issues were not taken seriously, and misdiagnosed as eating too many greasy, fried foods. In the 1980's colon cancer was not common for women, nor for anyone under 50-years old. She has had five major surgeries associated with her colon cancer between 1985 and 1989. These complications have caused her to have inconsistent employment, multiple evictions, anxiety, and debt. Colon cancer does not suddenly appear, and she should have had her medical conditions evaluated by a medical board.

b. She lost her military career because of colon cancer, which reached the final stage, due to being misdiagnosed by the Army medical personnel. Her civilian oncologist advised her to not expect to live past 1987. She contends that her discharge orders do not cite a reason because her command thought she was dying, and they just told her to leave. She did not ask the appropriate exit questions because she was focused on beating her cancer and graduating.

c. There is medical literature that supports that her documented preoperative high white blood count was an indicator of colorectal cancer. She also notes that she was hit by a car as pedestrian which aggravated her spina bifida occulta. She was serving on active duty at the time of the incident.

d. She entered the Senior Reserve Officers' Training Corps (SROTC) at SD University. Her SROTC contract required her to complete college and enlist in the U.S. Army Reserve. She initially received a provisional commission and later, after she got through her five major cancer operations, chemotherapy, and radiation, she received her actual commission.

e. She admits to stating that she was in good health on her SROTC physical but only because everyone told her that her bowels were fine. In any case her ROTC physical did not include a colon examination, nor did it include a mental health evaluation for her anxiety.

f. She appeared before the SSG/E-6 Promotion Board four months before leaving ROTC and she was recommended for promotion and her name appears on a promotion list, 19 November 1981. She also completed DLAT-Italian which is why she was able to translate weddings, contracts and other linguistic duties while stationed in Italy. She also held the MOS's of storage specialist and traffic management officer. She attended the SGT school prior to entering ROTC. Her DD Form 214 should be corrected to show her promotion, military education, and MOS's.

3. The applicant's request contains a multitude of general statements, inquiries, and contentions of errors in the Record of Proceeding (ROP) for ABCMR Docket Number AR20210017356 and the medical advisory.

a. A review of these items found that the applicant has taken general information obtained from the record and sought to explain the entry. However, her statements regarding her medical condition are captured in this ROP in paragraph 2 above.

b. The applicant's DD Form 214 for the period 10 August 1976 through 18 August 1982 list the MOS's in question. Further this same form shows the applicant completed two Conversational Italian Courses in 1977 and she also completed a Noncommissioned Officer Leadership Course in May 1980. These issues will not be further discussed in this Record of Proceedings.

c. Finally, the applicant's inquiries about the location of documents missing from her records is outside the function and purpose of the Board. The Board is not an investigative body, nor a record's custodian. These inquiries will not be further discussed in this ROP.

4. The applicant enlisted in the Regular Army from 10 August 1976.

5. A DA Form 2173, Statement of Medical Examination and Duty Status, shows the applicant was hit by a car while crossing the street in front of the post, at or around 2130 hours on 7 April 1979. She was off duty at the time. Her head injury was found to be in the line of duty.

6. Orders 43-1, 26 February 1980, published by Headquarters, U.S. Army, Southern Europe, promoted the applicant to sergeant (SGT)/E-5 with an effective date of 1 March 1980 and a date of rank (DOR) of 11 February 1980.

7. A review of the DA Form 2-1 (Personnel Qualification Record) shows the highest grade held was specialist five (SP5/E-5) with effective date of 10 November 1980, and date of rank of 11 February 1980.

