

IN THE CASE OF: [REDACTED]

BOARD DATE: 3 October 2024

DOCKET NUMBER: AR20230011576

APPLICANT REQUESTS: an honorable physical disability discharge in lieu of an uncharacterized administrative discharge due to entry level performance and conduct.

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

DD Form 149 (Application for Correction of Military Record)

FACTS:

1. The applicant states:

a. Her records should be corrected to show an honorable medical discharge due to a training-terminating injury to her knees, service-related schizophrenia, and post-traumatic stress disorder (PTSD).

b. The error is an uncharacterized discharge; she should have received a medical discharge, disqualifying her from training at the time of the injury. Further, the character remarks are invalid, untrue, and have no integrity.

2. A physical profile is used to classify a Soldier's physical disabilities in terms of six factors or body systems, as follows: "P" (Physical capacity or stamina), "U" (Upper extremities), "L" (Lower extremities), "H" (Hearing), "E" (Eyes), and "S" (Psychiatric) and is abbreviated as PULHES. Each factor has a numerical designation: 1 indicates a high level of fitness, 2 indicates some activity limitations are warranted, 3 reflects significant limitations, and 4 reflects one or more medical conditions of such a severity that performance of military duties must be drastically limited. Physical profile ratings can be either permanent (P) or temporary (T).

3. The applicant enlisted in the Regular Army on 3 January 2023.

4. A DA Form 4856 (Developmental Counseling Form) shows:

a. The applicant was counseled by her company commander on 17 January 2023, regarding his concurrence with the recommendations of her drill sergeant and first

sergeant that her entry-level discharge under the provisions of Army Regulation 635-200 (Active Duty Enlisted Administrative Separations), chapter 11, may be warranted on the grounds of unsatisfactory performance and/or unsatisfactory conduct as evidenced by:

- inability
- lack of reasonable effort
- failure to adapt to the military environment
- minor disciplinary infractions

b. She was recommended for separation because she met one or more of these criteria.

5. An undated commander's report for separation under Army Regulation 635-200, chapter 11, shows he recommended the applicant's entry-level separation from the Army prior to the expiration of her term of service due to her failure to adapt to the military environment due to a series of misconduct.

6. On 20 January 2023, the applicant was notified by her company commander of his initiation of action to separate her with an entry-level separation under the provisions of Army Regulation 635-200, chapter 11, due to entry level performance and conduct. She was advised of her right to consult with counsel and present written statements in her own behalf.

7. On 20 January 2023, the applicant acknowledged receipt of the notice from her commander informing her of the basis for the contemplated action to separate her under the provisions of Army Regulation 635-200, chapter 11, due to entry-level performance and conduct. She acknowledged having been advised of her right to consult with counsel prior to submitting her election of rights.

8. On 20 January 2023, the applicant acknowledged having been advised by her consulting counsel of the basis for the contemplated action to separate her under the provisions of Army Regulation 635-200, chapter 11, due to entry-level performance and conduct and its effect, the rights available to her, and the effect of any action taken by her in waiving her rights. She indicated she was submitting statements in her own behalf and requested consulting counsel.

9. The statements the applicant submitted in her own behalf at the time of her separation initiation are not in her available records for review.

10. A memorandum for record, dated 27 January 2023, provides insight into why the rehabilitative effort for the applicant was not a good option. The rehabilitative transfer requirements of Army Regulation 635-200 may be waived by the separation authority in

circumstances where common sense and sound judgment indicate that such a transfer will serve no useful purpose of produce a quality Soldier. The reasons for the proposed action to waive rehabilitative transfer were the trainee failed to adapt to the military environment due to a series of misconduct and the waiver was being initiated because her circumstances would not improve by being transferred to a different training company.

11. On 27 January 2023, the approval authority directed the applicant's uncharacterized discharge under the provisions of Army Regulation 635-200, chapter 11, due to entry-level performance and conduct. The rehabilitative transfer requirement of Army Regulation 635-200 was waived, as the transfer served no useful purpose or would not produce a quality Soldier.

12. The applicant's DD Form 214 (Certificate of Release or Discharge from Active Duty) shows she was given an uncharacterized discharge on 2 February 2023, under the provisions of Army Regulation 635-200, chapter 11, due to entry-level performance and conduct. She was not awarded a Military Occupational Specialty and was credited with 1 month of net active service.

13. The applicant's available service records do not contain a DA Form 3349 (Physical Profile) or show:

- she was issued a permanent physical profile rating
- she suffered from a medical condition, physical or mental, that affected her ability to perform the duties required by her MOS and/or grade or rendered her unfit for military service
- she was diagnosed with a medical condition that warranted her entry into the Army Physical Disability Evaluation System (PDES)
- she was diagnosed with a condition that failed retention standards and/or was unfitting

14. An Army Review Boards Agency (ARBA) letter, dated 20 November 2023, shows the applicant was requested to provide the Board with a copy of the medical documents that support her request, but she did not respond.

