

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 22 January 2025

DOCKET NUMBER: AR20240007347

APPLICANT REQUESTS:

- correction of her DD Form 214 (Certificate of Release or Discharge from Active Duty) to show in block 28 (Narrative Reason for Separation) the entry Disability, Other (Enhanced) instead of Disability, Permanent (Enhanced)
- personal appearance before the Board

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

- DD Form 149 (Application for Correction of Military Record)
- Department of Veterans Affairs Health Summary, dated 16 May 2023 (8 pages)

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 she is requesting that box 28 of her DD Form 214 be changed to "Disability, Other (Enhanced)." The disability is demonic oppression, which affects the human body mentally and physically. During her Medical Evaluation Board (MEB) process, she was not evaluated by a psychiatrist nor a psychologist that were familiar with diagnosing patients with demonic behavior. She felt frustrated that her comments about encountering demonic spirits were viewed as symptoms of psychosis. She attempted to find a psychiatrist locally that was familiar with patients that presented with demonic behavior. She was given an incorrect diagnosis during her MEB process.
3. The applicant was appointed a Reserve commissioned officer on 30 May 2006. She executed an oath of office in the Regular Army on 2 August 2010 and entered active duty in the rank of captain in area of concentration 63A (General Dentist).

4. On 24 February 2014, a Physical Evaluation Board (PEB) found the applicant unfit for further military service due to adjustment disorder with anxiety and psychotic disorder, not otherwise specified (NOS); PEB referred as: chronic adjustment disorder w/anxiety and psychotic disorder NOS, currently in remission. The PEB indicated onset occurred in June 2012 while stationed at Fort Drum, NY, when the Soldier faced an impending deployment. Behavioral health examiner attributes stressor to impending deployment. The PEB recommended a 50% disability rating and her permanent disability retirement.

5. On 3 March 2014, the applicant concurred with the PEB's findings and recommendations and waived a formal hearing of her case.

6. The applicant's DD Form 214 shows she was retired on 29 May 2014 under the provisions of Army Regulation 635-40 (Disability Evaluation for Retention, Retirement, or Separation), chapter 4. The DD Form 214 further shows in:

- Block 26 (separation code), SEJ
- Block 28, Disability, Permanent (Enhanced)

7. MEDICAL REVIEW:

1. The applicant is applying to the ABCMR requesting a correction of her DD Form 214 to show in block 28 the entry Disability, Other (Enhanced) instead of Disability, Permanent (Enhanced). More specifically, the applicant noted "During her Medical Evaluation Board (MEB) process, she was not evaluated by a psychiatrist nor a psychologist that were familiar with diagnosing patients with demonic behavior. She felt frustrated that her comments about encountering demonic spirits were viewed as symptoms of psychosis. She attempted to find a psychiatrist locally that was familiar with patients that presented with demonic behavior. She was given an incorrect diagnosis during her MEB process." 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 was appointed as a Reserve commissioned officer on 30 May 2006 and executed an oath of office in the Regular Army (RA) on 02 August 2010. She entered active duty in the rank of captain as a General Dentist (63A), 2) On 24 February 2014, a Physical Evaluation Board (PEB) found the applicant unfit for further military service due to Adjustment Disorder with Anxiety and Psychotic Disorder, Not Otherwise Specified (NOS). On 03 March 2014, the applicant concurred with the PEB's findings and recommendations and waived a formal hearing of her case, 3) the applicant was retired on 29 May 2014 under the provisions of Army Regulation (AR) 635-40, Chapter 4. Her DD Form 214 further shows Block 26 (separation code), SEJ and block 28, Disability, Permanent (Enhanced).

