ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 20 June 2025

DOCKET NUMBER: AR20240006222

APPLICANT REQUESTS: removal of comments from his Standard Form 502 (Narrative Summary), 1 November 1977.

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

- DD Form 149 (Application for Correction of Military Record under the Provisions of Title 10, U.S. Code, Section 1552)
- DD Form 214 (Certificate of Release or Discharge from Active Duty) for the period ending 14 January 1983
- Numerous medical documents
- Numerous Statements from family and friends

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 wants the following statements removed from his medical record as they are inaccurate:

> Patient claims that he had never been told that he has a murmur before but the cardiologist's evaluation at Fort Gordon includes recorded history of having been told that he needed "heart surgery" at age 15.
>
> PAST HISTORY: This patient's military history includes history of having not performed well on his MOS [military occupational specialty] test and was being processed for discharge at the time present illness was discovered.

b. He never told any medical provider he had a heart condition nor was he being processed for a discharge. He never had any issues with his heart until he almost

passed out during physical fitness training in August 1977, which is when it was discovered. These medical statements are preventing him from receiving Department of Veterans Affairs benefits as it was looked at as having a "preexisting condition."

3. His Standard Form 93 (Report of Medical History), dated 24 November 1976 shows he noted he was in good health and indicated he had no prior or current medical conditions including any heart related issues. He validated this form with his signature on the same date.

4. His Standard Form 88 (Report of Medical Examination) shows he was provided an entry level examination on 24 November 1976. The medical professional noted he had abnormal issues with his eyes regarding distant and near vison and mild lordosis [swayback – forward curved spine in the neck or lower back]. He was deemed qualified for enlistment on the same date.

5. The applicant enlisted in the Regular Army on 15 February 1977.

6. He provides, and his records contains a Standard Form 502, dated 1 November 1977, with auxiliary documents, that show he was admitted to Walter Reed Army Medical Center for the chief complaint of ASD [Atrial Septal Defect – a congenital heart defect where there is a hole between the upper and heart chambers, allowing increased blood flow through the lungs].

a. This form contains the following statements:

> Patient claims that he had never been told that he has a murmur before but the cardiologist's evaluation at Fort Gordon includes recorded history of having been told that he needed "heart surgery" at age 15.
>
> PAST HISTORY: This patient's military history includes history of having not performed well on his MOS test and was being processed for discharge at the time present illness was discovered.

b. On 14 September 1977 he underwent surgery the included a primary suture repair of ASD under cardiopulmonary bypass and a cardiac catheterization. He was discharged on 28 October 1977 with a limited profile for 90 days and to be seen in one year for follow up in the thoracic surgery and cardiology clinics.

7. The applicant was honorably discharged on 14 January 1983 by reason of expiration term of service. His DD Form 214 shows he completed 5 years and 11 months.

8. He provides numerous character and witness statements from family members and friends that testify to him being an active and heathy child. He played sports growing up and never had any issues with his heart (see statements for further details).

9. He did not provide any documentation that addresses the Department of Veterans Affairs denying him benefits.

MEDICAL REVIEW:

1. The Army Review Boards Agency (ARBA) Medical Advisor reviewed the supporting documents, the Record of Proceedings (ROP), and the applicant's available records in the Interactive Personnel Electronic Records Management System (iPERMS), the Health Artifacts Image Management Solutions (HAIMS) and the VA's Joint Legacy Viewer (JLV). The applicant requests correction of his military treatment record to remove certain statements. He indicated that errors in documentation prevented him from receiving VA benefits because his claim was processed as preexisting.

2. The ABCMR ROP summarized the applicant's record and circumstances surrounding the case. The applicant enlisted in the US Army Reserve 24Nov1976 and entered the Regular Army on 15Feb1977. His MOS was 45B Small Arms Repairer. The Army Personnel Qualification Record (DA Form 2-1) indicated that he did not complete MOS 05F Radio TT Op Non Morse and had experienced academic failure in MOS 72E TeleComm Ctr Op. He was stationed in Germany 19810308 to 19830113. He was discharged 14Jan1983 under provisions of AR 635-200 chapter 4 due to expiration of service. His service was characterized as Honorable.

3. The applicant stated that the following statements were incorrect.

a. He was told that he "needed heart surgery at the age of 15". *He stated that he never had heart problems until he almost passed out during PT approximately in August 1977*.

b. Past Medical History included "having not performed well on his MOS test and that he was being processed for discharge at the time the present illness was discovered". *He stated that he never told any provider such a thing*.

4. Summary of pertinent service medical records

a. 24Nov1976 Report of Medical History (SF 93) for enlistment. The applicant endorsed good health. He denied 'heart trouble', 'pain or pressure in chest' and 'shortness of breath'. The 24Nov1976 Report of Medical Examination (SF 88) included the following Summary of Defects: Defective Distant and Near Vision and Mild

Lordosis. The conditions were non disqualifying. *Lordosis is a curvature in the spine*. Of note, the heart exam was assessed as "normal". The physical profile was PULHES 211121. He was deemed qualified for service.

b. 14Sep1977 Operative Report (WRAMC). The applicant's diagnosis was Secundum Atrial Septal Defect. *An atrial septal defect is a hole in the wall between the 2 atria, the upper chambers of the heart. Generally, this hole permits abnormal (opposite normal flow or a shunt) blood flow from the left atria to the right and increases blood flow to the lungs*. The applicant underwent primary suture closure of the secundum defect without complication.