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 a change in characterization of service from Uncharacterized to Honorable due to medical disability. She indicated that her request

was related to Schizophrenia, PTSD, and Reprisal/Whistleblower. She also contends that she had an in-service knee injury that disqualified her from training.

2. The ABCMR ROP summarized the applicant's record and circumstances surrounding the case. The applicant entered the Regular Army 03Jan2023. She was discharged one month later under provisions of AR 635-200 chapter 11 due to entry level performance and conduct. The character of service was designated as Uncharacterized. Military records indicated she was notified on 20Jan2023 that she was going to be separated on the grounds of failure to adapt to the military environment due to a series of misconduct.

3. Physical Health

a. 31Oct2022 MEPS exam. The lower extremity exam was normal.

b. 17Jan2023 [REDACTED] The applicant was in week 2 of training reporting bilateral knee and right foot pain. There was no mention of traumatic injury. Both knees were tender. Both knees showed full ROM. She was treated with rest, ice, crutches, anti-inflammatory, vitamin D, and temporary profiling. The provider impression was the applicant had bilateral congenital pes planus and bilateral knee pain (stress fractures were suspected).

c. 18Jan2023 Bone Scan Pelvis and Below, [REDACTED] The scan revealed focal hot uptake at both medial tibial plateaus which was compatible with stress fractures. Bilateral knee films were obtained for comparison, but they did not show evidence of acute fracture or stress fracture. It should be noted, the scan also revealed very minor overuse at both femoral heads (no hip diagnosis was given, because the applicant was not reporting hip symptoms).

d. 18Jan2023 Emergency Medicine [REDACTED] The applicant was seen for mild to moderate knee pain. She was cleared to return to duty with restrictions. There were no further visits while in service for the Bilateral Stress Fracture, Knees condition. JLV search revealed the applicant was service connected by the VA at 40% total for the following disabilities: Knee Condition 10%; Knee Condition 10%; Limited Flexion of Knee 10%; and Limited Flexion of Knee 10%. The ARBA Medical Reviewer did not find post military service visits in JLV that were specific for treatment of the Bilateral Stress Fracture, Knees condition. No post service knee imaging was found.

4. Behavioral Health

a. 31Oct2022 MEPS exam and history. The psychiatric exam was normal. Prior psychiatric history was not endorsed.

b. 14Jan2023 EMS Narrative (excerpts). "Military police report that soldier has made comments to other soldiers to " sleep with one eye open or she will smother them with pillow"... "Patient denies all accusations believes she is being targeted by drill sergeants". She endorsed a history of depression that was worse since joining the Army. She "relates bipolar disorder and schizophrenia have been mentioned in the past but no diagnosis".

c. 14Jan2023 Prisma Health Baptist Hospital Emergency Department. She was admitted for reportedly hearing voices and homicide ideation. She presently denied these. She had been at Fort Jackson approximately 6 days. She did endorse a prior history significant for anxiety, depression, PTSD treated with a medication similar to Prozac. Clinical impression: Depression, Unspecified, Anxiety. The differential diagnoses included but was not limited to Acute Stress Reaction and Adjustment Disorder. The applicant was discharged on the same day to the unit with one-to-one watch and follow up with mental health services.

d. 19Jan2023 Behavioral Health Note [REDACTED]. This was a post emergency room fitness for duty visit. Premilitary trauma: Verbal abuse by mother age 12 to current; gun was placed to her head age 14 by a friend's friend; and sexual abuse by now ex-husband age 17 and 27. Premilitary socioeconomic/occupational history: She moved out of home age 16 with unstable living situation ever since to include homelessness the year prior to service; last job she held was in April 2022 working as a nail tech for one month; she had unsuccessfully been attending college for the past 7 yrs (completed "55 credit hours" to date). Premilitary BH history: She reported a history of depression since age 12; suicide attempt age 14 by Tylenol ingestion; and she cut her wrist once at age 14. She reported she started "smoking weed recreationally" and on a daily basis at age 21. She further stated that in January 2022, a "Medical Marijuana Doctor" prescribed it for symptoms related to "anxiety, depression and PTSD". She had a poor relationship with her mother and all 6 younger siblings. The BH specialist indicated that since the chapter 11 was already in progress, a formal Command Directed BH Evaluation would have likely resulted in an EPTS discharge (by Entrance Physical Standards Board Proceedings) which would have prolonged the separation process. The applicant was deemed fit for duty from a BH perspective. No psychiatric diagnosis was given.

