ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 14 March 2025

DOCKET NUMBER: AR20230013333

APPLICANT REQUESTS: in effect, his medical discharge from the U.S. Army Reserve (USAR) be changed to a medical retirement.

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

- DD Form 149 (Application for Correction of Military Record)
- two DA Forms 4856 (Developmental Counseling Form)
- DA Form 4187 (Personnel Action)
- Orders 22-075-00025

FACTS:

1. The applicant states:

a. He was not informed that a medical retirement was possible for his situation. The primary reason for his separation was the effects of his service-related post-traumatic stress disorder (PTSD). The effects of PTSD significantly impacted his ability to effectively perform his duties and responsibilities. He believes this was not considered or understood at the time of his separation decision.

b. Furthermore, if he was aware that a medical retirement was a viable option, he would have pursued it. The lack of knowledge and debilitating effects of PTSD left him vulnerable and led to his decision to separate without pursuing potentially more advantageous avenues.

2. The applicant provides:

a. Two DA Forms 4856, 3 June 2021 shows he was counseled on his decision to separate from the Army Reserve Troop Program Unit (TPU). His contractual obligation ended 20230309, and his statutory obligation ended 20180309. The career counselor informed him the many benefits he had in the Army Reserve would stop upon his separation from the Army Reserve unless he decided to stay in a Troop Program Unit (TPU). He elected to be separated because he found medically unfit for retention in accordance with Army Regulation 40-501 (Standards of Medical Fitness).

b. DA Form 4187, signed by the applicant on 3 June 2021 and recommended for approval by his commander on 9 June 2021, show he was found unfit in accordance with Army Regulation 40-501, and requested separation in accordance with Army Regulation 135-178 (Separation of Enlisted Personnel), Medically unfit for retention.

3. The applicant's service record shows:

a. The applicant enlisted in the Regular Army on 17 June 2010. He deployed to Afghanistan on 5 May 2012 through 31 May 2012.

b. On 10 November 2014, the applicant was honorably released from active duty and transferred to the USAR Control Group (Reinforcement). His DD Form 214 (Certificate of Release or discharge from Active Duty), shows he completed 4 years, 4 months, and 24 days, and notes he was medically evacuated (MEDEVAC) on "20120531." His narrative reason for separation was "COMPLETION OF REQUIRED ACTIVE DUTY."

c. He reenlisted in the USAR Ready Reserve on 30 April 2016.

d. Orders 22-075-0025, show he was honorably discharged from the USAR effective 23 March 2022, in accordance with Army Regulation 135-178 (Separation of Enlisted Personnel).

e. His record is void of any medical documents, physical profile, medical evaluation board or physical evaluation board.

4. On 22 January 2024, the Army Review Boards Agency requested the applicant provide medical documentation supporting his issues with PTSD. The applicant did not respond to the request.

5. MEDICAL REVIEW:

a. The applicant is applying to the ABCMR requesting, in effect, that his medical discharge from the U.S. Army Reserve (USAR) be changed to a medical retirement. On his application, the applicant stated that the primary reason for his separation was due to Posttraumatic Stress Disorder (PTSD) which was incurred a direct result of his service and significantly impacted his ability to perform his duties and responsibilities. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following: 1) the applicant enlisted in the Regular army (RA) on 17 June 2010, 2) he deployed to Afghanistan from 05 May 2012 through 31 May 2012, 3) on 10 November 2014, the applicant was honorably released from active duty and transferred to the USAR Control Group (Reinforcement). His DD Form 214 shows he completed 4 years, 4 months, and 24 days, and notes he

was medically evacuated (MEDEVAC) on "20120531." His narrative reason for separation was "Completion Of Required Active Duty," 4) he enlisted in the USAR Ready Reserve on 30 April 2016, 5) he was honorably discharged from the USAR effective 23 March 2022, in accordance with AR 135-178.

b. The Army Review Board Agency (ARBA) Medical Advisor reviewed the ROP and casefiles, supporting documents and the applicant's military service and available medical records. MEDCHART, the VA's Joint Legacy Viewer (JLV), and the Veterans Benefits Management System (VBMS) were also examined. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

c. In-service active-duty medical records were available for review via JLV from 18 June 2010 through 30 September 2014. A discharge note dated 28 May 2012 shows the applicant sustained a right tibial fracture while deployed, which was incurred while running, and resulted in his being medically evacuated from theater. He underwent a Traumatic Brain Injury (TBI) screening on 29 May 2012 which was negative. The applicant underwent an initial suicide risk assessment at the Warrior Transition Battalion there were no BH concerns noted at the time of the screening. The applicant screened negative for TBI and any BH-related concerns during a post-deployment health reassessment screening on 11 June 2013.