8. The record contains a memorandum, Subject: Report of Promotion Board Proceedings for Promotion to Pay Grades E-5 and E-6, 12 August 1981, shows the applicant was recommended for promotion to SSG/E-6.
9. The record is void of orders promoting the applicant to SSG/E-6.
10. The applicant was discharged on 18 August 1982 for the purpose of enrolling in the SROTC Scholarship Program (2 years). Her DD Form 214 shows she held the rank of specialist five/E-5 at the time of her separation.
11. On 27 August 1982, while an ROTC cadet, the applicant underwent a physical examination for the purpose of entering the Advanced ROTC program. She indicated on a Standard Form 93 (Report of Medical History) that she was in excellent physical condition and had no need to take drugs or any other medication. She further indicated that she did not have any stomach, liver or intestinal trouble. She was found medically qualified for Advanced ROTC and appointment.
12. She completed an Army SROTC Student Contract on 21 September 1982.
13. Orders SDS 13-5, 24 May 1984, published by Fourth ROTC Region Senior Instructor Group, California, discharged the applicant from the USAR for the purpose of accepting a commission in the United States Armed Forces, with an effective date of 23 July 1984.
14. On 13 June 1984, the applicant underwent a physical examination for the purpose of attending Advance Camp, and appointment in the U.S. Army/Regular Army & Combat Arms Assignment. She stated that she was in good health and under no medications. She again indicated that she had no stomach, liver, or intestinal trouble. She was found qualified for Advance Camp, appointment in the USAR/RA, and Airborne/Ranger Training.
15. Orders 152-4, 14 August 1984, published by Headquarters, U.S. Army Fourth ROTC Region, Fort Lewis, WA found the applicant was medically qualified for entry on active duty or active for training as of 13 June 1984.
16. On 17 August 1984, the applicant was appointed as a second lieutenant in the USAR.
17. On 27 September 1984, the applicant was commissioned early under the provisions of paragraph Chapter 6, AR 145-1 and incurred an active duty service obligation.

18. She was subsequently assigned to the USAR Control Group (Reinforcement) on 31 December 1985.

19. A letter from the Professor of Surgery, University of California, dated 14 April 1986, states the applicant first presented to the medical center as an outpatient on 5 November 1985 with a history of Duke's C-2 moderately differentiated adenocarcinoma of the sigmoid colon, status post-resection with reanastomosis in April 1985.

- The applicant was seen in outpatient follow up on 20 December 1985 and 13 January 1986
- She was admitted to the medical center on 12 February 1986 because of stenosis of the previous low anterior resection and anastomosis
- On 21 February 1986 she underwent a descending end colostomy and Hartmann's pouch and total abdominal hysterectomy and was discharged from the hospital on 3 March 1986
- She was then seen again in follow-up on 17 March and 8 April 1986
- he was to be followed regularly at three-month intervals

20. She provides two requests for a medical discharge or retirement, dated 13 June 1986, wherein she states, in effect, that she transferred to the Individual Ready Reserve on 1 December 1985 after having served on active duty and in the active USAR. Between 1982 and 1985 she followed her plans to become an active duty officer but while participating in the ROTC program she was diagnosed with colon cancer. Her gastroenterologist stated that it had probably been developed for 3 years. The tumor was removed, and she completed chemotherapy and radiation therapy. During the course of her treatment, she lost her job, and had not been able to recover fast enough to graduate. At the time she was unable to attend her Officer's Basic Course, and she had not graduated from school. She did not feel that the military could accommodate the special provisions she needed for the latrine or her dietary restrictions. She requested a medical discharge or retirement.

21. A Standard Form 507, Clinical Record, 7 July 1986 shows the applicant was not qualified for retention in the USAR due to her adenocarcinoma of the colon.

22. The applicant was discharged from the USAR Ready Reserve on 22 September 1988.

23. The applicant provided, and the record shows the applicant was treated for multiple injuries and medical conditions between 1979 and 1986 which include:

- laceration of the head, 1979
- chronic low back pain, spina bifida occulta, 1980

- low white blood cell count, 1982
- permanent sterilization, planned bilateral tubal ligation or fallopian ring bilateral tubal ligation, 1982
- granulocytopenia, questionable etiology, 1982
- carcinoma of the rectosigmoid, 1985

24. The applicant's request for correction of item 28 (Narrative Reason for Separation) to reflect physical disability separation was previously considered in ABCMR Docket Number AR20210017356. The Army Review Boards Agency Medical Advisor provided a medical advisory for this consideration, who found that a referral of her case to the Disability Evaluation System was not warranted. The Board denied her requested relief.

