ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 24 March 2025

DOCKET NUMBER: AR20240007874

APPLICANT REQUESTS, in effect:

- to be retired due to disability
- a video/telephone appearance before the Board

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

- DD Form 149, Application for Correction of Military Record
- Behavioral Health treatment records
- Documents approved for separation
- DD Form 214, Certificate of Release or Discharge from Active Duty

FACTS:

1. The applicant states, in effect, the narrative reason for separation listed on his DD Form 214 currently shows he was discharged due to "Condition, not a disability." He contends that he should have been medically retired due to post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and Adult-Onset Attention Deficit Hyperactivity Disorder (ADHD)-Inattentive Type.

a. His PTSD resulted from witnessing a fellow Soldier get struck by a car while participating in a road march. He rendered first aid to the Soldier until medical help arrived at the location. He sought Behavioral Health assistance upon deploying to Germany. He further contends that he was denied a Medical Evaluation Board (MEB) due to the length of time it would take to complete.

b. He was discharged without ever being informed of his options. His deployments to imminent danger locations should have been sufficient for processing through the Disability Evaluation System and a medical retirement.

2. The applicant enlisted in the Regular Army on 2 January 2019. He held military occupational specialty 11B, infantryman.

3. The applicant underwent a mental status evaluation on 30 October 2023. This form shows the applicant was diagnosed with an adjustment disorder with mixed anxiety and depressed mood, acute. The provider indicated, in part:

a. The applicant met the Behavioral Health (BH) criteria for administrative separations in accordance with Army Regulation (AR) 635-200, Personnel Separations-Active Duty Enlisted Administrative Separations, chapter 5-14.

b. He was screened for depression, PTSD, traumatic brain injury (TBI), and sexual assault.

c. The condition was of sufficient severity to interfere with the applicant's ability to function in the military. The applicant was not amenable to BH treatment and was unlikely to respond to Command efforts at rehabilitation.

d. The medical record did not contain substantial evidence that the applicant met criteria for a condition requiring referral to Integrated DES but had not yet received a diagnosis.

4. The applicant underwent a separation physical examination on 30 November 2023 which found he was medically qualified.

5. The commander notified the applicant on 23 January 2024 of his intent to initiate separation action against him under the chapter 5-14, AR 635-200, based on his diagnosed condition that prevented him from continued service but did not qualify for separation under AR 40-501, Medical Services-Standards of Medical Fitness. The commander recommended the applicant's service be characterized as honorable.

6. On the same day, he acknowledged receipt of the notification of his pending separation action, and he was subsequently advised by counsel of the basis for the contemplated separation action. He did not submit statements on his own behalf, and he waived his right to counsel.

7. The commander formally initiated the applicant's separation on 23 January 2024. In his report he indicated that the applicant redeployed due to his BH condition after being in Germany for two weeks.

8. The separation authority approved the applicant's discharge in accordance with chapter 5-14, AR 635-200, on 1 February 2024.

9. He was honorably discharged on 16 February 2024. His DD Form 214 shows he completed 5 years, 1 month, and 15 days of creditable active service during this period. The narrative reason for separation is shown as "CONDITION, NOT A DISABILITY."

10. The applicant provides BH treatment records for the period 10 October 2023 through 14 December 2023 which show he reported having suicidal ideations, longstanding depressed mode, and interpersonal isolation due to being separated from his spouse and children. He was diagnosed with adjustment disorder with depressed mood and ADHD, predominantly inattentive type.

11. MEDICAL REVIEW:

a. The applicant is applying to the ABCMR requesting to be retired due to disability. More specifically, he contends he should have been medically retired due to Posttraumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Adult-Onset Attention Deficit Hyperactivity Disorder (ADHD)-Inattentive Type. 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 in the Regular Army on 02 January 2019 as an 11B, Infantryman, 2) the applicant underwent a Mental Status Evaluation (MSE) on 30 October 2023 and the evaluating provider determined that the applicant met the criteria for administrative separation under the provisions of AR 635-200, Chapter 5-14, 3) the applicant was medically cleared for separation on 30 November 2023, 4) The commander notified the applicant on 23 January 2024 of his intent to initiate separation action against him under the chapter 5-14, AR 635-200, based on his diagnosed condition that prevented him from continued service but did not qualify for separation under AR 40-501, Medical Services-Standards of Medical Fitness. The commander recommended the applicant's service be characterized as honorable, 5) He was honorably discharged on 16 February 2024. His DD Form 214 shows he completed 5 years, 1 month, and 15 days of creditable active service during this period. The narrative reason for separation is shown as "condition, not a disability."