2. The Army Review Board Agency (ARBA) Medical Advisor reviewed the ROP and casefiles, supporting documents and the applicant's military service and available medical records. The VA's Joint Legacy Viewer (JLV) and Veterans Benefit Management System (VBMS) were also examined. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

3. In-service medical records were available for review via JLV from 06 August 2010 through 03 June 2014.

- Review of the applicant's medical records shows she was initially diagnosed with Social Phobia and Attention Deficit Hyperactivity Disorder (ADHD) by a non-BH medical provider on 04 May 2011. The provider documented that the applicant had provided documentation from a previous physician, and, as such noted that they were restarting her prescription of Adderall for the treatment of ADHD. The provider also prescribed Propranolol for the treatment of Social Phobia [*Advisor's Note*: No diagnostic criteria/rationale was documented. It is also of note that these diagnoses are typically rendered by specialty BH providers]. Her prescriptions for Adderall and Propranolol were managed by her primary care manager (PCM) until June 2012 when she met with a psychiatry.
- The applicant underwent a BH assessment as part of her in-processing procedures at Ft. Drum on 10 November 2011. All domains of her MSE were WNL and it was documented that she did not require a referral to BH at the time of the screening.
- On 18 May 2012, the applicant attended an initial intake with BH, with the chief complaint noted as "medication management for ADHD." The evaluating provider documented that she had been prescribed Adderall since 2009 while attending dental school and that she was not reporting any other BH symptoms at the time of the intake. She was diagnosed with ADD (now known as ADHD) by history. It was noted that she was pending a BH medication evaluation and would continue to receive her Adderall prescription through her PCM in the interim.
- The applicant underwent an evaluation through psychiatry on 07 June 2012. The evaluating provider documented that the applicant endorsed the following symptoms: difficulty paying and sustaining attention, had to re-read information for comprehension, was easily distracted, started several projects though was unable to finish them all, fidgeting with her hands and feet, and previously walked out of class while in school when it was expected that she remain seated. Furthermore, the applicant reported she had exhibited these symptoms in elementary school and worked hard with her mother and brother to finish her homework. The provider noted she was diagnosed with ADD by her PCM in 2009 and was initially trialed on Focalin and Ritalin, which were noted to be ineffective, and switched to Adderall (20mg) in 2009. The provider also documented she

reported experiencing Social Phobia since 2000 and had been taking Metoprolol since 2010. She denied experiencing hallucinations and reported no previous inpatient psychiatric hospitalizations. The provider diagnosed her with ADHD and referred her for psychological testing for diagnostic clarification. Her prescriptions for Adderall and Propranolol were continued. The applicant presented for an intake as part of a neuropsychological evaluation on 20 July 2012, as referred by her provider, though it was noted the evaluation was not completed as she declined to participate in the evaluation. On 20 July 2012, the referring provider documented the applicant's refusal to complete neuropsychological testing and noted that she would not prescribe stimulants to the applicant in the future without psychological testing.

- On 23 October 2012, the applicant presented to primary care for a refill of her ADHD and anxiety medications following completion of a rotation at the National Training Center (NTC). On 20 November 2012, the applicant presented for an evaluation due to a pre-deployment screening. The provider documented that she was non-deployable due to lack of clinical stability for at least 3 months or greater. She was evaluated by BH on 04 December 2012 for the purposes of fitness for deployment, which was anticipated in January 2013. She was diagnosed with ADHD, Anxiety Disorder NOS, noting that some paranoid traits were exhibited on Axis II [*Advisor's Note*: The axial system is no longer used to document BH diagnoses. Axis II refers to personality disorders]. The provider noted her diagnosis of ADHD and medication regimen should be able to be well-managed on deployment.
- The applicant requested to meet with psychiatry on 07 December 2012 to provide new information that she believed may impact her deployment status. It was documented that she reported she did not believe she would be able to interact with her unit in a deployed environment, stated that she did not trust several individuals in her unit, and did not believe deployment would be in the unit's best interests or her own. The provider documented that the applicant did not exhibit psychotic symptoms though some persecutory ideations were mentioned and that she appeared to be paranoid and distrustful of most individuals in her chain of command supervisors at work. The evaluating provider concluded that the applicant's report did not impact her stability from a deployment standpoint. She requested a command-directed BH evaluation (CDBHE) on 07 January 2013 noting she wanted someone else to take her place for deployment. At the time, she reported that she should not have to be deployed because "RPG's flying around create even more of a hostile work environment." Furthermore, she reported that she should not have to take more of her medications in order to withstand the increased stress. She reported that she felt she was discriminated against due to her gender and ethnicity, that she was not provided dental supplies in a timely manner, and that she was ignored

by her commander and was perceived as confrontational when expressing her needs for dental supplies. It was documented that she denied experiencing symptoms consistent with Paranoid Personality Disorder, Social Phobia, Obsessive-Compulsive Disorder (OCD), eating disorder, mania/hypomania, or Posttraumatic Stress Disorder (PTSD). She was diagnosed with ADHD, predominantly inattentive type, and was released without limitations. She presented to psychiatry on 11 January 2013 for a refill of her medications in preparation for deployment.

