

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 30 July 2024

DOCKET NUMBER: AR20230014595

APPLICANT REQUESTS:

- physical disability discharge in lieu of administrative discharge from the Army National Guard (ARNG) due to unsatisfactory participation
- personal appearance before the Board

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

- DD Form 149 (Application for Correction of Military Record)
- self-authored statement
- DD Form 214 (Certificate of Release or Discharge from Active Duty) ending 22 April 1991
- Patient Information Record, 3-18 May 1993
- Operative Report, 6 May 1993
- State of Georgia, Office of the Adjutant General Orders 71-25, 13 April 1993
- National Guard Bureau (NGB) Form 22 (Report of Separation and Record of Service), ending 13 April 1993
- NGB Form 22A (Correction to NGB Form 22), 26 August 1994
- State of Georgia, Office of the Adjutant General Orders 051-051, 2 April 1996

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, section 1552(b); however, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.

2. The applicant states:

a. He joined the military in his junior year of high school. He went to Basic Combat Training (BCT) in the summer after his junior year of high school then came back and finished high school. He went to Advanced Individual Training (AIT) at Fort Sill, OK, and became a squad leader. He completed his AIT with an honorable discharge and was sent to his ARNG unit in Dublin, GA.

b. His unit was activated for Desert Storm and he received an honorable discharge. While he was at Fort Stewart, GA, he experienced some medical issues, which he reported. He had very bad migraines, blood pressure issues, and heart palpitations. He was told that he was experiencing prewar anxiety and it would pass. The military did not find the source of the issue, so he just dealt with it.

c. The issues did not go away though, so he went to the civilian hospital where they found out what the issue was. He had a tumor the size of an orange near his stomach which was causing the issue. There was the problem all along and for some reason the military doctors didn't find it, causing him to have to suffer through.

d. He should have received a medical discharge. He was cut in half trying to get the tumor out and the rehabilitation was very painful. He wanted to be an officer and his unit knew it. These were some very prejudiced guys, in his opinion. They screwed him over and discharged him while he was going through recovery. He sent the information to his unit, but they advised they didn't get it and then made up a bogus claim that he didn't pass an Army Physical Fitness Test (APFT).

(1) On his DD Form 149, the applicant states he advised his ARNG unit of his illness and they still forced him to take an APFT, which he failed.

(2) In his self-authored statement, he states the claim of a failed APFT was bogus, because even with the tumor he pushed through and passed his APFTs and he didn't even take an APFT which would have imitated the discharge. His recovery took some time and he didn't realize he could fight it.

e. He was advised by the Department of Veterans Affairs (VA) at Fort Moore that he could get his discharge changed. It should have been a medical discharge in the first place and he should not have been tricked into a general discharge. He didn't know, but he VA representative told him this application to the Board was the first step in making it right and giving him a legal representative to further pursue it if needed.

f. He should have received a medical discharge in 1993, but was railroaded, so it should be corrected now and made retroactive to that date. He wanted to stay in the military, but his prejudiced leadership in Dublin, GA, took advantage of his illness and forced him out. He cannot help that he had a tumor which caused all of his medical issues and the Army doctors seemed to have missed.

g. He can obtain buddy letters from his Soldiers in the unit. He can also show the medical records from private doctors proving the tumor was the issue causing all the problems he had all along. Please update his discharge and advise him on the next steps. He has been working with Soldiers since he got out and is now working on Fort Moore, GA, training Soldiers who are leaving the military. The military was in his blood

and that was taken from him. He has also marked the box on the application form indicting post-traumatic stress disorder (PTSD) is related to his request.

3. A DD Form 4 (Enlistment/Reenlistment Document) shows the applicant enlisted in the ARNG on 14 April 1989, for a period of 8 years.

4. A DD Form 214 shows the applicant entered active duty as a member of the ARNG on 4 November 1990. The reason for his order to active duty is not listed in item 18 (Remarks).

5. A Standard Form 93 (Report of Medical History) shows the applicant provided his medical history on 13 March 1991, in conjunction with his separation at Fort Stewart, GA, presumably from his order to active duty beginning on 4 November 1990. It shows he indicated in November 1990, he had a pounding heart and was seen by a doctor, but no medication was given. He did not mark any other conditions on the form.

6. A physical profile is used to classify a Soldier's physical disabilities in terms of six factors, 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).

7. A undated Standard Form 88 (Report of Medical Examination) shows the applicant underwent medical examination for the purpose of separation. The date of the examination is not listed. It shows he was found qualified for separation, without a listed PULHES.