25. The applicant provides:

- a. VA documents which show that as of 1 December 2022, the applicant has a combined disability evaluation of 90 percent.
- b. Email correspondence, 17 May 2023, between the applicant and her congressional representative. The applicant thanked the representative for assisting her in obtaining her military records; however, there was still a substantial amount of document missing information.
- c. Over 500 pages of personnel and medical records. ABCMR Docket Number 202100017356 notes there are no AHLTA records.

26. MEDICAL REVIEW:

a. The Army Review Boards Agency (ARBA) Medical Advisor was asked to review this case. Documentation reviewed included the applicant's ABCMR application and accompanying documentation, the military electronic medical record (AHLTA), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, and/or the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

b. The applicant is applying to the ABCMR requesting the Board reconsider their prior denial of, in essence, a referral to the Disability Evaluation System (DES).

c. The Record of Proceedings outlines the applicant's military service and the circumstances of the case. The applicant's DD 214 shows she entered the regular Army on 10 August 1976 and was discharged on 18 August 1982 under the provisions in paragraph 5-4a of AR 635-200, Personnel Separations - Enlisted Personnel (1 May

1982) to enroll in the two-year ROTC scholarship program. Orders published by the Army Reserve Personnel Center (ARPERCEN) show she was honorably discharged from the USAR Individual Ready Reserve (IRR) under provisions in AR 135-175, Separation of Officers, effective 22 September 1988. Neither an authority nor reason for her discharge were cited on these orders.

d. This request was previously denied by the ABCMR on 17 May 2022 (AR20210017356). Rather than repeat their findings here, the board is referred to the record of proceedings and medical advisory opinion for that case. This review will concentrate on the new evidence submitted by the applicant.

e. Because of the period of service under consideration, there are no documents in AHLTA or iPERMS.

f. In her request for reconsideration, she asserts that her low back pain from a 1979 motor vehicle accident aggravation of pre-existing spina bifida occulta and a low white blood count should also be considered.

g. The congenital condition spina bifida occulta as described on the CDC website:

“Spina bifida occulta is the mildest type of spina bifida. It is sometimes called ‘hidden’ spina bifida. With it, there is a small gap in the spine, but no opening or sac on the back. The spinal cord and the nerves usually are normal. Many times, spina bifida occulta is not discovered until late childhood or adulthood. This type of spina bifida usually does not cause any disabilities.”

(<https://www.cdc.gov/ncbddd/spinabifida/facts.html#:~:text=Spina%20bifida%20occulta%20is%20the,until%20late%20childhood%20or%20adulthood.>)

h. A narrative summary shows she was admitted for treatment of chronic low back pain in Augsburg Germany from 20-28 March 1980. The history given was: “One year ago, she was involved in a car accident in a rear end collision, thrown through the windshield. She had lots of physical therapy but on definitive improvement. Pain is in the lumbosacral joint, especially when doing overhead work.” The summary states she was evaluated, treated, provided with a corset, had some improvement, and was discharged with a permanent L-3 profile. A 60-day temporary profile is in the supporting documentation but there was no follow-on permanent profile and no evidence of a disability related to this condition was identified in the supporting documentation.

i. The applicant as referred to internal medicine for evaluation of a low white blood cell count on 9 April 1982. No etiology was identified and it was thought to probably have been an incidental finding.

j. While a ROTC Cadet, the applicant underwent a physical examination on 13 June 1984. On her Report of Medical History, the applicant wrote and initialed “I am in good

health and presently under no medication and marked "No" to all medical history questions except for wearing glasses or contacts. On page 2, she wrote had "stitches last year on my baby finger (right hand)." The provider documented a normal examination, noted her bilateral 20/200 vision, and found her qualified for entrance into the Army as well as Airborne and Ranger training.

k. The facts of her case as documented in the prior medical opine remained unchanged. The applicant was diagnosed with colon cancer in April 1985 while she was an ROTC Cadet in the simultaneous member program and a student at San Diego State. While in the SMP, the individual is a drilling member (typically a SSG) in an ARNG unit while also a ROTC Cadet. Thus, she was not eligible for referral to the DES as she was not in a qualified duty status or entitled to base pay at the time she diagnosed colon cancer.

