ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 5 September 2025

DOCKET NUMBER: AR20240004090

APPLICANT REQUESTS: reconsideration of her previous request to:

- Remove the General Officer Memorandum of Reprimand (GOMOR) from her Army Military Human Resource Record (AMHRR) and
- Reinstate her as a first lieutenant (1LT) on active duty; or
- Medically retire her with a 30 percent disability rating for post traumatic stress disorder (PTSD) or major depressive disorder; or
- Correct the narrative reason for separation to "Secretarial Authority"
- Personal appearance before the Board

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

- DD Form 149 (Application for Correction of Military Record)
- Attorney Brief
- Exhibit 1 - Not attached but can be provided
- Exhibit 2 - Previous Case Army Board for Correction of Military Records (ABCMR) Docket Number AR20200008886
- Exhibits 3 through 6 - Statements on Behalf of Applicant
- Exhibit 7 - Receipt of Application for AR20200008886
- Exhibit 8A - Request for Exception to Policy
- Exhibit 8B - Emails regarding Curtailment
- Exhibit 8C - DA Forms 4856 (Developmental Counseling Statement)
- Exhibit 8D - Recommendation and Comments for Commander
- Exhibit 9 - Email Subject Congratulations
- Exhibits 10 through 15 - Statements on Behalf of Applicant

FACTS:

1. Incorporated herein by reference are military records which were summarized in the previous consideration of the applicant's case by the ABCMR in Docket Number AR20200008886 on 8 November 2021.

2. The applicant and her attorney state in pertinent part:

- In her previous request, the Board considered a medical advisory opinion without providing her a copy and the opportunity to respond
- The Board did not apply the correct legal standards in its decision
- She was improperly micromanaged and mistreated, while serving in Korea
- Her leadership failed to take into account her personal circumstances, mental health conditions, and medical emergencies
- Each time she reached out for help, she became the subject of new adverse administrative actions
- It was always presumed she was committing misconduct or behaving disrespectfully
- Their actions improperly led to her discharge as a probationary officer despite having over 18 years of service
- She has been denied the opportunity to retire
- Her Army career could have turned out so much different had the Army reassigned her from Korea when her mental health provider recommended they do so
- The previous Board overlooked or applied the incorrect legal standard at two primary points in its decision memorandum
- These oversights deprived the applicant of due process and a full and fair opportunity to obtain relief
- The Board prejudiced the applicant when the Army Review Boards Agency (ARBA) Medical advisor reviewed her medical chart and rendered an opinion that the Board adopted in its decision
- The Board never gave the applicant or her counsel an opportunity to comment on the opinion
- The previous Board's opinion failed to consider the Army's violation of its own regulation
- The applicant began her Army career as an enlisted Soldier with 12 years of service and three deployments
- She began her first assignment as an officer in November 2015 in Korea
- While in Korea, her well-being and mental health deteriorated as a result of personal issues
- She began to manifest obvious symptoms of PTSD and depression and sought help as she was trained to do
- The Army transferred her to G-1 because she was trying to gain experience in another area and not as a rehabilitative transfer
- She did not start at her new unit with a blank slate; her supervisor was aware of her alleged troubles at her previous unit but did not learn of her mental health background
- She had to suffer in silence as her marriage fell apart and her husband and children returned to the United States

- The problems she experienced at home and work were overwhelming; she maintained her bearing, professionalism, and concern for those around her
- Her troubling experiences in Korea formed the basis for her first application for equitable relief
- The Board acknowledged receipt of her application in October 2020 but did not consider the case until November 2021 and eight months later they issued its decision denying her relief
- In her first application, she brought up mental health matters and described the conditions and circumstances leading up to her administrative separation
- The medial advisory's opinion was that her PTSD post-dated her misconduct
- According to the medical advisor, she met medical retention standards at the time of her discharge
- Her initial application raised additional medical matters the Board did not address in its written opinion
- She also had pancreatitis and syncope that was not discussed in the Board's decision
- The Board did not consider the fact that the applicant requested the transfer to G1 and it was not a rehabilitative transfer
- She had to stay in Korea even after a mental health provider recommended her return to the United States
- The Developmental Counseling Form from June 2016 contradicts the allegations in her show cause action
- There should be no question she would still be in the Army to this day had her chain of command reassigned her stateside
- The Board's opinion did not explicitly apply the liberal consideration standard
- The Board should have explained why the evidence provided was not persuasive
- In prior decisions, the Board has offered applicants an opportunity to respond to the ARBA Medical advisor's opinion
- The Board failed to consider that the applicant never got the chance to work under a different command before being discharged
- The Board should reconsider the applicant's application for correction of her military records anew and in its entirety
- The Board should reinstate her on active duty
- As an alternative, the Board should direct a medical disability retirement because she was at least 30 percent disabled due to her PTSD
- Her syncope, which Army providers had been monitoring, further disabled her and affected her performance
- If the Board declines to retire her, it should still direct her return to the Army for the purpose of completing the Integrated Disability Evaluation System process

