

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 27 June 2025

DOCKET NUMBER: AR20240012202

APPLICANT REQUESTS: in effect, her records be referred to the Integrated Disability Evaluation System (IDES) for evaluation.

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

- DD Form 149 (Application for Correction of Military Record)
- Letter from the Department of Veterans Affairs (VA)

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, in pertinent part:

- She is requesting a review of her discharge status from the Army
- Specifically, she is seeking to have her uncharacterized discharge reevaluated in light of the injuries she sustained, during training
- She believes the circumstances warrant a medical board evaluation to assess the impact of her injuries on her service capability
- This correction is essential to ensure she receives the appropriate recognition and benefits
- An uncharacterized discharge does not provide a complete picture of her service and sacrifices, particularly as she was injured, while fulfilling her duties
- She was not adequately informed about her right or the procedures necessary to ensure that her records accurately reflected her service-related injuries
- She does not list, nor does her VA disability rating state what her disabilities are that are service connected

3. The applicant provides and her service record shows:

- On 30 May 2013, she enlisted in the Army National Guard (ARNG); and departed for Active Duty for Training at some point after
- On 22 November 2013, she received a Developmental Counseling Statement regarding her inability to pass the Army Physical Fitness Test (APFT)
- On 18 February 2014, her commander-initiated separation for her lack of the necessary motivation, adaptability, or ability to progress forward and pass the APFT
- On 20 February 2014, she completed her election of rights concerning the separation
- On 25 February 2014, the appropriate approval authority approved her entry level separation with an uncharacterized discharge
- On 5 March 2014, she was discharged from active duty, as a member of the ARNG, for entry level performance and conduct; she received an uncharacterized discharge with a reentry code of 3, she completed 5 months and 20 days of net active service; she did not receive a military occupational specialty
- On 6 March 2014, she was discharged from the ARNG with an uncharacterized discharge
- On 12 August 2024, she received a letter from the VA, which shows she has a combined service-connected evaluation of 50 percent

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 change in discharge from uncharacterized to medical discharge. She contends that the injuries that she sustained while in service warrant a MEB. She presented as evidence, a VA rating benefits letter. An ARBA Medical Reviewer with mental health expertise reviewed any mental health conditions under separate cover.

2. The ABCMR ROP summarized the applicant's record and circumstances surrounding the case. The applicant enlisted in the Army National Guard 30May2013. She was not awarded an MOS. She was discharged on 06Mar2014 under provisions of AR 635-200, chapter 11 for entry level performance and conduct.

3. On 22Nov2013 Developmental Counseling Form. She was counseled for not passing the BPFT. She consented to be transferred to FTU.

4. JLV search showed that applicant was service connected by the VA for Mood Disorder 30%; Lumbar Strain 10%; Limited Flexion of the Knee 10%; Thigh Condition

10%; Limited Flexion of the Thigh 0%; and Limited Extension of the Thigh 0%. Again, the mental health condition was reviewed under separate cover.

a. The applicant was seen on 18Oct2013 with report of severe right hip and thigh that started the night prior without trauma. The right hip film showed no significant abnormalities. However, the 21Oct2013 right hip bone scan was consistent with minor stress injury of left talar bone. She was treated with crutches (no weight bearing) and a temporary profile. Service treatment records very briefly mentioned back and thigh pain without details. The undersigned did not find service treatment record(s) that were specific for a knee condition. There was no back or knee imaging while in service.

b. 26Nov2013 MACH Athlete Perform Clinic FTU Assessment. She had been transferred to the FTU for physical training functional screening. She had not been passing the 2-mile run. She had been previously evaluated and was cleared for participation. She denied problems since then. She had no current complaints. She denied pain— pain level was 0/10 at rest and with activity (including PRT and APFT attempts). Her motivation level for FTU and to stay in the Army was 10/10. The exam showed active ROM all extremities. Muscle Motor Test was normal in upper/lower extremities and pain free. Functional screening (in part) showed non antalgic gait. Her squats, heel/toe walk, pushups, and sit-ups, all were within normal limits and pain free. The functional assessment team determined that she had generalized muscle weakness. Treatment goal was to pass the APFT in 4 weeks or less. After this note, there were a few treatment visits related to a self-limited illness, but no further visits related to orthopedic issues or other injury.

c. 06Mar2014 Enlisted Record Brief showed PULHES 111111.