l. In addition, while ROTC cadets were not directly addressed in the 1985 version of AR 635-40, military cadets were addressed in paragraph b of Applicability on page 1:

"Cadets of the U.S. Military Academy are not eligible for processing under this regulation (See 10 U.S.C. 1217). Disabilities incurred or aggravated while a member was a cadet or midshipman were incurred or aggravated while the member was not entitled to basic pay. These disabilities are, therefore, not compensable."

m. The issue of ROTC cadets was directly addressed in paragraph 1-4b of the 1990 version of 635-40:

Reserve Officers' Training Corps (ROTC) cadets are not eligible for processing under this regulation. Senior ROTC cadets may be eligible for VA disability benefits under, section 101(22)(D), title 38, United States Code (38 USC 101(22)(D)) as, explained above for USMA cadets.

n. In addition, paragraph 8-2b of AR 635-40, Physical Evaluation for Retention, Retirement or Separation 13 December 1985 addresses members of the Reserve Components disabled due to disease:

"Disability from disease. The disabling condition may be the result of a disease rather than an injury. If so, the member is ineligible, for disability processing under provisions of this regulation unless a medical authority has decided that the disease is the result of a service-connected injury incurred as described in {paragraph} a {Disability from injury} above. AR 140-120 or NGR 40-3 applies in other cases in which the disability is due to a disease.

o. There is no evidence the applicant had colon cancer prior to her discharge from active duty on 18 August 1982. Because the applicant's disease occurred while she



was a drilling member and not in an eligible duty status, her disease was not incurred in the line of duty and thus she was ineligible for referral to the DES.

p. JLV shows he has been awarded multiple VA service-connected disability ratings, including one of 20% for "resection of large intestine." However, the DES compensates an individual only for service incurred medical condition(s) which have been determined to disqualify him or her from further military service. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions which were incurred or permanently aggravated during their military service. These roles and authorities are granted by Congress to the Department of Veterans Affairs and executed under a different set of laws.

q. It remains the opinion of the ARBA medical advisor that a referral of her case to the DES is not warranted.

#### BOARD DISCUSSION:

1. After reviewing the application and all supporting documents, 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 review based on law, policy, and regulation.

a. Upon review of the applicant's petition and available military records, the Board determined her record is absent evidence that shows she was promoted to staff sergeant (SSG)/E-6 prior to her discharge from active duty on 18 August 1982. The evidence of record shows the applicant was promoted to the rank/grade of SGT/E-5 on 11 February 1980.

b. Upon review of the applicant's petition and available military records, the Board determined the regulatory guidance states to list in-service training courses; title, number of weeks, year successfully completed during this period of service and concluded the Defense Language Aptitude Battery (DLAB) Test for Italian is not an in-service training course.

c. Upon review of the applicant's petition, military records, and in concurrence with the medical advisor's review, the Board found no evidence to support the applicant had colon cancer prior to her discharge from active duty on 18 August 1982 and was therefore not incurred during the line of duty and does not warrant referral to the Disability Evaluation System.

2. After reviewing the application and all supporting documents, 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 review based on law, policy, and regulation.

a. Upon review of the applicant's petition and available military records, the Board determined her DD Form 214 properly captures the summary of her military occupational specialties. Her record is void of evidence she served in the military occupational specialty storage specialist and traffic management officer during the service period of 10 August 1976 to 18 August 1982.

b. Upon review of the applicant's petition and available military records and as a matter of administrative regularity, the Board determined removal of the clerk/typist military correspondence course from the applicant's DD Form 214 was not warranted.

c. Upon review of the applicant's petition and available military records, the evidence of record is void of documentation showing the applicant completed any noncommissioned officer professional development course in 1978. Therefore, the Board denied this portion of her request.

BOARD VOTE:

Mbr 1      Mbr 2      Mbr 3

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

BOARD DETERMINATION/RECOMMENDATION:

1. 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 amendment of the ABCMR decision rendered in Docket Number AR20210017356 on 17 May 2022.
  