8. The applicant's DD Form 214 shows he was honorably released from active duty and transferred back to his ARNG unit in Dublin, GA, on 22 April 1991, due to completion of period ordered to active duty. He was credited with 4 months and 23 days of net active service. Among his decorations and medals awarded or authorized is the National Defense Service Medal. No deployment to Southwest Asia is listed in item 18.

9. A Patient Information Record, shows on 6 May 1993, he was seen by Dr. G____ E____ who performed a right adrenalectomy (surgery to remove one or both adrenal glands) in the hospital on that date.

10. An Operative Report, which has been provided in full to the Board for review, shows in pertinent part that the applicant underwent right adrenalectomy on 6 May 1993, for a preoperative diagnosis of pheochromocytoma (a tumor originating in cells of

the adrenal gland). The complete details of the operation are expounded upon in the report.

11. A Patient Information Record further shows on 18 May 1993, he was seen for a post-operative check and staple removal. The notes show, "Postop resection of a right adrenal pheochromocytoma, blood pressure is normal; he has absolutely no problems, no complaints, no complications. He is eating and drinking normally. His wounds are healed. His staples are out. I have cautioned him about doing any heavy lifting or straining, etc. He needs an appointment to see Dr. E___ next week to check his blood pressure again. He needs to get off of all pills, medicines, etc."

12. The complete facts and circumstances surrounding the applicant's discharge from the ARNG are not in his available records for review, to include his notification of separation and/or documentation pertaining to any potential APFT failures he may have had.

13. State of Georgia, Office of the Adjutant General Orders 71-25, dated 13 April 1993, discharged the applicant from the ARNG and transferred him to the U.S. Army Reserve (USAR) Control Group (Reinforcement) effective the date of the orders under the provisions of National Guard Regulation 600-200 (Enlisted Personnel Management), paragraph 8-27g (Unsatisfactory participation), with assignment loss reason code CW (Continuous and willful absence). His service was characterized as general.

14. The applicant's NGB Form 22 shows he was given a general discharge from the ARNG on 13 April 1993, under the provisions of National Guard Regulation 600-200, paragraph 8-27g, and transferred to the USAR Control Group (Reinforcement). He was credited with 3 years, 11 months, and 29 days of net service.

15. The applicant's available service records do not show:

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

16. A review of the U.S. Army Human Resources Command (AHRC) Soldier Management System (SMS) shows:

a. The applicant's PULHES was 111111, with no limitations in any factors, with a date of his last physical of 1 March 1991.

b. He was transferred to the USAR Control Group (Reinforcement) on 14 April 1993, then again enlisted in the ARNG on 24 March 1995. He was then again transferred to the USAR Control Group (Reinforcement) on 2 May 1996.

17. The applicant's available service records do not contain documentation pertaining to his second ARNG enlistment beginning on 24 March 1995.

18. State of Georgia, Office of the Adjutant General Orders 051-051, dated 2 April 1996, discharged the applicant from the ARNG under the provisions of National Guard Regulation 600-200, paragraph 8-27g with assignment loss reason code CW and transferred him to the USAR Control Group (Reinforcement) effective 1 May 1996.

19. A review of SMS shows the applicant was later discharged from the USAR Control Group (Reinforcement) on 15 April 1997, due to expiration of ARNG or USAR service obligation.

MEDICAL REVIEW:

1. 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 (EMR – AHLTA and/or MHS Genesis), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, and the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

2. The applicant is applying to the ABCMR requesting an upgrade of his 26 May 1992 under honorable conditions (general) discharge and, in essence, a referral to the Disability Evaluation System (DES). He had indicated on his DD 149 that PTSD is an issue related to his request. He states: "I had honorable discharges from my AIT [Advance Individual Training] and services during Desert Storm. During that time, I advised that I was having very serious headaches, blood pressures issues, heart palpitations. I advised by National Guard unit and they still forced me to take a PT test [Army Physical Fitness Test, aka PT Test] that I failed. It was later determined that I had a tumor. In the same year private doctors found it and was amazed how the military missed a tumor the size of an orange sitting on my stomach causing me all types of issues. I should have had medical discharge but I was railroaded. I want my separation labeled as medical, given 100% disability retro-active by the date I was forced out the military."

3. The Record of Proceedings details the applicant's military service and the circumstances of the case. His Report of Separation and Record of Service (NGB Form 22) for the period of Service under consideration shows the applicant entered the Army National Guard on 14 April 1989 and received an under honorable conditions (general) discharge from the Georgia Army National Guard (GAARNG) on 13 April 1993 under provisions in paragraph 8-27g of NGR 600-200, Enlisted Personnel Management: Unsatisfactory Participation.

