ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 12 March 2025

DOCKET NUMBER: AR20240006484

APPLICANT REQUESTS:

- Change to the narrative reason, separation code, and reentry code to reflect "medical discharge"
- Award of the Purple Heart (PH)

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

- DD Form 293 (Application for the Review of Discharge from The Armed Forces of the United States)
- DD Form 214 (Certificate of Release or Discharge from Active Duty)
- Self-authored statement

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, via statement, he should have received a Purple Heart while serving in Iraq for his role in the extraction of injured Soldiers and towing the vehicle following the explosion, because he saved his fellow man. He received an honorable discharge when it should have been a medical discharge, as he too was injured in Iraq. As a result, he could not re-enlist in the military due to his injuries.

3. The applicant provides a copy of his DD Form 214; however, he did not provide documentary evidence to support his claim of injuries sustained while deployed to Iraq.

4. A review of the applicant's service record shows:

a. He enlisted in the Regular Army on 25 February 2009 for a period of 3 years and 16 weeks.

b. Headquarters, III Corps and Fort Hood orders HO-158-0090, dated 7 June 2010, reflect the applicant was deployed in a Temporary Change of Station (TCS) in support of Operation Iraqi Freedom, Talil, Iraq, with a proceed date of on or about 20 August 2010, not to exceed 455 days.

c. DD Form 214 reflects the applicant was honorably released from active duty on 15 June 2012 and transferred to the U.S. Army Reserve Control Group (Reinforcement), under the provisions of AR 635-200, chapter 4, completion of required active service, separation code MBK, and reentry code 1. It also reflects the following:

- Item 13 (Decorations, Medals, Badges, Citations and Campaign Ribbons Awarded or Authorized): Iraq Campaign Medal w/two Campaign Stars, Army Commendation Medal, National Defense Service Medal, Army Service Ribbon, Overseas Service Ribbon

- Item 18 (Remarks): Served in a Designated Imminent Danger Pay Area, Iraq, 26 August 2010 thru 10 August 2011

5. AR 635-200 states, a Soldier will be separated upon expiration of enlistment or fulfillment of service obligation. Soldiers being separated upon expiration of enlistment or fulfillment of service obligation will be awarded a character of service of honorable and assigned the Narrative Reason for Separation as "completion of required active service."

6. The applicant's Interact Personnel Electronic Records Management System (iPERMS) is void of any request to U.S. Army Human Resources Command for award of the Purple Heart.

7. To be awarded the Purple Heart, the regulatory guidance requires all elements of the award criteria to be met; (1) there must be proof a wound was incurred as a result of enemy action, (2) that the wound required treatment by medical personnel, and (3) that the medical personnel made such treatment a matter of official record. Additionally, when based on a TBI, the regulation stipulates the TBI or concussion must have been severe enough to cause a loss of consciousness; or restriction from full duty due to persistent signs, symptoms, or clinical findings; or impaired brain functions for a period greater than 48 hours from the time of the concussive incident.

8. MEDICAL REVIEW:

a. 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, the Army Aeromedical Resource Office (AERO), and the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

b. The applicant is applying to the ABCMR requesting a Purple Heart and in essence a referral to the Disability Evaluation system (DES). He states:

> "I should've received a Purple Heart while serving in Iraq, for my part in the extraction of the injured soldiers and the vehicle tow following the explosion, because I save my fellow Man. I received an honorable discharge when it should've been a medical discharge because I was also injured in Iraq. Therefore, I could not re-enlist into the Military due to my injuries."

c. The Record of Proceedings details the applicant's military service and the circumstances of the case. His DD 214 shows he entered the Regular Army on 25 February 2009 and was discharged 15 June 2012 at the completion of his required active service under chapter 4 of AR 635-200, Active Duty Enlisted Administrative Separations (17 December 2009). His reentry code of "1" signifies he was fully qualified to reenlist.

d. The applicant's behavioral health concerns will be addressed separately by an ARBA behavioral health provider.

e. Paragraph 2-8 of AR 600-8-22, Military Awards (15 September 2011), lists the criteria for the awarding of the Purple Heart. Paragraph 2b lists the circumstances under which the injury is eligible for a Purple Heart (enemy action, friendly fire, peace keeping, etc.). Paragraph 2e states the wound and medical care requirements for the award:

> "A wound is defined as an injury to any part of the body from an outside force or agent sustained under one or more of the conditions listed above. A physical lesion is not required, however, the wound for which the award is made must have required treatment by medical personnel and records of medical treatment for wounds or injuries received in action must have been made a matter of official

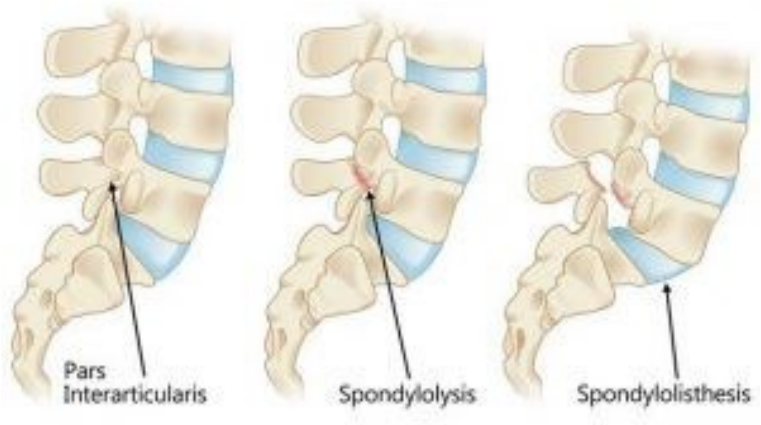
f. AR 600-8-22 requires the Soldier to be treated by a military physician or "treated by a medical professional other than a medical officer {e.g., a physician, corpsman, or combat medic} provided a medical officer includes a statement in the member's medical

record that the severity of the wound was such that it would have required treatment by a medical officer if one had been available to provide treatment" (paragraph 2-8c(3).

g. No evidence was presented or found in the record indicating the applicant had sustained a qualifying wound.

h. The applicant does not identify the injuries which prevented him from reenlisting. The EMR for his final year of service show he was treated for low back pain and a right ankle sprain.

i. An MRI showed the applicant had spondylolistheses with some degenerative changes:



j. Spondylolisthesis is the term for the isolated pars interarticularis defects/fractures responsible for this condition and are present in up to 6% of the population. They are most often either congenital or acquired from repetitive overuse in activities requiring hyperextension of the lumbar spine, e.g., gymnastics or a down lineman in football. They are almost never secondary to acute trauma. While reports of trauma are often associated with an onset or increase in lumbar pain associated with spondylolisthesis, isolated pars fractures are very rarely caused by trauma: The substantial energy required to yield these fractures through acute trauma would also lead to the fracturing of nearby associated boney structures.

k. This condition was treated conservatively, to include physical therapy. The applicant underwent a right ankle arthroscopy in January 2012. The operative note is not available for review but no pathology or injuries were noted at his follow-up encounters.

l. There is insufficient probative medical evidence the applicant had a 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 him

from reenlisting. Thus, there was no cause for referral to the Disability Evaluation System.

m. Paragraph 3-1 of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation (20 March 2012) states:

> "The mere presence of an impairment does not, of itself, justify a finding of unfitness because of physical disability. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the Soldier reasonably may be expected to perform because of their office, grade, rank, or rating.

n. JLV shows he has been awarded multiple VA service-connected disability ratings related to his back and knee. However, the DES only compensates an individual for permanent service incurred medical condition(s) which have been determined to disqualify him or her from further military service and consequently prematurely ends their career. 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.

o. It is the opinion of the ARBA medical advisor that neither the awarding of the Purple Heart nor a referral to the DES is indicated.

BEHAVIORAL HEALTH REVIEW:

a. The applicant is applying to the ABCMR requesting a medical discharge in lieu of his honorable discharge for completion of service. He asserts he experienced mental health conditions including PTSD on active service, which qualify him in part for a medical discharge. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following: 1) The applicant enlisted into the Regular Army on 25 February 2009; 2) The applicant engaged in a combat deployment to Iraq between 26 August 2010 and 10 August 2011; 3) The applicant was honorably discharged, Chapter 4 on 15 June 2012, with the narrative reason of completion of required active service. He completed 3 years, 3 months, and 21 days of net active service.

b. The Army Review Board Agency (ARBA) Medical Advisor reviewed the supporting documents and the applicant's available military service records. The VA's