e. 20Jan2023 PHQ-2 score 4 (high); PHQ-9 score 19 (moderately severe depression).

f. 26Jan2023 Ambulatory Comprehensive Intake [REDACTED]. PHQ-2 Depression Screen score was 0; PTSD-5 score was 0; and GAD-2 Anxiety Screen score was 0. Pain score was 0.

g. 30Jan2023 Behavioral Health Note [REDACTED]. The applicant

reported continued bullying in the bay from the other females as well as difficulty sleeping. The trainee also reported a history of suicidal thoughts that begin at age 14 to current that "come and go". Currently she had no suicide ideation. She was not open to receiving instruction on coping techniques while waiting for discharge. She was returned to duty without restriction. She was cleared for administrative separation. No psychiatric diagnosis was given.

h. 06Apr2024 Psychiatry Consult VAMC. The applicant was brought in by her boyfriend for schizophrenia and suicide ideation with passive plan. She had delusions— she thought she was possessed by “dark scary things”. She also believed the TV was broadcasting her thoughts. She had a recent psychiatric hospitalization at Indian Rock Hospital 3 months prior. DSM 5 diagnoses: Schizophrenia (r/o Substance (cannabis) Induced Psychotic Disorder); Cannabis Use Disorder, Severe; and Alcohol Use Disorder, Moderate. She was voluntarily admitted from 07-17 April 2024. The Schizophrenia diagnosis was affirmed later (30May2024).

i. 14Jun2024 Mental Health Intensive Case Management Program VAMC. During this visit, she reported her first psychiatric hospitalization occurred in June 2022 (date uncertain) at PEMHS (provides inpatient and residential BH services in [REDACTED]) due to suicide ideation. She was placed on medication at the time.

5. Summary/Opinion

a. The Bilateral Knee Stress Fracture condition was an overuse injury and would be expected to heal with time, conservative measures, and compliance with treatment. Stress injuries/stress fractures do not rise to the level of a disabling condition to provide cause for medical discharge processing. With appropriate care and compliance to treatment, overuse injuries are expected to heal without sequelae. After discharge from service, no further visits were found in JLV for the bilateral knee stress fractures. While in service, conservative care was not exhausted for the Bilateral Stress Fracture, Knees condition. There were no level 3 or above profiles with permanent functional activity limitations or ACFT restrictions for the bilateral knee condition.

b. Medical records indicate that immediately following the same day hospital admission/discharge on 14Jan2023 for BH issues, command initiated chapter 11 proceedings. The 20Jan2023 Notification of Administrative Separation document did not specifically identify the “series of misconduct” for which the applicant was discharged. The medical record detailed the applicant’s BH issues while in service as well as documented reported events that occurred prior to service. Medical record review did not reveal a BH diagnosis given by military BH specialists. The applicant asserts PTSD although diagnosed prior to service, likely would be aggravated in an environment where she was bullied. The available record showed the applicant was diagnosed with Schizophrenia after military service, although the condition had

reportedly been considered prior to military service. The applicant also reported a psychiatric admission (in 2022) prior to military service. Under Liberal Consideration policy guidance, the PTSD and Schizophrenia conditions would be considered mitigating for the conduct and adjustment issues described in the medical record which presumably led to the applicant's discharge prior to completion of her first term of service. Were it not for the preexisting psychiatric condition with predisposition toward psychosis and paranoia, the applicant likely would have been able to complete the first period of service commitment despite the bilateral knee stress fractures.

c. Based on information available for review, there was insufficient medical evidence to support that the applicant had conditions that failed medical retention standards in accordance with AR 40-501 chapter 3, warranting separation through medical channels.

d. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? Yes. The applicant was diagnosed with PTSD and Schizophrenia.

(2) Did the condition exist, or did the experience occur during military service? Yes. The applicant had both PTSD and Schizophrenia which apparently existed prior to service and was symptomatic while in service.

(3) Does the condition or experience actually excuse or mitigate the discharge? Yes. The applicant's PTSD and Schizophrenia conditions are mitigating for the conduct and adjustment issues described in the medical record which led to the applicant's administrative separation from service. The applicant's tendency to be suspicious of other's actions and the reaction of fellow trainees and superiors would likely cause/contribute to unit friction. While pre-existing PTSD and Schizophrenia would not ordinarily be mitigated under liberal consideration, in this case, there is evidence of service aggravation of a pre-existing condition given that the applicant was bullied during BCT.

BOARD DISCUSSION:

1. The Board carefully considered the applicant's request, evidence in the records, a medical review, and published Department of Defense guidance for liberal consideration of discharge upgrade requests. The Board considered the applicant's statement, her record of service, and the reason for her separation. The Board considered the applicant's medical and behavioral health claims and the review and conclusions of the ARBA Medical Advisor.