b. 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) was also examined. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

c. In-service medical records included as part of the applicant's application and in JLV were reviewed. The applicant's medical records were void of any BH concerns or treatment history prior to 09 October 2023. A Behavioral Health Treatment Summary shows the applicant arrived in Germany on 06 October 2023 and reported experiencing suicidal ideation on 09 October 2023 due to being deployed away from his family and having problems adjusting to the forward environment. It was documented that the applicant reported experiencing a longstanding history of depressed mood and interpersonal isolation. He was psychiatrically hospitalized in Germany from 09-11 October 2023 due to suicidal ideation with plan and an inability to commit to safety. Following his discharge, he presented for a safety check on 11 October 2023, and it was documented that he experienced an exacerbation of his mood in the context of

occupational problems with geographic separation from his family and no-to-limited interaction with his unit. The provider documented that his diagnosis at the time of discharge as Adjustment Disorder with Depressed Mood. He was put on a temporary profile and was placed on the At-Risk Case Tracker (ARCT) for a minimum of four weeks. The applicant was subsequently medically evacuated to Landstuhl Regional Medical Center (LRMC) where he was hospitalized from 14-16 October 2023 for acute stabilization. During a BH intake on 14 October 2023, it was documented that he expressed severe anxiety and depression due to being away from his family. It was also noted that the had expressed interest in being discharged from the military as he had lost all motivation. The evaluating provider thoroughly evaluated the applicant for medically disqualifying conditions IAW AR 40-501 (e.g., PTSD, Obsessive-Compulsive Disorder (OCD), Psychosis, Anxiety, Eating Disorder, Depression) and documented that he did not meet criteria for any of these conditions. It was documented that he reported experiencing symptoms since living in Hawaii in 2022 and experienced an acute worsening of his mood due to work stressors. His diagnosis was documented as Adjustment Disorder with Mixed Anxiety and Depressed Mood and was prescribed Hydroxyzine for anxiety or insomnia. On 30 October 2023, the applicant presented for a Command Directed Behavioral Health Evaluation (CDBHE) to determine if he met criteria for administrative separation under the provisions of AR 635-200, Chapter 5-14. The evaluating provider diagnosed the applicant with Adjustment Disorder, with Mixed Anxiety and Depressed Mood, Acute and determined that the applicant met the separation criteria for administrative separation under Chapter 5-14, AR 635-200 and met retention standards IAW AR 40-501. The evaluating provider thoroughly reviewed the applicant's responses to the screening measures for anxiety, depression, insomnia, and PTSD, and, although screened positive on those measures requiring further evaluation, documented that the applicant's symptom presentation and course are most consistent with a diagnosis of Adjustment Disorder. More specifically, as it pertains to PTSD, while it was documented in the record that the applicant reported a history of trauma in the military due to an incident that occurred wherein he rendered aid to a Soldier who was hit by a vehicle during a road march (2021), his symptom presentation at the time of the evaluation was unrelated to a history of trauma and was better explained by Adjustment Disorder. He screened negative for TBI, and it was documented that there was no documented history of TBI in his medical record. The provider documented that the most significant impacts were his recent promotion to noncommissioned officer (NCO), PCS from Hawaii, increased levels of distress related to employment as an infantry NCO, and rotation to Germany. The provider further noted that the applicant stated he was optimistic that he would be able to leave the Army and was adamant that his functioning would return to normal when discharged from the military. A memorandum dated 27 December 2023 showed the recommendation for Chapter 5-14 administrative separation, Other Designated Physical or Mental Condition, was endorsed by The Surgeon General. The applicant was diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD), inattentive type on 07 December 2023 and was prescribed Atomoxetine for treatment of ADHD and Clonidine for sleep.

A Report of Medical History for the purposes of separation dated 30 November 2023 shows the applicant marked 'yes' to the following BH-related items: nervous trouble of any sort, frequent trouble sleeping, received counseling of any type, depression or excessive worry, been evaluated or treated for a mental condition, in addition to item 15c (head injury, memory loss or amnesia). In the remarks section for item 15c "cyst on head" was documented. A Report of Medical Examination dated 30 November 2023 shows he was medically cleared for separation and PULHES was 111111 at the time of the examination, indicating he did not have a permanent profile for any conditions.

d. A review of JLV shows the applicant is 80% service-connected through the VA for various medical conditions, to include 30% for Anxiety Disorder. He underwent a VA Compensation and Pension (C&P) examination on 18 June 2024 showing that he was diagnosed with Other Specified Trauma-and-Stressor Related Disorder. The stressor associated with his diagnosis was documented as witnessing a fellow Soldier he was training get hit by a car during a training exercise and rendering first aid to him while waiting for emergency services to arrive.