- A case management note dated 23 January 2013 shows the applicant was psychiatrically hospitalized at a civilian treatment facility. It was documented that she was scheduled to deploy with her unit but missed her flight. Although command assisted with another flight, she called to inform the Major [noted to be the Rear Detachment Commander] that she was not done cleaning her apartment of demons. Her father contacted the New York Police Department (NYPD) to request assistance in taking her to the hospital. It was documented that, per the hospital notes, the applicant's father reported she had been "unraveling" since dental school in that she had become more antisocial, had difficulty focusing, and became hyper-religious. Moreover, it was documented that she reported to hospital staff that she saw demons, that demons bit her, and that she believed others were out to get her. It was documented that the Chaplain spoke with the applicant's Pastor who noted that her beliefs were not in alignment with the tenets of their faith and believed her issues were psychiatric in nature. She remained hospitalized under a Treatment Over Objection Order until she was released on 15 February 2013 due to a court remand that she be released.
- The discharge paperwork noted that the applicant appeared to be internally preoccupied and that she reported seeing demonic spirits in her apartment for the past 2 weeks. Collateral information was gathered from her family who reported she had traveled home for Christmas and had not been herself since December 2012. More specifically, it was documented that she threw away all of her CDs and replaced them with religious CDs, she carried a Bible throughout the house asking to be forgiven and requesting family members get baptized to be saved. She refused all medications while hospitalized. It was noted that she reported taking more Adderall than prescribed when her concentration was particularly bad. The discharging provider noted concerns that she was at risk of causing harm to herself and others given her history of symptoms and it was recommended to not put her back on Adderall. Her diagnoses at the time of discharge were documented as Psychosis NOS, Rule Out (R/O) Schizophrenia versus Bipolar Disorder with Psychotic Features.
- The applicant was seen for a safety check on 15 February 2013 following her discharge from the hospital, during which she denied seeing demons, visions, or

voices. It was documented that on 26 February 2013 an anonymous caller who reported they worked with the applicant called to express concerns about the applicant's behavior. It was documented that they reported speaking with the applicant on 22 February 2013 noting that she reported seeing demons and becoming scared and that she was having conversations directly with God. It was also noted that she reported that God was directing her and telling her exactly what to say.

- On 01 March 2013, the applicant underwent a CDBHE to determine fitness for duty and to address concerns related to diagnosis and treatment following her recent hospitalization. The provider documented that she denied seeing demons since being released from the hospital. She was diagnosed with Atypical Psychosis and Schizotypal Personality Disorder. The evaluating provider noted she was diagnosed with Psychotic Disorder NOS due to not experiencing delusions for 6 at least 6 months at the time of the evaluation [the time frame required for a diagnosis of Schizophrenia]. It was documented that her diagnosis of Psychotic Disorder NOS did not meet medical retention standards in accordance with (IAW) AR 40-501 and that she presented with chronic symptoms that were not likely to be amenable to treatment. As such, she warranted medical disposition. The provider recommended that she be transferred to the Warrior Transition Unit (WTU), remain in treatment, and be referred to the impaired healthcare provider program.
- On 05 March 2013, it was documented that she was refusing antipsychotic medication noting that there was nothing wrong with her. She was taking Adderall which the provider noted they would not be renewing the prescription. The applicant was not in favor of the MEB as she felt there was nothing wrong with her. The provider noted an MEB would be initiated, and a temporary profile was created. She was diagnosed with Psychotic Disorder NOS, R/O Schizophrenia and Bipolar I with Psychotic Features. During her second psychotherapy session on 11 March 2013 her provider documented her diagnoses as Psychosis NOS and Personality Disorder NOS, with Schizotypal, Paranoid, and Narcissistic traits. The applicant presented for an intake through the WTU on 15 March 2013, noting she reported she had only experienced auditory/visual hallucinations in her apartment. She was diagnosed with Atypical Psychosis.
- On 21 March 2013, the applicant presented for feedback regarding the assessment results from the CDBHE, which included psychological testing. It was noted that the applicant was "resistant" to the diagnoses and indicated that she felt her words had been misconstrued. The provider noted that the applicant displayed hyper-religiosity throughout the interview. Review of records shows the applicant continued to meet with BH at least weekly. On 06 May 2013, a neuropsychological evaluation was requested to delineate her current pattern of