d. USAR Medical records in MEDCHART and JLV were reviewed. A review of the applicant's available PHA's in HRR show that he reported being diagnosed with PTSD as early as 14 October 2017 noting he was prescribed Alprazolam (anxiolytic) and Trazodone. A series of SF 600s (Chronological Record of Medical Care) with case notes from his Nurse Case Manager (NCM) from 20 May 2019 through 15 September 2021 were reviewed. Two BH diagnoses were entered on 20 May 2019: PTSD and Major Depressive Disorder (MDD), Recurrent, Unspecified. His NCM documented on 13 February 2020 that he "currently has no noted recent BH treatment and or medications. No recent SI/HI noted at this time Soldiers profile tasked to Provider for review." Review of his DA 3349s (profile) available in HRR show a temporary BH profile was initiated on 18 March 2019 for 30 days for PTSD and Depressive Disorder. His temporary BH profile was extended on 02 October 2019 "as a precaution related to responses given to document in HRR, PHA dated 13 March 2019," with a recommendation that the commander order a command directed BH evaluation (CDBHE) to determine fitness for duty (FFD). The provider documented that the documentation did not warrant a permanent profile and that he was approaching the Medical Retention Determination Point (MDRP). On 18 February 2020, it was documented that his BH profile had been extended for 90 days to give him more time to complete a BHPRP. On 26 May 2020, a permanent S3 profile was initiated with the diagnosis documented as, 'Behavioral Health Condition,' noting the applicant had been on profile for the previous 12 months and was being referred to the Disability Evaluation System (DES) for a Non-Duty Related Physical Evaluation Board (ND-PEB), under AR 40-501, Chapter 3-35b.1. The

S3 profile was approved on 27 May 2020. It was further noted that he had not provided the requested documentation to confirm/clear his BH condition. The provider documented that there were no BH treatment notes in AHLTA or JLV and no psychiatric medications were listed in JLV. On 07 July 2020, it was documented that the applicant's Psychological Health Program (PHP) case had been closed as he declined PHP follow-up but was willing to pursue counseling at the Vet Center. A NCM note dated 15 January 2021 documented that, after a review of the applicant's medical records, it was determined that his condition was not duty related and that he was being prepped for the non-duty PEB.

e. A review of JLV shows the applicant is 100% service-connected through the VA, 50% for PTSD. Two VA Compensation and Pension (C&P) examinations were available for review via VBMS. He completed an initial C&P examination on 28 November 2014. At the time of the evaluation, it was documented that he did not meet criteria for a BH condition. He completed a subsequent evaluation on 10 January 2019 showing that he met criteria for PTSD. The stressor associated with his diagnosis was documented as having occurred while deployed in 2012. In effect, it was documented that there was a person who was severely injured, and the applicant was assigned as part of the group to guard him.

f. Based on the available information, it is the opinion of the Agency Medical Advisor that there is insufficient evidence that the applicant met criteria for a duty-related injury and therefore referral to the DES for reconsideration of his case is not warranted. Review of the applicant's active-duty medical records were void of any BH diagnosis or treatment history. Review of his USAR records show that a permanent S3 profile was initiated in 2020 for "Behavioral Health Condition" and he was subsequently referred to DES for a ND-PEB. The USAR NCM notes show that his medical records were reviewed and determined that his condition was not duty-related. There were no USAR BH treatment records available to this provider and his USAR notes also show that he did not provide a copy of his BH treatment records. As there was no BH Line of Duty (LOD) documenting that the applicant's condition was determined to be duty-related, nor sufficient supporting medical documentation during his time in service documenting the condition as being duty-related, there is insufficient evidence that the applicant's condition was duty-related and a referral to DES is not warranted.

g. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? N/A

(2) Did the condition exist or experience occur during military service? N/A

(3) Does the condition or experience actually excuse or mitigate the discharge? N/A

BOARD DISCUSSION:

After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The Board carefully considered the applicant's record of service, documents submitted in support of the petition, and executed a comprehensive review based on law, policy, and regulation. Upon review of the applicant's petition, available military records, and the medical advisor's review, the Board concurred with the advising official finding insufficient evidence that the applicant met criteria for a duty-related injury and therefore referral to the DES for reconsideration of his case is not warranted. His records were void of any behavioral health diagnosis or treatment history and his USAR records show that a permanent S3 profile was initiated in 2020 for "Behavioral Health Condition" and he was subsequently referred to DES for a ND-PEB. Therefore, the Board concluded relief was not warranted.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:XX	:XX	:XX	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]

X //SIGNED//

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. Title 10, USC, section 1556 (Ex Parte Communications Prohibited) 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 applicant's (and/or their counsel) prior to adjudication.

2. Army Regulation 40-501 governs the medical fitness standards for enlistment, induction, appointment, retention, and related policies and procedures. Chapter 3 provides various medical conditions and physical defects which may render a Soldier unfit for further military service and which fall below the standards required.

3. Army Regulation (AR) 135-178 (Separation of Enlisted Personnel), in effect at the time, establishes policies, standards, and procedures governing the administrative separation of enlisted soldiers from the Army National Guard of the United States (ARNGUS) and the United States Army Reserve (USAR). The policy promotes readiness of the Army by maintaining high standards of conduct and performance.

a. Paragraph 15-1 (Medically unfit for retention): separation will be accomplished by separation authorities when it has been determined that an enlisted Soldier is no longer qualified for retention by reason of medical unfitness unless the Soldier requests and is granted a waiver under AR 40–501, as applicable.

(1) Determined fit for duty under a non-duty related PEB fitness determination Army Regulation 635–40.

(2) Eligible for transfer to the Retired Reserve under the provisions of Army Regulation 140–10.

b. Soldiers who do not meet the medical fitness standards for retention due to a condition incurred while on active duty, any type of active-duty training, or inactive duty training will be processed as specified in Army Regulation 635–40 if otherwise qualified.

//NOTHING FOLLOWS//