3. The applicant provides and her service record shows:

- She was an enlisted Soldier of the Regular Army from 11 June 1998 through 15 July 1998; she received an uncharacterized discharge for entry level performance and conduct
- She was an enlisted Soldier in the Regular Army from 2 January 2002 through 2 August 2012; she was honorably discharged for entry into an officer training program
- On 15 May 2014, she took the oath of office in the Regular Army Adjutant General Corps
- On 12 February 2016, email traffic shows the command was looking into a foreign service tour curtailment for the applicant
- On 16 July 2016, she received a Developmental Counseling Form which was a performance and inspection counseling; she agreed with the counseling and signed the form
- On 22 July 2016, her commander requested an exception to policy to appoint her, in the rank of 1LT, to be an Alternate Billing Official
- On 28 July 2016, she was appointed as a Government Purchase Card Program Alternate Billing Official
- On 19 September 2016, the applicant completed a memorandum for record stating she was stopped from seeing the Inspector General
- On 10 March 2017, she received a GOMOR for her dismal duty performance; she displayed a pattern of unprofessional, insubordinate, and disrespectful behavior towards her civilian supervisors; the supporting documents for the GOMOR are available for the Board's review
- On 31 March 2017, the GOMOR issuing authority ordered it to be filed in her AMHRR
- On 4 September 2017, she received an email congratulating her on her selection for promotion to captain
- On 2 October 2017, the Deputy Assistant Secretary of the Army (Boards) determined the applicant would be involuntarily eliminated from the Army with an Honorable characterization of service based on derogatory information
- On 19 October 2017, her behavioral health provider stated her behavioral health condition was a mitigating factor in the alleged behavior leading to administrative separation and she was cleared from a psychiatric perspective
- On 31 October 2017, she was honorably discharged from the Army for unacceptable conduct
- She provides statements on her behalf
- The applicant did not provide, and her service record is void of, documentation showing she has been diagnosed with PTSD or has syncope or pancreatitis

4. On 8 November 2021, the Board made a determination in her previous case in ABCMR Docket Number AR20200008886 stating in pertinent part:

- The Board found relief was not warranted
- The Board found insufficient evidence of a clear and convincing nature that the GOMOR is untrue or unjust
- The Board determined the GOMOR should remain in her AMHRR
- The Board found that requiring her to show cause for retention was appropriate
- The Board found her discharge for unacceptable conduct was not in error or unjust
- The Board noted she met retention standards at the time of her discharge

5. Based on the applicant stating she suffered from PTSD, syncope, and pancreatitis, the ARBA Medical Section provided a medical review for the Board's consideration.

6. 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 with the assistance of counsel, requests reconsideration of the Boards prior decision denying her relief. In the application, she indicated that PTSD, TBI, Other Mental Health and Reprisal/Whistle Blower were related to her case. She had several requests, but this review will focus of her contention that she was denied medical retirement and her request to change the narrative reason for separation to “Secretarial Authority.” She specifically mentioned the pancreatitis and syncope conditions. The applicant’s mental health condition(s) and related were reviewed under separate cover by an ARBA Medical Reviewer mental health expert.

2. The ABCMR ROP summarized the applicant’s record and circumstances surrounding the case. The applicant enlisted as a member of the Regular Army on 11Jun1998. She served in MOS 68W Health Care Specialist and 42A Human Resources. She was deployed in Iraq 20040120 to 20050104 and 20090102 to 20091225. She also served in Yugoslavia from 20020923 to 20030420. She was honorably discharged in 2012 to enter the Officer Training Program and was sworn in as a Commissioned Officer in the Regular Army Adjutant General Corps 15May2014. The applicant assumed duties as OIC 01Dec2015 at the Joint Military Mail Terminal (JMMT) in Incheon, Korea. She received a GOMOR dated 10Mar2017 stating that she “displayed a pattern of unprofessional, insubordinate and disrespectful behavior towards your civilian supervisors”…“frequently lacked professional accountability”…and ”failed to provide appropriate positive leadership while serving as the OIC at the Joint Military Mail Terminal.” She was honorably discharged on 31Oct2017 under provisions of AR 600-8-24 para 4-2B for unacceptable conduct. The involuntary discharge was the result of a Probationary Officer Elimination action based on the derogatory information.