5. Summary/Opinion

a. Stress injuries are overuse injuries and would be expected to heal without sequelae, with time and appropriate care and compliance to treatment. In this case, the applicant became asymptomatic while in service. In general, stress injuries/stress fractures meet retention standards and are not considered to rise to the level of permanently disabling conditions to provide cause for medical disability discharge processing. There were no follow-up visits for back pain and no records were found for the knee condition. JLV search showed that the applicant was first seen at a VA facility in January 2025 to establish care, approximately 11 years after discharge from service. No intervening treatment records were available/submitted for review. At the time of discharge, the applicant had been returned to full duty, she was pain free and she was not on profile.

b. Title 38, United States Code, Sections 1110 and 1131, permit the VA to award

compensation for disabilities which were incurred in or aggravated by active military service. However, an award of a VA rating does not establish an error or injustice on the part of the Army. The Army rates only those conditions that have been found unfitting for continued service (AR 635-40). Based on evidence available for review, the applicant did not have physical medical conditions which failed medical retention standards of AR 40-501 chapter 3, at the time of discharge. Referral for MEB/PEB processing is not recommended.

BEHAVIORAL HEALTH REVIEW:

a. Background: The applicant is applying to the ABCMR requesting her records be referred to the Integrated Disability Evaluation System (IDES).

b. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following:

- The applicant enlisted into the ARNG on 30 May 2013 and departed for active duty for training at some point after.
- The applicant received a Developmental Counseling Statement regarding her inability to pass the Army Physical Fitness Test (APFT) on 18 February 2014.
- On 5 March 2014, she was discharged from active duty, as a member of the ARNG, for entry level performance and conduct; she received an uncharacterized discharge with a reentry code of 3, she completed 5 months and 20 days of net active service.
- On 6 March 2014, she was discharged from the ARNG with an uncharacterized discharge.

c. Review of Available Records: The Army Review Board Agency (ARBA) Behavioral Health Advisor reviewed the supporting documents contained in the applicant's file. The applicant asserts her discharge should be reevaluated and a medical discharge should be considered due to the injuries she sustained, which prevented her from fulfilling her duties. A VA Summary of Benefits dated 12 August 2024 showed that the applicant is 50% service connected. The application did not include any mental health or medical records. There was insufficient evidence that the applicant was diagnosed with PTSD or another psychiatric condition while on active service.

d. The Joint Legacy Viewer (JLV), which contains medical and mental health records for both DoD and VA, was reviewed and showed the applicant is 30% service connected for Depressive Disorder. She has not engaged care with mental health, and a primary care new patient visit on 11 February 2025 showed she endorsed some symptoms of depression but indicated no need for treatment. She denied MST.

e. Compensation and Pension (C&P) examinations from July 2023 and July 2024 were obtained, and the initial application showed the applicant reported anxiety, depression, panic attacks, sleep impairment, and mild memory loss. She denied any history of mental health treatment, and she was diagnosed with Unspecified Depressive Disorder. In the second examination, the applicant reported pain/fracture in her tailbone as the reason for her discharge although she could not identify a particular event that caused the injury. She continued to endorse symptoms of anxiety and depression, but it was noted that she was working. She denied any mental health treatment. She was again diagnosed with Unspecified Depressive Disorder.