Joint Legacy Viewer (JLV) was also examined. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

c. The applicant initially self-referred for behavioral health treatment while on active duty for "depression and irritability" on 19 November 2009 and was diagnosed with adjustment disorder with depressed mood and was medically referred to ASAP due to alcohol misuse. During this encounter, he noted daily cannabis use since age 14, which he reported replacing with daily alcohol use upon joining the military. On 06 January 2010, in his ASAP intake, he was diagnosed with alcohol abuse. On 24 March 2010, after approximately 15 ASAP group and individual therapy sessions, the applicant participated in a final treatment team meeting with his command which noted that the applicant's prognosis was good and denied his experience of any additional mental health symptoms and was discharged from care. Once he deployed, he self-referred for his first behavioral health visit on 18 November 2010 due to occupational and relationship problems interfering with his sleep. During this encounter, he was diagnosed with adjustment disorder with mixed emotions which changed to "relationship problems" in his only subsequent visit. During his post-deployment behavioral health evaluation on 09 August 2011, he broadly reported anxiety and emotional reactivity, but declined any further services and was not given a diagnosis. On 20 September 2011, during a primary care encounter, he reported depressive symptoms, was diagnosed with adjustment disorder with depressed mood, and he was referred to behavioral health services for evaluation and treatment. He was seen for an initial behavioral health encounter on 22 September 2011 and began behavior health treatment under the same diagnosis. On 16 December 2011, the applicant requested a referral for off-post psychiatric medication management. The applicant's medical records for the treatment received at this civilian facility were not available in his electronic medical record. However, on 24 January 2012, he was referred to back to ASAP following a positive urinalysis for cannabis and was diagnosed with drug dependence, cannabis dependence, and alcoholism. Following this appointment, he intermittently attended ASAP and psychiatry appointments until his discharge from active service (approximately 29 visits). There was insufficient evidence the applicant was diagnosed with a mental health condition beyond polysubstance dependence during this period of time. On 06 March 2012, the applicant was evaluated post-discharge at a military facility following completion of one month of treatment at a civilian intensive substance use treatment facility, which had diagnosed the applicant with both cannabis dependence and PTSD. However, when the applicant was reevaluated upon discharge, he was ruled to not meet full criteria for PTSD, at that time. He declined any additional behavioral health therapeutic intervention aside from his appointments with ASAP providers. In addition, there was no additional medical documentation available from the civilian facility supporting their diagnosis or treatment plan consistent with a diagnosis of PTSD.

The applicant continued with consistent intervention with ASAP providers until discharge, however, due to non-compliance with psychiatric treatment, the applicant's case with his prescribing provider was briefly closed on 11 April 2012. On 30 April 2012, the applicant was seen in behavioral health for evaluation and treatment. He reported smoking synthetic marijuana and "designer drugs," that were interfering with his work. Formal communication was provided to command via DA Form 3822 that the applicant had an active substance use disorder and should have corresponding duty restrictions. During this encounter, the active-duty behavioral health clinician cleared the applicant of any unfitting mental health conditions necessitating a DES referral, including explicitly ruling out PTSD. In addition, he was diagnosed with an unspecified substance-induced anxiety disorder secondary to synthetic marijuana usage ("Spice"). Per report in the applicant's medical record, the applicant's command chose to allow him to leave the military at his expiration of service rather than pursue an administrative separation for misconduct. On 31 May 2012, he engaged in a final one-time telehealth appointment prior to leaving active service and was diagnosed with drug abuse and PTSD. The provider attributed the applicant's PTSD to his previous combat experiences. This evaluation occurred two weeks prior to his discharge with a remote tele-behavioral health provider not involved in his direct care. There was insufficient evidence the applicant was referred to MEB for a mental health condition including PTSD or was ever placed on a permanent psychiatric profile. In addition, the applicant was only diagnosed with PTSD by a military facility on one occasion. He did not consistently attend treatment or demonstrated treatment compliance during his time in service, and he did not require inpatient psychiatric treatment on two occasions.

d. Following his discharge on 23 June 2012, the applicant was seen by the VA, primarily for medical issues. He was evaluated through a VA C&P evaluation for PTSD on 09 July 2012 resulting in a diagnosis of service-connected PTSD. During his initial VA psychiatric evaluation on 11 July 2012, his diagnoses of PTSD and cannabis abuse were continued. His interaction with VA mental health was intermittent from that point onward and primarily focused on psychiatric medication management and further treatment for cannabis abuse. On 27 April 2020, the applicant was discharged from psychiatry due to lack of treatment participation in greater than 18 months. He is currently VA service-connected for PTSD (70%SC).