3. While in Korea, the applicant had onset of Syncope and Pancreatitis. She was followed at Brian Allgood Seoul ACH and had multiple admissions to Samsung Medical Center (SMC).

a. 21May2016, the applicant was brought to the emergency department by ambulance after being found lying on the ground. She had been running for 3 hours and became dizzy. Two weeks prior, she had a similar episode of fainting (was talking to a co-worker and had dizziness upon standing). She did not seek care for that episode. The 24May2016 Stress ECHO Treadmill Test was normal. She was referred to SMC Cardiology where she was admitted 21-27May2016 for further workup. Tests included EKG (electrocardiogram), chest x-ray, Holter monitor, brain MRI, tilt test, coronary and pulmonary artery CT angiography. The tilt test was positive. The EKG showed borderline 1st degree block. The applicant was diagnosed with Neurocardiogenic Syncope, Vaso-depressive Type (SMC Cardiology and Internal Medicine notes). She was started on Atenolol. After being started on Atenolol, she felt lightheaded, and cardiology cut her dose in half (very slow hear rate was also noted). She was placed on profile for 3 months (06Jun2016). At the 02Sep2016 Cardiology follow up visit, she was encouraged to exercise (aerobic and anaerobic), and to increase water intake and salt. The profile was extended. 22Nov2016, the applicant was seen for profile review. There were no syncopal episodes since July 2016. She was requesting for her 'no run' profile to be changed to 'run at own pace and distance'. This was granted for 1 month pending cardiology visit 02Dec2016. She was admitted for Vasovagal Syncope work up again 05-10Dec2016. She was tilt table trained with successful results: Subsequent testing was normal. 13Dec2016, the profile was extended 2 months for observation. In March 2017, cardiology cleared her stating "she is fit for any kind of activity at this time" (10Mar2017 SMC). A few months later, on 29Jul2017, she presented to primary care with complaint of dizziness/lightheadedness (usually after running, standing from sitting and during talking) for the past 2 weeks. Cardiovascular and neurologic exams were normal. The prior Neurocardiogenic Syncope diagnosis was questioned, and medication side effect from psychotropic agent(s) was suspected (hydroxyzine, clonazepam, trazodone escitalopram etc.). Symptoms resolved by the follow up visit a few days later. *There were no further visits for the condition after July 2017*.

b. 29Jun2016 the applicant presented with abdominal pain with nausea and vomiting 6 times since the day prior. She also reported she had no stool for 2 weeks, but this was not unusual for her. In the Brian Allgood -Seoul ACH emergency room (ER) on the 30th, lipase was mildly elevated at 400+ with bilirubin and ketones in the urine. She was stable and was sent home with referral to gastroenterology. On 03Jul2016 she returned to the ER due to suprapubic abdominal pain, elevated plasma lactate 2.6 (0.7-2.1 mmol/L), amylase 171 (30-110 U/L) and lipase had increased to 730 (23-300 U/L). She was stable but was admitted for bowel rest 04-07Jul2016. The second admission 18-23Jul2016 was prompted by severe abdominal pain. She

subsequently had two ER visits (17Aug2016 and 24Oct2016) followed by a 3rd hospitalization 27-30Oct2016 for severe abdominal pain. During each admission, she was given supportive care (fluids, pain medication, gastrointestinal agents etc.). From 05-13Dec2016, the applicant had her final hospitalization for both Pancreatitis and Syncope. This was a scheduled (nonurgent) admission for further workup of both conditions. Repeat EGD 09Dec2016 was within normal limits. Prior gallbladder (GB) and biliary tree studies (31Oct2016 right upper quadrant (RUQ) abdominal ultrasound and 17Aug2016 CT of abdomen) were essentially normal. *There was possible small amount of GB sludge seen 12Jul2016 RUQ abdominal ultrasound*. *GB disease is a common cause of pancreatitis*. However, the definitive cause for the applicant's pancreatitis was not found. The final diagnosis was Idiopathic Pancreatitis. She was last seen for the condition in December 2016. Serum amylase and lipase were normal 24Jul2017. *It should be noted that the applicant was not diagnosed with Chronic Pancreatitis*.