4. Civilian medical documentation shows the applicant underwent resection of a right sided pheochromocytoma on 6 May 1993. From the operative report: "[Applicant] is a 20-year-old black male admitted by Dr. E. with very high documented blood pressures, elevated metanephrins, elevated epinephrine, CT scan showing a 4-5 cm mass in the right adrenal area, normal left adrenal, and he has been put on IV fluid rehydration, alpha blockers and beta blockers, and has normalized out his blood pressure now. The patient is now a candidate for adrenalectomy." From the Mayo Clinic's website:

A pheochromocytoma is a rare tumor that grows in an adrenal gland. Most often, the tumor is not cancer. When a tumor isn't cancer, it's called benign.

There are two adrenal glands — one at the top of each kidney. The adrenal glands make hormones that help control key processes in the body, such as blood pressure. Usually, a pheochromocytoma forms in only one adrenal gland. But tumors can grow in both adrenal glands.

With a pheochromocytoma, the tumor releases hormones that can cause various symptoms. They include high blood pressure, headache, sweating and symptoms of a panic attack. If a pheochromocytoma isn't treated, serious or life-threatening damage to other body systems can happen.

Surgery to remove a pheochromocytoma often returns blood pressure to a healthy range. (<https://www.mayoclinic.org/diseases-conditions/pheochromocytoma/symptoms-causes/syc-20355367>)

No further medical documentation was submitted with the application and his period of Service predates the EMR.

5. There is no evidence the applicant had any duty incurred medical condition which would have failed the medical retention standards of chapter 3 of AR 40-501, Standards of Medical Fitness, prior to his discharge; or which prevented the applicant from attending inactive duty for training (drill) and/or maintaining contact with his chain of command. Thus, there was no cause for referral to the Disability Evaluation System. Furthermore, there is no evidence that any medical condition prevented the applicant

from being able to reasonably perform the duties of his office, grade, rank, or rating prior to his discharge.

6. Even had the benign tumor been discovered while the applicant was in the GAARNG, it would have been found to have existed prior to service and not due to or permanently aggravated by his military service.

Paragraph 4-8b(4)(a)(1) of AR 600-8-4, Line of Duty Policy, Procedures, and Investigations states: "(1) The term "EPTS" may be added to a medical diagnosis if there is a preponderance of evidence the injury, illness, or disease or underlying condition existed prior to the current period of military service or it happened between periods of active service. Included in this category are chronic diseases with an incubation period that clearly pre-vents a conclusion that the injury, illness, or disease started during short tours of authorized training or duty."

7. The AR 600-8-4 glossary definition of existed prior to service: "Any injury, disease, or illness, to include the underlying causative condition, which was sustained or contracted prior to the present period of AD or authorized training, or had its inception between prior and present periods of AD or training is considered to have existed prior to service. A medical condition may in fact be present or developing for some time prior to the point when it is either diagnosed or manifests symptoms. Consequently, the time at which a medical condition "exists" or is "incurred" is not dependent on the date of diagnosis or when the condition becomes symptomatic. (Examples of some conditions which may be pre-existing are slow-growing cancers, heart disease, diabetes, or mental conditions, which can all be present well before they manifest themselves by becoming symptomatic.)"

This, and the fact that the surgery was the cure would have made him ineligible for referral to the DES.

8. Neither his separation packet nor documentation addressing his involuntary administrative separation was submitted with the application or uploaded into iPERMS.

9. Review of his records in JLV shows he has been awarded multiple VA service-connected disability ratings, including chronic adjustment disorder awarded in 2021. . However, the DES only compensates an individual 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; or which did not cause or contribute to the termination of their military career. These roles and authorities are granted by Congress to the Department of Veterans Affairs and executed under a different set of laws.

10. It is the opinion of the ARBA medical advisor that a referral of his case to the DES is not warranted. Kurta Questions:

- Did the applicant have a condition or experience that may excuse or mitigate the discharge? YES: Chronic adjustment disorder
- Did the condition exist or experience occur during military service? YES: Applicant has VA service-connected chronic adjustment disorder
- Does the condition or experience actually excuse or mitigate the discharge? YES: Because the condition is associated with avoidant behaviors, it mitigates the unsatisfactory participation for which

BOARD DISCUSSION:

1. The Board determined the evidence of record was sufficient to render a fair and equitable decision. As a result, a personal appearance hearing is not necessary to serve the interest of equity and justice in this case.