e. Based on the available information, it is the opinion of the Agency Medical Advisor that there is sufficient evidence that the applicant was diagnosed with mental health conditions including PTSD during his time in service and was subsequently service connected for PTSD through the VA. However, multiple mental health providers consistently evaluated the applicant throughout his time in service and explicitly ruled out PTSD beyond a final encounter shortly before his discharge. The applicant did not

consistently participate or was compliant with behavioral health treatment, other than for substance use, throughout his time in service. He did not attend more than six months of treatment for a behavioral health condition without improvement nor did he require hospitalization in inpatient psychiatric treatment on two or more occasions. There is also insufficient evidence that the applicant was ever placed on a psychiatric permanent profile while on active service. Therefore, there is insufficient evidence the applicant's case warrants a referral to DES from a behavioral health perspective, at this time.

f. Kurta Questions:

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

(2) Did the condition exist or experience occur during military service? N/A. The applicant is requesting medical discharge.

(3) Does the condition or experience actually excuse or mitigate the discharge? N/A. The applicant is requesting medical discharge.

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 medical review, the Board concurred with the advising opinion of the Agency Medical Advisor that there is sufficient evidence that the applicant was diagnosed with mental health conditions including PTSD during his time in service and was subsequently service connected for PTSD through the VA. However, multiple mental health providers consistently evaluated the applicant throughout his time in service and explicitly ruled out PTSD beyond a final encounter shortly before his discharge. Therefore, there is insufficient evidence the applicant's case warrants a referral to DES from a behavioral health perspective, at this time.

2. The Board noted the applicant's assertions that he was injured while extracting wounded Soldiers and towing a damaged vehicle following an explosion, and that these injuries prevented him from re-enlisting. Also contends that his honorable discharge should have been characterized as a medical separation. While the Board acknowledged the applicant's honorable service and his deployment to a designated imminent danger pay area, the record is void of any documentary evidence

substantiating his claim of injury in theater. Specifically, the Board found no indication in the applicant's medical records, personnel file, or DD Form 214 that he sustained a wound or injury requiring treatment by medical personnel, nor that such treatment was made a matter of official record. The applicant did not provide medical documentation, line-of-duty determinations, or contemporaneous reports to support his assertion of a service-incurred injury. Furthermore, the Interact Personnel Electronic Records Management System (iPERMS) contains no request for award of the Purple Heart, and the criteria for the award proof of injury from enemy action, medical treatment, and official documentation was not met.

3. The applicant's contentions to change his narrative reason, separation code, and reentry code, the Board found no basis for modification. The applicant was separated under the provisions of Army Regulation 635-200, Chapter 4, for completion of required active service. His DD Form 214 correctly reflects the narrative reason as "completion of required active service," the separation code as MBK, and the reentry code as 1, indicating full eligibility for reenlistment. The Board found no evidence that he was medically unfit for continued service at the time of separation or that he was evaluated through the Army Physical Disability Evaluation System (PDES). The record does not support a determination of medical retirement or discharge. Based on this, the board denied relief for award of the Purple heart and medical separation.

4. The Board considered the following Kurta Questions:

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

(2) Did the condition exist or experience occur during military service? N/A. The applicant is requesting medical discharge.

(3) Does the condition or experience actually excuse or mitigate the discharge? N/A. The applicant is requesting medical discharge.

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 635-200 (Active Duty Enlisted Administrative Separations), sets forth the basic authority for the separation of enlisted personnel. Chapter 4 establishes the policy and prescribed procedures for separating members upon expiration of enlistment or fulfillment of service obligation.

3. AR 601-210 (Active and Reserve Components Enlistment Program) governs eligibility criteria, policies, and procedures for enlistment and processing into the Regular Army, U.S. Army Reserve, and Army National Guard. Chapter 3 prescribes the basic eligibility for prior-service applicants for enlistment and includes a list of Armed Forces RE codes used for administrative purposes and applicants should be advised that these codes are not to be considered derogatory in nature; they simply are codes used for identification of an enlistment processing procedure.

a. RE-1 applies to persons completing their term of active service who is considered qualified to reenter the U.S. Army.

b. RE-3 applies to persons who are not qualified for reentry or continuous service at the time of separation, but the disqualification is waivable. Soldiers in this category who desire to reenter military service, should contact a local recruiter who can best advise a Soldier on his/her eligibility for returning to military service. Those individuals can best advise a former service member as to the needs of the service at the time and are responsible for processing requests for enlistment waivers.

c. RE-4 applies to persons who are separated from last period of service with a nonwaivable disqualification. This includes anyone with a Department of the Army imposed bar to reenlistment in effect at time of separation or separated for any reason (except length of service retirement) with 18 or more years AFS.