4. Pertinent medical fitness retention regulation: Cause for a referral for a MEB:

AR 40-501, 3-14k. Syncope: Recurrent syncope or near syncope that is not controlled.

AR 40-501, 3-16e. Pancreatitis: Chronic pancreatitis.

5. Conclusion/Opinion

a. The Officer Evaluation Report covering the period from 20140515 thru 20160624 showed the APFT was passed 16Feb2016. During the 11May2016 Periodic Health Assessment (PHA), the applicant denied pain and endorsed a very good general overall well-being. The 06Nov2016 Officer Record Brief showed 11May2016 PULHES 111111. During the 07Aug2017 annual exam, it was noted that the applicant was currently on a temporary profile for behavioral health and a left foot condition only. During the separation examination (documented on DD Form 2808 Report of Medical Examination and DD Form 2807-1, 17Oct2017 Report of Medical History) both Pancreatitis and Neurocardiogenic Syncope conditions were listed, as well as others. The applicant was deemed qualified for service. The physical profile was PULHES 111111. The 13Nov2017 Officer Record Brief showed that the applicant passed the May 2017 APFT with score 267 and PULHES was 111111.

b. The applicant was honorably discharged. Concerning the applicant's request for a change in the narrative reason for separation from "unacceptable conduct" to "Secretarial Authority," in the undersigned's opinion, based on records available for review, there was insufficient medical evidence to support that either the Syncope condition or the Idiopathic Pancreatitis condition had a substantive direct impact physically on the reason for discharge. For example, the applicant passed APFTs in 2016 and 2017; none of the questionable absences from work (noted as '?' on the

JMMT Daily Status Report) corresponded to urgent or emergency room visits or hospital admissions for either condition; the Pancreatitis condition began the last few days of June 2016; and finally, neither the Pancreatitis condition nor Neurocardiogenic Syncope condition had a permanent level 3 physical profile. That notwithstanding, the psychological impact of the new diagnoses cannot be ruled out.

c. The applicant also requested medical retirement and that Liberal Consideration be applied; however, it is DoD policy that the application of liberal consideration does not apply to fitness determination and by extension liberal consideration does not apply to requests for medical retirement. Based on records available for review, there was insufficient medical evidence to support that either the Syncope condition or the Idiopathic Pancreatitis condition failed medical retention standards at the time of discharge. Referral for medical discharge processing is not recommended.

BEHAVIORAL HEALTH REVIEW:

a. Background: This opine will narrowly focus on the applicant's request for reconsideration of her former request for medical retirement with a 30 percent disability rating for PTSD or Major Depressive Disorder. The remainer of the applicant's requests are deferred to the Board.

b. 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:

- Applicant enlisted in the Regular Army from 11 June 1998 through 15 July 1998; she received an uncharacterized discharge for entry level performance and conduct.
- Applicant enlisted in the Regular Army from 2 January 2002 through 2 August 2012; she was honorably discharged for entry into an officer training program.
- On 15 May 2014, she took the oath of office in the Regular Army Adjutant General Corps.
- On 10 March 2017, she received a GOMOR for her dismal duty performance; she displayed a pattern of unprofessional, insubordinate, and disrespectful behavior towards her civilian supervisors.
- On 2 October 2017, the Deputy Assistant Secretary of the Army (Boards) determined the applicant would be involuntarily eliminated from the Army with an Honorable characterization of service based on derogatory information.

c. Review of Available Records: The Army Review Board Agency's (ARBA) Behavioral Health Advisor reviewed the supporting documents contained in the applicant's file. The applicant states, in her previous application to the Board, they considered a medical advisory opinion in reaching their decision without giving her an

opportunity to respond and did not apply correct legal standards in their decision. She reports being improperly micromanaged and mistreated while serving in Korea, and her leadership failed to consider her personal circumstances, mental health conditions, and medical emergencies. Each time she reached out for help, she became the subject of new adverse administrative actions, and it was presumed that she was committing misconduct or behaving disrespectfully, when there were more plausible justifications for her conduct. The leadership's actions improperly led to her discharge as a probationary officer despite over 18 years of service. Due to the failure to thoroughly review her situation and complaints against leadership, she has been denied the opportunity to retire.

