ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 8 April 2025

DOCKET NUMBER: AR20240000731

APPLICANT REQUESTS:

- amendment of her medical records to reflect her post-traumatic stress disorder (PTSD) is combat-related
- in effect, approval of her claim for Combat-Related Special Compensation (CRSC) for PTSD

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

- three DD Forms 149 (Application for Correction of Military Record)
- self-authored statement
- Computed tomography (CT) scan, 17 April 2010
- Magnetic resonance imaging (MRI), 17 April 2010
- CT scan, 24 August 2010
- Patient Movement Record, 26 August 2010
- Patient Movement Request, 28 August 2010
- Patient Movement Record, 28 August 2010
- Patient Movement Medication Record, 28 August 2010
- 86th Contingency Aeromedical Staging Facility (CASF) Fall Risk Assessment, 28 August 2010
- Patient Movement Orders, 28 August 2010
- Patient Movement Record, Progress Note, 28/29 August 2010
- Standard Form 600 (Chronological Record of Medical Care), 20 September 2010
- Standard Form 600, 22 September 2010
- two Standard Forms 600, both 8 November 2010
- U.S. Army Medical Department Activity memorandum, 8 November 2010
- DA Form 3349 (Physical Profile), 8 November 2010
- Standard Form 600, 15 November 2010
- DA Form 199 (Informal Physical Evaluation Board (PEB) Proceedings), 9 January 2015

FACTS:

1. The applicant states:

a. Her PTSD is combat-related, and she would like her military records to reflect that it is combat-related. She developed PTSD after experiencing combat-related issues due to consistent deployments.

b. She was exposed to constant bombing, being in the presence of dead bodies, and other constant dangers she was exposed to while in Iraq and Afghanistan. She is dealing with constant nightmares, safety issues, difficulty when reminded of experiences, and pseudo-seizures. She had to quit two jobs due to her PTSD and pseudo-seizures. She started having pseudo-seizures while she was deployed to Afghanistan.

c. Her records previously stated that her PTSD was combat-related. She was informed by a letter from the CRSC office on 18 September 2023, that the reason her CRSC was denied was due to her medical records.

d. She is still receiving mental health counseling to address the issues she faced while deployed, to include her pseudo-seizures. She had other mental health issues prior to her Afghanistan deployment that were not addressed until she started having the pseudo-seizures. She would like her medical records to reflect the issues she is still facing. She is not able to keep a job due to still having pseudo-seizures. She is trying to do the work to help her quality of life and one of the steps is to get her medical records corrected.

2. The applicant enlisted in the Regular Army on 27 January 2004.

3. The applicant deployed to the following locations during the following periods:

- Iraq, from 12 January 2005 through 20 December 2005
- Iraq, from 5 June 2007 through 18 July 2008
- Afghanistan, from 31 December 2009 through 10 November 2010

4. The applicant provided multiple medical records contemporaneous to her service in Afghanistan, all of which have been provided in full to the Board for review and in pertinent part show:

a. The applicant had an MRI of her brain and a CT scan of her head on 17 April 2010, after her air evacuation from Afghanistan for suspected pseudo-seizures, with two witnessed convulsions on the flight to Walter Reed Army Medical Center (WRAMC). The CT impression showed small concavity in the medical aspect of the left orbit likely

represents a sequela of old trauma, chronic dehiscence, or is congenital in etiology. The MRI impression shows the study was limited by patient motion (she had seizure-like activity in the scanner and had to be taken out of the scanner then put back in).

b. A CT scan of her head/brain on 24 August 2010, showed no evidence of acute intracranial hemorrhage.

c. A Patient Movement Record, 26 August 2010, shows the applicant had a history of altered mental status, eyes roll in the back of her head, with limb twitching. She had a full work-up 4 months ago in April without the source being found. She had a recent reoccurrence of pseudo-seizures; prior work up and head CTs were negative. She was diagnosed with pseudo-seizures and the plan was for psychological follow-up. She was negative for traumatic brain injury (TBI).

d. A Standard Form 600, 20 September 2010, shows the applicant was medically evacuated from Afghanistan and diagnosed with a conversion disorder. She reported her first seizure episode occurred in April 2010, while in theater and running for physical training (PT) and she fell out convulsing. She was medically evacuated to WRAMC where her evaluation was essentially normal for any organic cause of her seizure. While undergoing a scan she had an episode of convulsions, that did not show an epileptic wave. She was therefore given a diagnosis of conversion disorder and returned to the States. A few months later, she was cleared by her unit to return to theater in June 2010, and had a reoccurrence of convulsions 2 weeks ago, after which she was medically evaluated at Landstuhl.

5. A U.S. Army Medical Department Activity memorandum for the Physical Evaluation Board (PEB) Officer, 8 November 2010, shows the applicant did not meet the medical retention standards of Army Regulation 40-501 (Standards of Medical Fitness), chapter 3, and the initiation of a Medical Evaluation Board (MEB) was recommended based on the disqualifying diagnosis of recurrent pseudo-seizures/conversion disorder.