e. Based on the available information, it is the opinion of the Agency Medical Advisor that there is insufficient evidence that the applicant was diagnosed with a condition in-service that required a referral to the Disability Evaluation System (DES). Review of the applicant's medical records show that he was diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Acute and with the acute stressors documented as a recent promotion to NCO, occupational stressors, and recent PCS with an unexpected deployment to Germany. Although the applicant endorsed a history of military trauma, it was not documented as being related to the basis for separation and he was not diagnosed with a trauma-related disorder while in-service. Consistent with AR 635-200, Chapter 5-14, paragraph 4e, the applicant's diagnosis and administrative separation was endorsed by The Surgeon General. Although the applicant has been diagnosed and service-connected through the VA with Anxiety Disorder (his diagnosis of Other Specified Trauma-and-Stressor Related Disorder is subsumed by this diagnosis) since being discharged from the military, it is of note that 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. Furthermore, even an in-service diagnosis of Anxiety Disorder is not automatically unfitting nor automatically result in medical separation processing. Therefore, a VA disability rating does not imply failure to meet Army retention standards at the time of service or that a separate diagnosis rendered in-service was inaccurate. Separation due to ADHD falls under the provisions of AR 635-200, Chapter 5-14 and does not require disposition through medical channels. There is no documented history of a diagnosis of TBI in the applicant's military records and he screened negative for TBI in-service. As a diagnosis of Adjustment Disorder, Acute falls

under the purview of AR 635-200, Chapter 5-14, and there is insufficient evidence that the applicant met criteria for a condition that would have failed medical retention standards IAW AR 40-501 in-service, a referral to DES is not warranted.

f. 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:

After reviewing the application and all supporting documents, the Board determined relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. Based upon the available documentation and the findings and recommendations outlined in the medical review, the Board concluded there was insufficient evidence of an error or injustice warranting a change to the applicant's narrative reason for separation.

BOARD VOTE:

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

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.

//SIGNED//

X _____

CHAIRPERSON

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

REFERENCES:

1. Army Regulation (AR) 635-200, Personnel Separations-Active Duty Enlisted Administrative Separations, prescribes policies and standards to ensure the readiness and competency of the force while providing for the orderly administrative separation of Soldiers for a variety of reasons.

a. Chapter 5-14 states, excluding the separation of personnel who did not meet procurement medical fitness standards, commanders may initiate separation under this paragraph on the basis of other physical or mental conditions not amounting to disability that interfere with assignment to or performance of duty. Such physical or mental conditions may include, but are not limited to:

- Airsickness, motion, and/or travel sickness
- Phobic fear of air, sea, and submarine modes of transportation
- Attention-Deficit/Hyperactivity Disorder
- Sleepwalking
- Enuresis
- Adjustment Disorder (except chronic adjustment disorder)

b. Soldiers recommended for separation under this paragraph based upon a diagnosis of adjustment disorder must meet the following criteria: Soldier experiences on or more incident(s) of acute adjustment disorder and does not respond to behavioral health treatment (or refuse treatment) when one or more treatment modalities have been offered and/or attempted. The condition must continue to interfere with assignment to or performance of duty.

c. Duration of adjustment order must be at least six months when separation procedures are initiated. The provider must clearly document in the medical record how the condition interferes with assignment to or performance of duty.

d. When a commander is concerned that a Soldier may have a physical or mental condition that interferes with assignment to or performance of duty, the commander will refer the Soldier for a medical examination and/or mental status evaluation.

2. Title 38, U.S. Code, section 1110, General - Basic Entitlement: For disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in 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.

3. Title 38, U.S. Code, section 1131, Peacetime Disability Compensation - Basic Entitlement: For disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in 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.

4. The Under Secretary of Defense for Personnel and Readiness issued guidance to Military Discharge Review Boards and Boards for Correction of Military/Naval Records on 25 July 2018, regarding equity, injustice, or clemency determinations. Clemency generally refers to relief specifically granted from a criminal sentence. Boards for Correction of Military/Naval Records 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.

a. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. In determining whether to grant relief on the basis of equity, injustice, or clemency grounds, Boards 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.

b. 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.

5. Title 10, U.S. Code, section 1556 of Title 10 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.

6. AR 15-185, Boards, Commissions, and Committees-ABCMR, prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR. The ABCMR will decide cases on the evidence of record. It is not an investigative body. 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. Additionally, applicants may be represented by counsel at their own expense.

//NOTHING FOLLOWS//