d. The active-duty electronic medical record available for review shows the applicant participated in a mental health session on 22 August 2006 and was diagnosed with Adjustment Disorder with Anxiety and Depressed Mood, Inquiry and Counseling for Partner (Non-Marital) Conflict, and Other Specified Family Circumstances. A follow-up session on 29 August 2006, states the applicant reported engaging in a physically assaultive relationship (perpetrator and victim) and a referral to Family Advocacy Program (FAP) was indicated. Her diagnosis remained Adjustment Disorder with Anxiety and Depressed Mood. Follow-up sessions occurred on 5 September 2006 and a session on 20 September 2006 indicates the applicant was scheduled for an appointment with FAP. On 25 September 2006, she participated in an appointment that was labeled Partner Relational Problem and recommended for follow up with FAP as needed, completion of a psychoeducational class, and referral to a women's group. A note dated 13 November 2006, states the clinician was unable to reach the applicant who had transferred units. The clinician spoke with her first Sgt who had the applicant call, she reported doing well and was seen for a follow-up session on 15 November 2006; no concerns noted. Overall, no concerns about the applicant's ability to perform her duties were noted during this episode of care. On 9 July 2012, a separation medical examination indicated no behavioral health concerns.

On 26 March 2015, the applicant was assessed by psychiatry following a postpartum medical appointment and was diagnosed with Postpartum Depression and Insomnia, she was recommended for medication management. A follow-up session on 15 April 2015, states the applicant was taking her psychotropic medication as prescribed and reported "her depression lifted significantly" and "her anxiety level has decreased significantly". The applicant further reported feeling "as if the depression is lifted almost completely". On 2 July 2015, the applicant participated in a psychiatry appointment and the note states, "No emotional lability, no depression, no sleep disturbances, no decreased functioning ability, and not thinking about suicide." However, she did present with symptoms related to the stressors of an upcoming move for her and the family. Her diagnosis was Postpartum Depression, Anxiety, and Insomnia. A follow-up note dated

14 July 2015 states, “Patient's postpartum depression is in remission with medication”. She feels her depression has lifted significantly, her anxiety is down tremendously, and sleep is improved drastically. The decision was made to keep her on her medication and provide her with a 90-day supply in support of her move to Korea. A follow-up session on 28 July 2015, indicates the applicant continued to evidence improvement. Overall, her symptoms seemed well managed by her medication and there were no concerns about her ability to perform her duties.

On 23 December 2015, the applicant presented to psychiatry for an intake evaluation following her PCS’ing to Korea with her family. However, she was distressed since her husband refused to returned to Korea with their 4 children following the family’s trip back home in November 2015, when they took emergency leave due to the death of a relative. She reported her husband was initially reluctant to relocate to Korea and, once they moved, he was unhappy with life and his job in Korea. The applicant reported having requested early curtailment to return to the U.S.. She was diagnosed with Adjustment Disorder with Anxiety and Depressed Mood, Other Specified Depressive Disorder, Anxiety Disorder – Unspecified, and Partner Relational problem. During a follow-up session on 11 January 2015, her diagnosis was revised to Adjustment Disorder with Anxiety and Depressed Mood, Insomnia – Unspecified, and Other Depressive Episodes since her Depressive Disorder was in remission. The applicant participated in an intake session on 22 January 2016 and was recommended for ongoing individual psychotherapy and medication management based on her familial stressors, history of childhood sexual trauma, and prior deployments. She was diagnosed with Adjustment Disorder with Anxiety and Depressed Mood and provided care through February 2016.

On 4 April 2016, the applicant once again participated in an intake session and was recommended for individual therapy and continued medication management with psychiatry. She was diagnosed with Adjustment Disorder with Anxiety and Depressed Mood and Insomnia. The note further indicates her “current PULHES: 111111”. A follow-up session on 13 April 2016 diagnosed the applicant with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Relationship distress with spouse or intimate partner, Insomnia, and Rule-out PTSD since she did not meet diagnostic criteria but was being monitored by her clinician. The record shows ongoing treatment via individual therapy and medication management with the applicant experiencing multiple stressors. A follow-up session on 14 June 2016, diagnosed the applicant with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Relationship distress with spouse or intimate partner, Insomnia, and Rule-out Bipolar II or cyclothymic disorder since the clinician no longer consider the applicant’s presentation as consistent with PTSD but was concerned about an underlying mood disorder. In a session on 11 July 2016, the clinician offered the applicant the opportunity to further discuss a potential bipolar

diagnosis, however, the applicant was focused on processing the loss of a close friendship. A note dated 25 July 2016 shows the applicant's diagnoses as Anxiety and Depressed Mood, Relationship distress with spouse or intimate partner, and Insomnia. Neither PTSD or Bipolar were being consider since much of her presentation appeared related to ongoing stressors. The applicant appeared to discontinue treatment in September 2016.