6. The acronym "PUHLES" describes the following six physical factors used in the profiling system to classify medical readiness: "P" (Physical capacity or stamina), "U" (Upper extremities), "L" (Lower extremities), "H" (Hearing), "E" (Eyes), and "S" (Psychiatric). Physical profile ratings are permanent (P) or temporary (T). A service member’s level of functioning under each factor is represented by the following numerical designations: 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.

7. A DA Form 3349 shows the applicant was given a temporary physical profile with a PULHES of 333113 for recurrent pseudo-seizures/conversion disorder. She was limited

in the functional activities of firing a weapon and living in an austere environment, limited in all Army Physical Fitness Test (APFT) events, and was referred to an MEB, where the MEB physician was to submit her permanent profile.

8. A Standard Form 600, 15 November 2010, recounts the applicant's recurrent pseudo-seizure history as beginning in Afghanistan in April 2010, when she lost consciousness and had several seizures while engaging in PT. She was followed by behavioral health for her pseudo-seizure activity.

9. A DA Form 199 shows:

a. An informal PEB convened on 9 January 2015, where the applicant was found physically unfit with a recommended rating of 70 percent and that her disposition be placement on the Temporary Disability Retired List (TDRL) with a reexamination during October 2015.

b. Her medical condition determined to be unfitting was PTSD with major depressive disorder, recurrent, moderate to severe, without psychosis (MEB diagnosis (Dx) 1, 2). She reported the onset in 2010, while deployed in Afghanistan. The examiner attributes the condition to combat stressors (V1, V3 YES)

c. Her medical conditions determined not to be unfitting were MEB Dx 3-25:

- unspecified anxiety disorder
- somatic symptom disorder
- loss of teeth
- bruxism
- dental implant placement
- GERD
- healed skin scar, abdomen
- healed skin scar, neck
- genital herpes
- hypothyroidism
- hip strain, bilateral
- degenerative joint disease knee, bilateral
- cervical spine strain, thoracic spine strain
- bilateral lumbar radiculopathy/IVDS
- bilateral pes planus
- bilateral hallux valgus
- bilateral plantar fasciitis
- migraine including migraine variants
- tonic-clonic seizures or grand mal

- left ectopic tubal pregnancy
- right ovarian cyst
- dysplasia cervix

d. Section VI (Administrative Determinations) shows the PEB made the following findings:

- V1: the disability disposition is based on disease or injury incurred in the line of duty (LOD) in combat with an enemy of the U.S. and as a direct result of armed conflict or caused by an instrumentality of war and incurred in the LOD during a period of war
- V3: the disability did result from a combat-related injury under the provisions of Title 26, U.S. Code, section 104 or Title 10, U.S. Code, section 10216

e. The applicant signed the form on 14 January 2015, indicating she concurred with the findings and recommendations and waived a formal hearing of her case. She also indicated she did not request reconsideration of her Department of Veterans Affairs (VA) Ratings.

10. The applicant's DD Form 214 (Certificate of Release or Discharge from Active Duty) shows she was retired under the provisions of Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation) due to temporary disability, enhanced, with corresponding Separation Code (SEK). She was credited with 11 years, 2 months, and 25 days of net active service.

11. A U.S. Army Human Resources Command (AHRC) letter, 22 July 2022, signed by The Adjutant General, informed the applicant that after reviewing all documentation in support of her claim for CRSC, they were unable to overturn the previous adjudication because the documentation she submitted still showed no evidence to link her requested condition to a combat-related event. They were unable to verify as a combat-related disability her PTSD with major depressive disorder and conversion disorder; final disapproval.

12. A second AHRC letter, 18 September 2023, informed the applicant the CRSC office received her application for reconsideration, but records in their database indicate she received a final CRSC determination letter dated 22 July 2022. That decision was final and the CRSC office could not process her request for reconsideration. She was advised of her right to appeal to the Army Review Boards Agency (ARBA).

13. A third and final AHRC letter, 21 February 2023, informed the applicant the CRSC office received her application for reconsideration, but records in their database indicate she received a final CRSC determination letter dated 18 September 2023. That decision

was final and the CRSC office could not process her request for reconsideration. She was advised of her right to appeal to ARBA.

BOARD DISCUSSION:

After reviewing the application and all supporting documents, the Board determined relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. Based upon the previous PEB findings showing concurrence of those findings without a formal hearing in her case, the Board concluded there was insufficient evidence to show the applicant's PTSD was combat-related. The Board found no new convincing evidence since the last HRC review to overturn the previous findings from 2022.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:XXX	:XXX	:XXX	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.