cognitive strengths and weaknesses [*Advisor's Note*: it was documented in the record that the applicant completed the evaluation; however, the provider left prior to providing feedback to the applicant and as such the results were incorporated into an evaluation that took place at a later date].

- An MEB process note dated 22 May 2013 shows the provider initiated a permanent profile and noted they would initiate an MEB. On 28 May 2013, she opted to discontinue treatment with her psychotherapist as she did not have any treatment goals. During her appointment with her prescribing provider on 28 June 2013, it was documented that her diagnosis of Psychosis was partially in remission, noting decreased stress and support.
- The applicant's narrative summary (NARSUM) as part of her MEB processing dated 12 September 2013 noted her diagnoses of Chronic Adjustment Disorder with Anxiety and Psychotic Disorder NOS, In Remission, failed to meet retention standards. The other five medical conditions considered were deemed to meet medical retention standards.
- On 24 September 2013, the applicant underwent a neuropsychological evaluation after appealing her NARSUM as she did not feel as though she had Adjustment Disorder or any BH-related issues. The evaluating provider noted that interpretation of her test results was difficult due to "inconsistent responding, defensiveness, and erratic test performance." The provider concluded the following: 1) her current ADD symptoms were most parsimoniously explained by psychiatric disorder as the primary etiology. Although an underlying diagnosis of ADD could not be ruled out, if present, played a secondary role, 2) review of the clinical records and testing was consistent with Delusional Disorder that was in partial remission or with an early Schizophrenia-spectrum disorder, 3) that a medication-induced psychotic disorder seemed unlikely based on acute symptom presentation, clinical course, and known developmental history, and 4) that the applicant was at high risk for decompensation when exposed to prolonged or severe stress.
- As noted in the ROP, on 24 February 2014, a PEB found the applicant unfit for further military service due to Adjustment Disorder with Anxiety and Psychotic Disorder, NOS, with the onset of the condition noted as June 2012. The BH examiner attributed the stressor to her impending deployment. The PEB recommended a 50% disability rating and permanent disability retirement.
- Case management services continued through the WTU until the applicant's discharge, with case management noted as ending on 29 May 2014 following the conclusion of her terminal leave. It was documented that she reported she was doing well and denied having any new problems.

4. A review of JLV shows the applicant is 100% service-connected through the VA for Psychosis, Disorganized Schizophrenia (100%), as well as several other medical

conditions. The applicant underwent an initial VA Compensation and Pension (C&P) examination on 01 August 2013 as part of her MEB processing. The provider concluded that the applicant met criteria for Adjustment Disorder with Anxiety and Psychotic Disorder, NOS, currently in remission. It was further noted by the evaluating provider that the applicant did not meet all diagnostic criteria for ADHD. She completed another C&P examination post-discharge on 19 May 2023. Her diagnosis was documented as Schizophrenia with comments that her diagnosis includes bizarre delusions that she is possessed by demonic spirits, auditory/visual hallucinations of demonic spirits, inappropriate laughter, and blunt affect. It was documented that she reported at least five psychiatric hospitalizations between 2013-2022 and her medications at the time of the evaluation were noted as Zyprexa (antipsychotic), Abilify (antipsychotic), Guanfacine (ADHD), Paxil (antidepressant), and Adderall. The evaluating provider noted that her VA established diagnoses of Adjustment Disorder with Anxiety and Psychotic Disorder NOS were changed, noting a progression of the previous diagnosis indicating that symptoms of psychosis had progressed, now meeting criteria for Schizophrenia.