The applicant reengaged with treatment on 5 January 2017 and was re-started on medication since she reported anxiety and depression related to her husband starting divorce proceedings and being separated from her children. Her diagnosis remained unchanged, and she was once again provided ongoing individual therapy and psychiatric care/medication management. The applicant was voluntarily psychiatrically hospitalized from 19 July to 21 July 2017 due to reporting transient/mild passive suicidal thoughts as well as mild symptoms of anxiety and depressed mood secondary to acute custody stressors. Her symptoms resolved with treatment and improved sleep. She was diagnosed with Adjustment Disorder with Anxiety and Depressed Mood, Insomnia, and Partner Relational Problem/Legal Stress. She was discharged to duty and recommended for outpatient therapy. No concerns were noted that her BH condition failed Army retention standards. On 24 July 2017, following her discharge from the hospital she participated in an intake session with behavioral health services and was diagnosed with Adjustment Disorder with Anxiety and Depressed Mood and recommended for individual therapy with continued medication management. The record shows the applicant continued to receive medication management and supportive psychotherapy with a focus on her multiple stressors until October 2017.

Overall, the applicant's available service record does not contain a DA Form 3349 (Physical Profile), nor does it evidence:

- she was issued a permanent physical profile rating
- she suffered from a mental health condition 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 mental health condition that warranted her entry into the Army Physical Disability Evaluation System (PDES)
- she was diagnosed with a mental health condition that failed retention standards and/or was unfitting.

e. The VA's Joint Legacy Viewer (JLV) was reviewed and indicates the applicant is 100% service connected, including 30% for PTSD. A C and P evaluation dated 29 March 2018 diagnosed the applicant with PTSD. The report specifically states, "The

veteran does not meet criteria for any diagnoses for the claimed mental health condition to include anxiety, depression, somatic symptom disorder, and all other acquired mental disorders at this time."

f. Based on the information available, it is the opinion of the Agency Behavioral Health Advisor that there is insufficient evidence, at this time, to support a referral to the IDES process. Although the applicant has been 30% service connected for PTSD, VA examinations are based on different standards and parameters; they do not address whether a medical condition met or failed Army retention criteria or if it was a ratable condition during the period of service. Therefore, a VA disability rating would not imply failure to meet Army retention standards at the time of service. A diagnosis of PTSD through the VA is not indicative of an injustice at the time of service. Furthermore, even an in-service diagnosis of PTSD is not automatically unfitting per AR 40-501 and would not automatically result in the medical separation processing. Based on the documentation available for review, there is no indication that an omission or error occurred that would warrant a referral to the IDES process.

g. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? Not applicable.

(2) Did the condition exist or experience occur during military service? Not applicable.

(3) Does the condition or experience actually excuse or mitigate the discharge? Not applicable**.**

BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. After reviewing the application and all evidence outlined in the record, the Board made the following findings and recommendations related to the requested relief:

a. GOMOR Removal from the AMHRR. The Board determined the commander's inquiry, which found the applicant's unprofessionalism with her direct supervisors and subordinates created a hostile work environment and warranted the issuance of a GOMOR. The Board noted the fact remains the GOMOR was issued for dismal duty performance evidenced by a pattern of unprofessional, insubordinate, and disrespectful behavior towards civilian supervisors. Additionally, she lacked accountability and failed to provide positive leadership. The Board considered counsel's argument and new position based on the applicant not being able to review and comment on the medical advisor's opinion before reaching a determination. The Board considered the previous Board's position that the GOMOR the applicant received was untrue or unjust, in whole or in part, to warrant removal from her AMHRR. The Board also considered the applicant's years of service. Finally, the Board noted there was no clear and convincing evidence presented that would warrant overturning the previous Board's decision. Therefore, the Board denied relief.