4. Army Regulation 600-8-22 (Military Awards) prescribes Army policy, criteria, and administrative instructions concerning individual and unit military awards.

a. The Purple Heart is awarded to any member of an Armed Force of the United States under the jurisdiction of the Secretary of the Army, who, after 5 April 1917, has been wounded, killed, or who has died or may hereafter die of wounds received, under any of the following circumstances:

- In any action against an enemy of the United States.
- In any action with an opposing armed force of a foreign country in which the Armed Forces of the United States are or have been engaged.
- While serving with friendly foreign forces engaged in an armed conflict against an opposing armed force in which the United States is not a belligerent party.
- As the result of an act of any such enemy or opposing Armed Forces.
- As the result of an act of any hostile foreign force.
- After 7 December 1941, certain rules apply to friendly fire
- On or after 7 December 1941, certain rules apply to Prisoners of War

b. To qualify for award of the Purple Heart the wound must have been of such severity that it required treatment, not merely examination, by a medical officer. A wound is defined as an injury to any part of the body from an outside force or agent. A physical lesion is not required.

(1) Treatment of the wound will be documented in the member's medical and/or health record.

(2) Award may be made for a wound treated by a medical professional other than a medical officer provided a medical officer includes a statement in the member's medical record that the severity of the wound was such that it would have required treatment by a medical officer if one had been available to provide treatment.

(3) A medical professional is defined as a civilian physician or a physician extender. Physician extenders include nurse practitioners, physician assistants, and other medical professionals qualified to provide independent treatment (to include Special Forces medics). Medics (such as combat medics – military occupational specialty 68W) are not physician extenders.

(4) A medical officer is defined as a physician with officer rank. The following are medical officers: (a) An officer of the medical corps of the Army; (b) An officer of the medical corps of the U.S. Navy; (c) An officer in the U.S. Air Force designated as a medical officer in accordance with Title 10, United States Code, section 101.

c. Examples of enemy-related injuries which clearly justify award of the Purple Heart are as follows:

- Injury caused by enemy bullet, shrapnel, or other projectile created by enemy action
- Injury caused by enemy emplaced trap, mine, or other improvised explosive device
- Injury caused by chemical, biological, or nuclear agent released by the enemy
- Injury caused by vehicle or aircraft accident resulting from enemy fire.
- Smoke inhalation injuries from enemy actions that result in burns to the respiratory tract
- Concussions (and/or mild traumatic brain injury (mTBI)) caused as a result of enemy-generated explosions that result in either loss of consciousness or restriction from full duty due to persistent signs, symptoms, or clinical finding, or impaired brain function for a period greater than 48 hours from the time of the concussive incident

d. Examples of injuries or wounds which clearly do not justify award of the Purple Heart are as follows:

- Frostbite (excluding severe frostbite requiring hospitalization from 7 December 1941 to 22 August 1951)
- Trench foot or immersion foot
- Heat stroke
- Food poisoning not caused by enemy agents
- Exposure to chemical, biological, or nuclear agents not directly released by the enemy
- Battle fatigue, neuro-psychosis, and post-traumatic stress disorders
- Disease not directly caused by enemy agents
- Accidents, to include explosive, aircraft, vehicular, and other accidental wounding not related to or caused by enemy action
- Self-inflicted wounds, except when in the heat of battle and not involving gross negligence
- First degree burns
- Airborne (for example, parachute/jump) injuries not caused by enemy action.
- Hearing loss and tinnitus (for example: ringing in the ears, ruptured tympanic membrane)
- Mild traumatic brain injury (mTBI) that does not result in loss of consciousness or restriction from full duty for a period greater than 48 hours due to persistent signs, symptoms, or physical finding of impaired brain function
- Abrasions or lacerations (unless of a severity requiring treatment by a medical officer)
- Bruises or contusions (unless caused by direct impact of the enemy weapon and severe enough to require treatment by a medical officer).
- Soft tissue injuries (for example, ligament, tendon or muscle strains, sprains, and so forth)

//NOTHING FOLLOWS//