5. Review of the applicant's in-service medical records and post-discharge VA service-connected BH conditions shows that she was initially diagnosed with Psychotic Disorder NOS in-service, to which she was found unfit for duty by the PEB and subsequently medically discharged. The applicant's recent VA C&P examination in 2023 diagnosed her with Schizophrenia, which was noted to be a progression of her diagnoses of Adjustment Disorder and Psychotic Disorder NOS. As the applicant was consistently diagnosed with Psychotic Disorder NOS in-service following her initial diagnosis in 2013 and post-discharge records indicate that the applicant continued to exhibit symptoms consistent with psychosis such that her diagnosis has since progressed to Schizophrenia, there is no evidence that the applicant was misdiagnosed in-service. Accordingly, a referral to the DES or reconsideration of her narrative reason for separation is not warranted.

6. Kurta Questions:

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

(2) Did the condition exist or experience occur during military service? N/A.

(3) Does the condition or experience actually excuse or mitigate the discharge? N/A.

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 (ARBA) Medical Advisor finding a referral to the DES or reconsideration of her narrative reason for separation is not warranted.

2. Kurta Questions:

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

(2) Did the condition exist or experience occur during military service? N/A.

(3) Does the condition or experience actually excuse or mitigate the discharge? N/A.

3. The Board determined there is insufficient evidence to support amending the applicant's narrative reason for separation on her DD Form 214. The Board noted, the applicant was medically retired on 29 May 2014 following a Physical Evaluation Board (PEB) determination that she was unfit for continued military service due to adjustment disorder with Anxiety and Psychotic Disorder, Not Otherwise Specified (NOS) conditions that were documented as chronic and not amenable to further treatment. The PEB recommended a 50% disability rating and permanent disability retirement, which the applicant concurred with and waived her right to a formal hearing. The narrative reason "Disability, Permanent (Enhanced)" accurately reflects the nature and outcome of her medical separation under Army Regulation 635-40, Chapter 4.

4. Furthermore, the applicant's medical documentation clearly indicates that her symptoms were persistent, significantly impairing her ability to perform military duties, and warranted permanent separation. The Board agreed, given the thorough documentation of her condition, the concurrence with the PEB's recommendation, and the absence of any procedural or diagnostic error, the narrative reason "Disability, Permanent (Enhanced)" is both accurate and appropriate. Therefore, the applicant's request for correction is denied.

5. 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:

<u>Mbr 1</u>	<u>Mbr 2</u>	<u>Mbr 3</u>	
:	:	:	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 635-8 (Separation Processing and Documents) explains separation document preparation, distribution, correction, and transition processing specific to the Disability Evaluation System. The regulation provides that the entry in block 28 of the DD Form 214 is based on regulatory or other authority and can be checked against the cross reference in Army Regulation 635-5-1 (Separation Program Designator (SPD) Codes).

3. Army Regulation 635-5-1 implements Department of Defense policy for standardization of certain entries on DD Form 214. It prescribes the specific authorities and the reasons for the separation of members from active military service and the SPD codes to be used. Table 2-2 lists SPD codes applicable to officer personnel. It states:

a. The SPD code SEJ (as shown on the applicant's DD Form 214), is applicable to officers that are retired under the provisions of Army Regulation 635-40 (Disability Evaluation for Retention, Retirement, or Separation) by reason of disability, permanent (enhanced).

b. The SPD code JER is applicable to officer personnel involuntarily separated under the provisions of Army Regulation 635-40 by reason of disability, other (enhanced).

c. Note 15 (of Table 2-2) states SPD code of JER applies to officer personnel discharge in accordance with established directive, resulting from physical disability with combat/non-combat related severance pay and entitlements.

4. Army Regulation 15-185 (ABCMR) provides Department of the Army policy, criteria, and administrative instructions regarding an applicant's request for the correction of a military record. Paragraph 2-11 states 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.

5. Section 1556 of Title 10, U.S. Code, requires the Secretary of the Army to ensure that an applicant seeking corrective action by 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 ABCMR applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//