//SIGNED//

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. Army Regulation 40-66 (Medical Record Administration and Healthcare Documentation) prescribes policies for preparing and using medical reports and records for Soldiers receiving medical treatment or evaluation in an Army Medical Treatment Facility.

a. Paragraph 1-6 pertains to medical record ownership. It states Army medical records are the property of the Government. Thus, the same controls that apply to other Government documents apply to Army medical records. Army medical records, other than those of Reserve Components, will remain in the custody of the Medical Treatment Facilities at all times. Reserve Component records will remain in the custody of the appointed Service Treatment Record custodian. The Armed Forces Health Longitudinal Technology Application (AHLTA) record will remain in the custody of the U.S. Army Medical Department (AMEDD) and Department of Defense via electronic storage, and hardcopy of the treatment records will be retried to the National Personnel Records Center in accordance with the records dispositions schedule in Army Regulation 25-400-2 (The Army Records Information Management System (ARIMS).

b. Chapter 3 (Preparation of Medical Records) states that unless authorized by this regulation, only documents prepared by authorized AMEDD personnel will be filed in Army medical records. This restriction does not prohibit the use of other documents created by attending physicians and dentists outside AMEDD (Navy, Air Force, civilian, and so forth) or the filing of other documents as summaries or brief extracts. If such documents are filed, their source and the physician or dentist under whom they were prepared must be identified.

c. Medical record entries will be made in all inpatient, outpatient, service treatment, dental, Army Substance Abuse Program, and occupational health records by the healthcare provider who observes, treats, or cares for the patient at the time of observation, treatment or care. No healthcare practitioner is permitted to complete the

documentation for a medical record on a patient unfamiliar to him or her. In unusual extenuating circumstances (for example, death of a provider), local policy will ensure that all means have been exhausted to complete the record.

3. Title 10, U.S. Code, section 1413a, as amended, established Combat-Related Special Compensation (CRSC). CRSC provides for the payment of the amount of money a military retiree would receive from the VA for combat-related disabilities if it were not for the statutory prohibition for a military retiree to receive a VA disability pension. Payment is made by the Military Department, not the VA, and is tax free. Eligible members are those retirees who have 20 years of service for retired pay computation (or 20 years of service creditable for Reserve retirement at age 60) or who have a physical disability retirement with less than 20 years' service for injuries that are the direct result of armed conflict, especially hazardous military duty, training exercises that simulate war, or caused by an instrumentality of war. CRSC eligibility includes disabilities incurred as a direct result of:

- armed conflict (gunshot wounds, Purple Heart, etc.)
- training that simulates war (exercises, field training, etc.)
- hazardous duty (flight, diving, parachute duty)
- an instrumentality of war (combat vehicles, weapons, Agent Orange, etc.)

4. Department of Defense Instruction (DODI) 1332.38 (Physical Disability Evaluation), paragraph E3.P5.2.2 (Combat-Related), covers those injuries and diseases attributable to the special dangers associated with armed conflict or the preparation or training for armed conflict. A physical disability shall be considered combat related if it makes the member unfit or contributes to unfitness and was incurred under any of the following circumstances:

- as a direct result of armed conflict
- while engaged in hazardous service
- under conditions simulating war
- caused by an instrumentality of war

5. DODI 1332.38, paragraph E3.P5.2.2.3 (Under Conditions Simulating War), in general, covers disabilities resulting from military training, such as war games, practice alerts, tactical exercises, airborne operations, leadership reaction courses, grenade and live-fire weapons practice, bayonet training, hand-to-hand combat training, rappelling, and negotiation of combat confidence and obstacle courses. It does not include physical training activities, such as calisthenics and jogging or formation running and supervised sports.

6. Appendix 5 (Administrative Determinations) to enclosure 3 of DODI 1332.18 (Disability Evaluation System) (DES) defines armed conflict and instrumentality of war as follows:

a. Incurred in Combat with an Enemy of the United States: The disease or injury was incurred in the LOD in combat with an enemy of the United States.

b. Armed Conflict: The disease or injury was incurred in the LOD as a direct result of armed conflict (see Glossary) in accordance with sections 3501 and 6303 of Reference (d). The fact that a Service member may have incurred a disability during a period of war, in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. There must be a definite causal relationship between the armed conflict and the resulting unfitting disability.

c. Engaged in Hazardous Service: Such service includes, but is not limited to, aerial flight duty, parachute duty, demolition duty, experimental stress duty, and diving duty.

d. Under Conditions Simulating War: In general, this covers disabilities resulting from military training, such as war games, practice alerts, tactical exercises, airborne operations, and leadership reaction courses; grenade and live fire weapons practice; bayonet training; hand-to-hand combat training; rappelling; and negotiation of combat confidence and obstacle courses. It does not include physical training activities, such as calisthenics and jogging or formation running and supervised sports.

e. Caused by an Instrumentality of War: Occurrence during a period of war is not a requirement to qualify. If the disability was incurred during any period of service as a result of wounds caused by a military weapon, accidents involving a military combat vehicle, injury or sickness caused by fumes, gases, or explosion of military ordnance, vehicles, or material, the criteria are met. However, there must be a direct causal relationship between the instrumentality of war and the disability. For example, an injury resulting from a Service member falling on the deck of a ship while participating in a sports activity would not normally be considered an injury caused by an instrumentality of war (the ship) since the sports activity and not the ship caused the fall. The exception occurs if the operation of the ship caused the fall.

//NOTHING FOLLOWS//