b. Reinstate her as a 1LT on active duty. Based upon the applicant's actions resulting in the issuance of a GOMOR and subsequent Probationary Officer Elimination Case, the Board found no error or injustice in the proceedings or the decision to involuntarily eliminate her from service rendered by the DASA-Review Boards. As a result, the Board concluded her removal from active duty based on derogatory information was warranted and appropriate. The Board determined relief was not warranted.

c. Medically retire her with a 30 percent disability rating for PTSD or major depressive disorder. The Board reviewed and concurred with the medical opine that noted although the applicant has been 30 percent service connected for PTSD, VA examinations are based on different standards and parameters; they do not address whether a medical condition met or failed Army retention criteria or if it was a ratable condition during the period of service. Therefore, a VA disability rating would not imply failure to meet Army retention standards at the time of service. A diagnosis of PTSD through the VA is not indicative of an injustice at the time of service. Furthermore, even an in-service diagnosis of PTSD is not automatically unfitting per AR 40-501 and would not automatically result in the medical separation processing. Therefore, the Board denied relief for referring her case to IDES.

d. Correct the narrative reason for separation to "Secretarial Authority." The Board carefully considered the applicant's request, supporting documents and evidence in the records. The Board considered the applicant's statement and record of service, the frequency and nature of the applicant's misconduct and the reason for separation. The Board found no error or injustice in the Probationary Officer Elimination Case proceedings against the applicant. The DASA-Review Boards determined the applicant would be involuntarily eliminated from the Army with an Honorable characterization of service based on derogatory information. Therefore, the Board determined her narrative reason for separation was in accordance with the governing regulation and denied relief.

2. The applicant's request for a personal appearance hearing was carefully considered. In this case, 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

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 amendment of the ABCMR decision rendered in Docket Number AR20200008886 on 8 November 2021.

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. Army Regulation 15-185 (ABCMR) prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR. The ABCMR may, in its discretion, hold a hearing or request additional evidence or opinions. Additionally, it states in paragraph 2-11 that applicants do not have a right to a hearing before the ABCMR. The Director or the ABCMR may grant a formal hearing whenever justice requires.

2. Army Regulation 15-6 (Procedures for Administrative Investigations and Boards of Officers) establishes procedures for conducting preliminary inquiries, administrative investigations, and boards of officers when such procedures are not established by other regulations or directives. A preliminary inquiry is a procedure used to ascertain the magnitude of a problem, to identify and interview witnesses, to summarized or record witnesses' statements, to determine whether an investigation or board may be necessary, or to assist in determining the scope of a subsequent investigation.

3. Army Regulation 600-8-24 (Officer Transfers and Discharges), 12 April 2006, prescribed the officer transfers from active duty to the Reserve Component and discharge functions for all officers on active duty for 30 days or more. Paragraph 4-2b (Reason for Elimination) states while not all inclusive, when one of the following or similar conditions exists, elimination action may be or will be initiated as indicated for, to include, misconduct, moral or professional dereliction, or in the interest of national security.

4. Army Regulation 600-37 (Unfavorable Information) sets forth policies and procedures to ensure the best interests of both the Army and Soldiers are served by authorizing unfavorable information to be placed in, transferred within, or removed from an individual's AMHRR.

a. An administrative memorandum of reprimand may be issued by an individual's commander, by superiors in the chain of command, and by any general officer or officer exercising general court-martial jurisdiction over the Soldier. The memorandum must be referred to the recipient and the referral must include and list applicable portions of investigations, reports, or other documents that serve as a basis for the reprimand. Statements or other evidence furnished by the recipient must be reviewed and considered before a filing determination is made.

b. A memorandum of reprimand may be filed in a Soldier's AMHRR only upon the order of a general officer-level authority and is to be filed in the performance folder. The direction for filing is to be contained in an endorsement or addendum to the memorandum. If the reprimand is to be filed in the AMHRR, the recipient's submissions are to be attached. Once filed in the AMHRR, the reprimand and associated documents are permanent unless removed in accordance with chapter 7 (Appeals).

c. Paragraph 7-2 (Policies and Standards) provides that once an official document has been properly filed in the AMHRR, it is presumed to be administratively correct and to have been filed pursuant to an objective decision by competent authority. Thereafter, the burden of proof rests with the individual concerned to provide evidence of a clear and convincing nature that the document is untrue or unjust, in whole or in part, thereby warranting its alteration or removal from the AMHRR. Soldiers must have received at least on evaluation (other than academic) since imposition.

d. Only letters of reprimand, admonition, or censure may be the subject of an appeal for transfer to the restricted folder of the AMHRR. Such documents may be appealed on the basis of proof that their intended purpose has been served and that their transfer would be in the best interest of the Army. The burden of proof rests with the recipient to provide substantial evidence that these conditions have been met.