2. The Board concurred with the conclusion of the ARBA Medical Advisor that the applicant did not have any duty-related medical conditions that failed retention standards and would have been a basis for processing her for discharge for medical reasons. Further, while her mental health conditions may have been aggravated by her service, the Board found that these preexisting conditions would likely have only resulted in discharge for failure to meet medical procurement standards. The Board found the evidence confirms the applicant was in an entry-level status and her service was uncharacterized in accordance with the governing regulation. Based on a preponderance of the evidence, the Board determined the applicant's uncharacterized service and the reason for her discharge were not in error or unjust.

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.

3/29/2025

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. On 25 August 2017, the Office of the Undersecretary of Defense for Personnel and Readiness issued clarifying guidance for the Secretary of Defense Directive to Discharge Review Boards (DRBs) and Boards for Correction of Military/Naval Records (BCM/NRs) when considering requests by veterans for modification of their discharges due in whole or in part to: mental health conditions, including post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), sexual assault, or sexual harassment. Boards are to give liberal consideration to veterans petitioning for discharge relief when the application for relief is based, in whole or in part, on those conditions or experiences.

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 is responsible for administering the Army physical disability evaluation system (DES) and executes Secretary of the Army decision-making authority as directed by Congress in chapter 61 and in accordance with DOD Directive 1332.18 (Discharge Review Board (DRB) Procedures and Standards) and Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation).

a. Soldiers are referred to the disability system 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 (MEB); when they receive a permanent medical profile rating of 3 or 4 in any factor and are referred by an Military Occupational Specialty (MOS) Medical Retention Board (MMRB); and/or they are command-referred for a fitness-for-duty medical examination.

b. The disability evaluation assessment process involves two distinct stages: the MEB and Physical Evaluation Board (PEB). The purpose of the MEB is to determine whether the service member's injury or illness is severe enough to compromise their 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 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 either are 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 retired pay and have access to all other benefits afforded to military retirees.

c. 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 their 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 635-40 establishes the Army Disability Evaluation System 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 office, grade, rank, or rating. Only the unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability.

a. 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 military service.

b. Soldiers who sustain or aggravate physically-unfitting disabilities must meet the following line-of-duty criteria to be eligible to receive retirement and severance pay benefits:

(1) The disability must have been incurred or aggravated while the Soldier was entitled to basic pay or as the proximate cause of performing active duty or inactive duty training.

(2) The disability must not have resulted from the Soldier's intentional misconduct or willful neglect and must not have been incurred during a period of unauthorized absence.

c. The percentage assigned to a medical defect or condition is the disability rating. A rating is not assigned until the PEB determines the Soldier is physically unfit for duty. Ratings are assigned from the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD). The fact that a Soldier has a condition listed in the VASRD does not equate to a finding of physical unfitness. An unfitting, or ratable condition, is one which renders the Soldier unable to perform the duties of their office, grade, rank, or rating in such a way as to reasonably fulfill the purpose of their employment on active duty. There is no legal requirement in arriving at the rated degree of incapacity to rate a physical condition which is not in itself considered disqualifying for military service when a Soldier is found unfit because of another condition that is disqualifying. Only the

unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability.

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

5. Army Regulation 635-200 (Active Duty Enlisted Administrative Separations) sets forth the basic authority for the separation of enlisted personnel.

a. Chapter 3 states a separation will be described as entry level with uncharacterized service if the Soldier is in an entry-level status at the time separation action is initiated.

b. Chapter 11 provides for the separation of personnel because of unsatisfactory performance or conduct (or both) while in an entry-level status. When separation of a Soldier in entry-level status is warranted by unsatisfactory performance or minor disciplinary infractions (or both) as evidenced by inability, lack of reasonable effort, or failure to adapt to the military environment, they will normally be separated per this chapter. Service will be uncharacterized for entry-level separation under the provisions of this chapter. This policy applies to Soldiers in the Regular Army, Army National Guard (ARNG), and USAR who have completed no more than 180 days of continuous active duty or initial active duty for training (IADT) or no more than 90 days of Phase II under a split or alternate training option.

c. Section II (Terms) of the Glossary defines entry-level status for Regular Army Soldiers as the first 180 days of continuous active duty or the first 180 days of continuous active duty following a break of more than 92 days of active military service. For ARNG and USAR Soldiers, entry-level status begins upon enlistment in the ARNG or USAR. For Soldiers ordered to IADT for one continuous period, it terminates 180 days after beginning training. For Soldiers ordered to IADT for the split or alternate training option, it terminates 90 days after beginning Phase II of Advanced Individual Training.

6. Title 10, U.S. Code, section 1556 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//