c. 01Nov1977 Clinical Record Narrative Summary (SF 502). He was admitted 21Aug1977 to 28Oct1977 for Atrial Septal Defect management/repair with diagnosis confirmed by cardiac catheterization on 12Sep1977. The physical exam revealed a smaller than average build black male. The cardiac exam was significant for very prominent apical and lower left sternum border lift with a wide fixed S2 split. There was a grade III systolic murmur at the 2nd left intercostal space and a palpable thrill over the pulmonary area. He underwent surgical repair as above on 14Sep1977. After heart surgery, the applicant's hematocrit dropped necessitating blood transfusion. He also developed a pericardial friction rub that was treated with aspirin. Otherwise, the postoperative course was uneventful. He went home on convalescent leave for one month. He returned to the hospital 21Oct1977. On 28Oct1977, a shuntogram showed that the shunt was resolved. He was discharged to duty 28Oct1977 on aspirin 4 times per day for 6 weeks and on a 90 profile.

d. From November 1977 at least through September 1981, the applicant was seen periodically for intermittent chest wall pain status post median-sternotomy and wire placement. The applicant was advised that the wires could be removed if he desired (27Jan1978 Cardiology Consult and 15Sep1981 Thoracic Surgery Service), but it appears that the applicant did not elect to do so while he was in service. A separation medical exam was not completed per the applicant's 12Jan1983 election.

5. Summary of behavioral health records. These were recorded after discharge.

a. 18Sep2000 Primary Care Nursing Screening Note. Positive depression screen: The applicant endorsed feeling irritable, anxious or sad and having difficulty sleeping.

b. 21Feb2001 Annual Screening Nursing Annual Physical Examination, 20Aug2001 and 31Dec2001 Primary Care Nursing Screening Note. Depression screen was negative.

c. 18Nov2003 Primary Care Nursing Note. Depression screen was negative.

d. 24Jul2003 Personal Statement VA Form 21-10210. The applicant stated that he was suffering from PTSD due to the death of one of his best friends PVT W_ in 1980.

6. Summary/Opinion

a. The applicant's disagreement with documentation by the providers was acknowledged. Per JLV search today, the applicant does not have a rating by the VA for the heart condition. In regard to his disagreement with the VA reportedly designating his claim for Atrial Septal Defect as preexisting; according to the National Institute of Health, Secundum Atrial Septal Defect is one of the most common congenital atrial septal defects. Smaller defects may not have any noticeable exercise limitations. Smaller defects may also close without surgical intervention prior to adulthood. Others may become symptomatic and require closure. The condition can remain undiagnosed until well into adulthood in some cases. The applicant stated that during childhood he was very active, later in adolescence he participated in softball and basketball in the neighborhood without issue. This scenario is not uncommon in the natural history of atrial septal defects. Therefore, despite not being detected during medical processing into the Army, the congenital Secundum Atrial Septal Defect was preexisting.

b. There was insufficient evidence in the available record to support that the preexisting heart condition was permanently worsened by his military service beyond natural progression. After surgery, the condition did not have associated profile limitations. He met qualifications for his new MOS and he qualified to deploy overseas.

c. Based on records available for review, the applicant did not have a medical condition including mental health, which failed retention standards of AR 40-501 chapter 3 at the time of discharge. In the ARBA Medical Reviewer's opinion, referral for medical discharge processing is not warranted.

d. The applicant requests correction of his medical treatment record. By convention, this is usually done by addendum or amendment when there is clear error or for clarification purposes. In the ARBA Medical Reviewer's opinion, it is not clear that an error was made in documentation. For example, the author of the Narrative Summary referenced documentation in a "cardiologist's evaluation at Fort Gordon" and that document was not provided/available for review. In addition, an addendum to the applicant's medical record addressing his contention essentially asserting that his premilitary medical history lacked heart symptoms/cardiac history, would be futile as currently the medical community agrees that Secundum Atrial Septal Defect is congenital and therefore predated his service.

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 Board carefully considered the applicant's record of service, documents submitted in support of the petition and executed a comprehensive and standard review based on law, policy and regulation. Upon review of the applicant's petition, available military records, and the ARBA Medical Advisory opinion the Board concurred with the ARBA Medical Reviewer's opinion, in that it is not clear that an error was made in documentation. For example, the author of the Narrative Summary referenced documentation in a "cardiologist's evaluation at Fort Gordon" and that document was not provided/available for review. In addition, an addendum to the applicant's medical record addressing his contention essentially asserting that his premilitary medical history lacked heart symptoms/cardiac history, would be futile as currently the medical community agrees that Secundum Atrial Septal Defect is congenital and therefore predated his service.

2. Furthermore, the Board determined based on records available for review, the applicant did not have a medical condition including mental health, which failed retention standards of AR 40-501 chapter 3 at the time of discharge. The Board found based on the medical opine, removal of comments from his Standard Form 502 (Narrative Summary) is not warranted. Therefore, relief is denied.

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.

X //SIGNED//

CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. Title 10, 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. Army Regulation 15-185 (Army Board for Correction of Military Records) prescribes the policies and procedures for correction of military records by the Secretary of the Army acting through the ABCMR. 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.

3. Army Regulation 40-66 (Medical Record and Quality Assurance Administration) sets policies and procedures for the preparation and use of Army medical records and the administration of the Army's Quality Assurance Program. The purpose of a medical record is to provide a complete medical history for patient care, medicolegal support, and research and education. A medical record also provides a means of communication where necessary to fulfill other Army functions. The purpose of the quality assurance program is the maintenance of high-quality patient care within available resources.

//NOTHING FOLLOWS//