5. Army Regulation 600-8-104 (Army Military Human Resource Records Management) prescribes Army policy for the creation, utilization, administration, maintenance, and disposition of the AMHRR. Paragraph 3-6 provides that once a document is properly filed in the AMHRR, the document will not be removed from the record unless directed by the ABCMR or other authorized agency.

6. On 3 September 2014, the Secretary of Defense directed the Service Discharge Review Boards (DRBs) and Service Boards for Correction of Military/Naval Records (BCM/NRs) to carefully consider the revised PTSD criteria, detailed medical considerations, and mitigating factors when taking action on applications from former service members administratively discharged under other than honorable conditions and who have been diagnosed with PTSD by a competent mental health professional representing a civilian healthcare provider in order to determine if it would be appropriate to upgrade the characterization of the applicants' service.

7. 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 DRBs and BCM/NRs when considering requests by veterans for modification of their discharges due in whole or in part to: mental health conditions, including PTSD, 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. The guidance further describes evidence sources and criteria and requires boards to consider the conditions or experiences presented in evidence as potential mitigation for misconduct that led to the discharge.

8. On 25 July 2018, the Under Secretary of Defense for Personnel and Readiness issued guidance to Service BCM/NRs regarding equity, injustice, or clemency determinations. Clemency generally refers to relief specifically granted from a criminal

sentence. BCM/NRs may grant clemency regardless of the court-martial forum. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds. This guidance does not mandate relief, but rather provides standards and principles to guide BCM/NRs in application of their equitable relief authority. In determining whether to grant relief on the basis of equity, injustice, or clemency grounds, BCM/NRs shall consider the prospect for rehabilitation, external evidence, sworn testimony, policy changes, relative severity of misconduct, mental and behavioral health conditions, official governmental acknowledgement that a relevant error or injustice was committed, and uniformity of punishment. Changes to the narrative reason for discharge and/or an upgraded character of service granted solely on equity, injustice, or clemency grounds normally should not result in separation pay, retroactive promotions, and payment of past medical expenses or similar benefits that might have been received if the original discharge had been for the revised reason or had the upgraded service characterization.

9. Title 38, U.S. Code, section 1110 (General – Basic Entitlement), provides that for disability resulting from personal injury suffered or disease contracted in the line of duty or for aggravation of a preexisting injury suffered or disease contracted in the line of duty in the active military, naval, or air service, during a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

10. Title 38, U.S. Code, section 1131 (Peacetime Disability Compensation – Basic Entitlement), provides that for disability resulting from personal injury suffered or disease contracted in the line of duty or for aggravation of a preexisting injury suffered or disease contracted in the line of duty in the active military, naval, or air service, during other than a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

11. Title 10, USC, 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 Department of Defense Directive 1332.18 and Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation).

12. Army Regulation 635-40 (Disability Evaluation for Retention, Retirement, or Separation) 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. Soldiers are referred to the disability system when they no longer meet medical retention standards in accordance with AR 40-501, chapter 3, as evidenced in a medical evaluation board (MEB); when they receive a permanent physical profile rating of "3" or "4" in any functional capacity factor and are referred by a Military Occupational Specialty 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 or 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 a service member is fit for duty. A designation of "unfit for duty" is required before an individual can be separated from the military because of an injury or medical condition. Service members who are determined to be unfit for duty due to disability are either separated from the military or are permanently retired, depending on the severity of the disability and length of military service. Individuals who are "separated" receive a onetime 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 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 medical impairment prevents reasonable performance of the duties required of the Soldier's office, grade, rank, or rating.

13. Title 10, USC, 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, USC, 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.

14. Army Regulation 40-501 (Standards of Medical Fitness), provides policies and procedures on medical fitness standards for induction, enlistment, appointment, and retention. Paragraph 3-33 (anxiety, somatoform, or dissociative disorders) states the causes for referral to an MEB are as follows:

- persistence or recurrence of symptoms sufficient to require extended or recurrent hospitalization; or
- persistence or recurrence of symptoms necessitating limitations of duty or duty in protected environment; or
- persistence or recurrence of symptoms resulting in interference with effective military performance

15. 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//