2. 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.

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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 Army Board for Correction of Military Records (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.

a. The objectives of the system are to maintain an effective and fit military organization with maximum use of available manpower, provide benefits for eligible Soldiers whose military service is terminated because of service-connected disability, and provide prompt disability processing while ensuring that the rights and interests of the government and the Soldier are protected.

b. Soldiers are referred to the PDES when they no longer meet medical retention standards in accordance with Army Regulation 40-501 (Standards of Medical Fitness), chapter 3, as evidenced in a medical evaluation board; when they receive a permanent medical profile, P3 or P4, and are referred by an MOS Medical Retention Board, when they are command-referred for a fitness-for-duty medical examination, and when they are referred by the Commander, Human Resources Command.

c. The PDES assessment process involves two distinct stages: the MEB and the PEB. The purpose of the MEB is to determine whether the service member's injury or illness is severe enough to compromise his/her ability to return to full duty based on the job specialty designation of the branch of service. A PEB is an administrative body possessing the authority to determine whether or not a service member is fit for duty. A designation of "unfit for duty" is required before an individual can be separated from the military because of an injury or medical condition. Service members who are determined to be unfit for duty due to disability are either separated from the military or are permanently retired, depending on the severity of the disability and length of military service. Individuals who are "separated" receive a one-time severance payment, while veterans who retire based upon disability receive monthly military retirement payments and have access to all other benefits afforded to military retirees.

d. The mere presence of a medical impairment does not in and of itself justify a finding of unfitness. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the Soldier may reasonably be expected to perform because of his or her office, grade, rank, or rating. Reasonable performance of the preponderance of duties will invariably result in a finding of fitness for continued duty. A Soldier is physically unfit when a medical impairment prevents reasonable performance of the duties required of the Soldier's office, grade, rank, or rating.

3. Army Regulation 40-501 (Standards of Medical Fitness) provides that for an individual to be found unfit by reason of physical disability, he or she must be unable to perform the duties of his or her office, grade, rank or rating. Performance of duty despite impairment would be considered presumptive evidence of physical fitness.

4. Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation) establishes the Physical Disability Evaluation System (PDES) and sets forth policies, responsibilities, and procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of his or her office, grade, rank, or rating. It provides that an MEB is convened to document a Soldier's medical status and duty limitations insofar as duty is affected by the Soldier's status. A decision is made as to the Soldier's medical qualifications for retention based on the criteria in Army Regulation 40-501. Disability compensation is not an entitlement acquired by reason of service-incurred illness or injury; rather, it is provided to Soldiers whose service is interrupted and who can no longer continue to reasonably perform because of a physical disability incurred or aggravated in service.

a. Paragraph 2-1 provides that the mere presence of impairment does not of itself justify a finding of unfitness because of physical disability. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the member reasonably may be expected to perform because of his or her office, rank, grade, or rating. The Army must find that a service member is physically unfit to reasonably perform his or her duties and assign an appropriate disability rating before he or she can be medically retired or separated.

b. Paragraph 2-2b(1) provides that when a member is being processed for separation for reasons other than physical disability (e.g., retirement, resignation, reduction in force, relief from active duty, administrative separation, discharge, etc.), his or her continued performance of duty (until he or she is referred to the PDES for evaluation for separation for reasons indicated above) creates a presumption that the member is fit for duty. Except for a member who was previously found unfit and retained in a limited assignment duty status in accordance with chapter 6 of this regulation, such a member should not be referred to the PDES unless his or her physical defects raise

substantial doubt that he or she is fit to continue to perform the duties of his or her office, grade, rank, or rating.

c. Paragraph 2-2b(2) provides that when a member is being processed for separation for reasons other than physical disability, the presumption of fitness may be overcome if the evidence establishes that the member, in fact, was physically unable to adequately perform the duties of his or her office, grade, rank, or rating even though he or she was improperly retained in that office, grade, rank, or rating for a period of time and/or acute, grave illness or injury or other deterioration of physical condition that occurred immediately prior to or coincidentally with the member's separation for reasons other than physical disability rendered him or her unfit for further duty.