2. 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 request, supporting documents, evidence in the records, and published DoD guidance for liberal consideration of discharge upgrade requests.

a. Discharge upgrade: Deny. The applicant's separation packet is not available for review. However, other available evidence shows the applicant was charged with commission of offenses (dereliction of duties, violating a lawful general regulation, sleeping upon his post, assault by grabbing around the neck a female, and dishonorably failing to maintain sufficient funds for payment of checks) punishable under the UCMJ with a punitive discharge. After being charged, he presumably consulted with counsel and requested discharge under the provisions of AR 635-200, Chapter 10. Such discharges are voluntary requests for discharge in lieu of trial by court-martial and carry an under other than honorable conditions discharge. The Board found no error or injustice in his available separation processing. The Board also considered the medical records, any VA documents provided by the applicant and the review and conclusions of the medical reviewing official. The Board concurred with the medical official's finding insufficient evidence to support the applicant had a condition or experience that mitigates his misconduct. Also, the applicant provided no evidence of post-service achievements or letters of reference of a persuasive nature in support of a clemency determination. Based on a preponderance of available evidence, the Board determined that the character of service the applicant received upon separation were not in error or unjust.

b. Grade: Deny. The Board noted that the separation authority is authorized to order discharge or direct retention in military service. Upon determination that a soldier is to be separated with a discharge under other than honorable conditions, the separation authority will direct reduction to the lowest enlisted grade by the reduction authority. The applicant received an under other than honorable conditions discharge. Therefore, his reduction to E-1 is appropriate. The Board found no error or injustice.

c. Haiti: The Board noted that the applicant's record does not contain, and he does not provide evidence showing he deployed to Haiti in September 1994, or that he participated as a member of the U.S. military in Operation Uphold Democracy in Haiti from 16 September 1994 to 31 March 1995 making him eligible to be awarded the Armed Forces Expeditionary Medal. Additionally, the applicant acknowledges in his self-authored statement that "He was on the bird about an hour out before the mission was aborted."

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 to amend the decision of the ABCMR set forth in Docket Number AR20120008908 on 20 November 2012.

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 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. 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.

3. 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 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 (Disability 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; 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 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 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 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.

4. 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.

5. Army Regulation 40-501 provides information on medical fitness standards for induction, enlistment, appointment, retention, and related policies and procedures. Soldiers with conditions listed in chapter 3 who do not meet the required medical standards will be evaluated by an MEB and will be referred to a PEB as defined in Army Regulation 635-40 with the following caveats:

a. U.S. Army Reserve (USAR) or Army National Guard (ARNG) Soldiers not on active duty, whose medical condition was not incurred or aggravated during an active duty period, will be processed in accordance with chapter 9 and chapter 10 of this regulation.

b. Reserve Component Soldiers pending separation for In the Line of Duty injuries or illnesses will be processed in accordance with Army Regulation 40-400 (Patient Administration) and Army Regulation 635-40.

c. Normally, Reserve Component Soldiers who do not meet the fitness standards set by chapter 3 will be transferred to the Retired Reserve per Army Regulation 140-10 (USAR Assignments, Attachments, Details, and Transfers) or discharged from the Reserve Component per Army Regulation 135-175 (Separation of Officers), Army Regulation 135-178 (ARNG and Reserve Enlisted Administrative Separations), or other applicable Reserve Component regulation. They will be transferred to the Retired Reserve only if eligible and if they apply for it.

d. Reserve Component Soldiers who do not meet medical retention standards may request continuance in an active USAR status. In such cases, a medical impairment incurred in either military or civilian status will be acceptable; it need not have been incurred only in the line of duty. Reserve Component Soldiers with non-duty related medical conditions who are pending separation for not meeting the medical retention standards of chapter 3 may request referral to a PEB for a determination of fitness in accordance with paragraph 9-12.

6. 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.

7. National Guard Regulation 600-200 (Enlisted Personnel Management) prescribes the criteria, policies, processes, procedures and responsibilities to classify, assign utilize, transfer within and between States, provides special duty assignment pay, separate and appoint to and from Command Sergeant Major ARNG and Army National Guard of the United States enlisted Soldiers. Paragraph 8-27g, in effect at the time, provides for the administrative separation of Soldiers for unsatisfactory participation.

8. 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.

9. Army Regulation 15-185 (Army Board for Correction of Military Records (ABCMR)) prescribes the policies and procedures for correction of military records by the Secretary of the Army acting through the ABCMR.

a. Paragraph 2-11 states applicants do not have a right to a formal hearing before the ABCMR. The Director or the ABCMR may grant a formal hearing whenever justice requires.

b. The ABCMR begins its consideration of each case with the presumption of administrative regularity. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

//NOTHING FOLLOWS//