d. Paragraph 4-10 provides that MEBs are convened to document a Soldier's medical status and duty limitations insofar as duty is affected by the Soldier's status. A decision is made as to the Soldier's medical qualification for retention based on criteria in Army Regulation 40-501, chapter 3. If the MEB determines the Soldier does not meet retention standards, the board will recommend referral of the Soldier to a PEB.

e. Paragraph 4-12 provides that each case is first considered by an informal PEB. Informal procedures reduce the overall time required to process a case through the disability evaluation system. An informal board must ensure that each case considered is complete and correct. All evidence in the case file must be closely examined and additional evidence obtained, if required.

5. Army Regulation (AR) 145-1, Senior Reserve Officers' Training Corps Program: Organization, Administration, and Training, states the medical fitness standards prescribed in AR 40-501, Medical Services-Standards of Medical Fitness, will be used to determine a cadet's or student's medical fitness for enrollment, continuation in the advanced course, and appointment. The Commanding General, ROTC Cadet Command may grant (authority may not be delegated) waivers only when the medical condition or physical defect:

- a. Is static in nature or, for prior service applicants, no longer exists.
  - b. Will not preclude satisfactory completion of ROTC training (including camp training).
  - c. Will not be complicated or aggravated by ROTC training or by military training and duty after appointment.
  - d. Medical fitness standards applicable at the time of enrollment in the advanced course will apply to any later medical examination, including examination for appointment.
- d. If no waiver is granted, a cadet enrolled in the SROTC Program who is

found medically disqualified (except as specified in para 3–25) will be disenrolled. e. When a waiver is granted, the appropriate medical condition or physical defect, date of waiver, and identification of approving headquarters will be recorded on SF 88 and DA Form 61 (Application for Appointment).

e. The request for waiver of medical fitness to participate in the ROTC Scholarship Program or to be appointed a scholarship cadet will be sent to the CG, ROTCCC, after review by appropriate MEDCEN or MEDDAC.

6. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation states cadets of the U.S. Military Academy are not eligible for processing under this regulation. It states:

a. Disabilities incurred or aggravated while a member was a cadet or midshipman were incurred or aggravated while the member was not entitled to basic pay. These disabilities are, therefore, not compensable.

b. For Reserve members. Disability from disease. The disabling conditions may be the result of a disease rather than an injury. If so, the member is ineligible, for disability processing under provisions of this regulation unless a medical authority has decided that the disease is the result of a service-connected injury incurred in the line of duty.

7. AR 635-5, Personnel Separations-Separations Documents provides the instructions for preparing the DD Form 214, Certificate of Release or Discharge from Active Duty. This regulation provides specific guidance for completing the entries in the below listed items in table 2-1 (DD Form 214 Preparation Instructions):

a. Item 4 (a and b) - enter the active duty grade of rank and pay grade at the time of separation.

b. Item 10 - enter the amount of Service Group Life Insurance Coverage; an "X" is used to indicate no coverage.

c. Item 11 - Enter the MOS codes, titles, years, and months for enlisted personnel.

d. Item 12i - enter the Terminal Date of Reserve Obligation. [Note: Most new recruits sign up for an eight-year obligation. Not all of those eight years must be spent on active duty, but when the veteran's DD-214 shows a Reserve obligation code of "00000000," or "NA" it means the veteran has met the full eight-year requirement or that they have been released from their obligation and do not owe the Army any additional service.]

e. Item 14 - List in-service training courses; title, number of weeks, year successfully completed during this period of service, e.g., medical, dental, electronics, supply, administration, personnel, or heavy equipment operations. This information is to assist the member after separation in job placement and counseling; therefore, training courses for combat skills will not be listed.

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.

9 AR 15-185, ABCMR, prescribes the policies and procedures for correction of military records by the Secretary of the Army acting through the ABCMR. The ABCMR begins its consideration of each case with the presumption of administrative regularity. The ABCMR will decide cases on the evidence of record. It is not an investigative body. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

//NOTHING FOLLOWS//