f. Based on the available information, it is the opinion of the Agency Behavioral Health Advisor that there is insufficient evidence to support that the applicant had a mental health condition or experience that warrants a referral to the Disability Evaluation System (DES). The applicant asserts she had an injury that warrants consideration of a referral to DES. The applicant did not indicate any mental health conditions on her application, but her case was reviewed because she is 30% service connected through the VA for Depressive Disorder. C&P documents were examined along with VA records. The applicant has not engaged in mental health treatment through the VA and did not report any mental health symptoms while on active service. The applicant cites her VA disability rating as evidence of error in discharge justifying a referral to DES. However, VA examinations are based on different standards and parameters, and they do not address whether a condition met or failed Army retention standards or if it was a ratable condition during the period of service. Therefore, a VA disability rating does not imply failure to meet Army retention standards at the time of service. Documentation does not support the applicant was psychiatrically unfit at the time of discharge for any condition as she did not have persistent or reoccurring symptoms requiring extended or recurrent psychiatric hospitalization or persistent and reoccurring symptoms that interfered with duty performance or necessitated duty limitations (AR 40-501, para 3-33). The DES compensates an individual only for service incurred medical condition(s) that have been determined to disqualify him or her from further military service.

g. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? NA; request is for medical discharge

(2) Did the condition exist or experience occur during military service? NA; request is for medical discharge

(3) Does the condition or experience actually excuse or mitigate the discharge? NA; request is for 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 review based on law, policy, and regulation. Upon review of the applicant's petition, available military records, and the medical reviews, the Board concurred with the advising official finding that the applicant's Department of Veterans Affairs rating determinations are based on the roles and authorities granted by Congress to the Department of Veterans Affairs and executed under a different set of laws. Based on this, the Board determined an increase in the applicant's rating decision at the time of separation was not appropriate and referral of his case to the Integrated Disability Evaluation System (IDES) is not warranted. In addition, the Board concurred with the medical advisor's reviews for both medical and behavioral health issue, that based on evidence available for review, the applicant did not have physical medical conditions which failed medical retention standards of AR 40-501 chapter 3, at the time of discharge and there is insufficient evidence to support that the applicant had a mental health condition or experience that warrants a referral to the Disability Evaluation System (DES).

2. Based upon the misconduct leading to the applicant's separation and the following recommendation found in the medical review related to the liberal consideration:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? NA; request is for medical discharge

(2) Did the condition exist or experience occur during military service? NA; request is for medical discharge

(3) Does the condition or experience actually excuse or mitigate the discharge? NA; request is for medical discharge

The Board concluded there was insufficient evidence of an error or injustice warranting a referral to the IDDES processing.

BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

: : : GRANT FULL RELIEF

: : : GRANT PARTIAL RELIEF

: : : GRANT FORMAL HEARING

█ █ █ DENY APPLICATION

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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.

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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.

a. Paragraph 3-7a provides that an honorable discharge is a separation with honor and entitles the recipient to benefits provided by law. The honorable characterization is appropriate when the quality of the member's service generally has met the standards of acceptable conduct and performance of duty for Army personnel or is otherwise so meritorious that any other characterization would be clearly inappropriate.

b. A separation will be described as entry-level with service uncharacterized if processing is initiated while a Soldier is in entry-level status, except when the Soldier has less than 181 days of continuous active military service, has completed Initial Entry Training, has been awarded an MOS, and has reported for duty at a follow-on unit of assignment.

3. Army Regulation 635-5-1 (Personnel Separations - Separation Program Designators), in effect at the time, states that the SPD Code "JGA" applies to separations under the provisions of AR 635-200, Chapter 11, Entry Level Performance and Conduct with an reenlistment code of 3.

4. Army Regulation 601-210 (Regular Army and Reserve Components Enlistment Program) table 3-1 (U.S. Army reentry eligibility codes) states:

a. RE-1: Applies to: Person completing his or her term of active service who is considered qualified to reenter the U.S. Army.

b. RE-3: Applies to: Person who is not considered fully qualified for reentry or continuous service at time of separation or disqualification is waiverable.

c. RE-4: Applies to: Person separated from last period of service with a nonwaiverable disqualification.

d. RE-4R: Applies to: A person who retired for length of service with 15 or more years active federal service.

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

6. On 25 August 2017, the Office of the Undersecretary of Defense for Personnel and Readiness issued clarifying guidance for the Secretary of Defense Directive to DRBs and BCM/NRs when considering requests by veterans for modification of their discharges due in whole or in part to: mental health conditions, including PTSD, TBI, sexual assault, or sexual harassment. Boards are to give liberal consideration to veterans petitioning for discharge relief when the application for relief is based, in whole or in part, on those conditions or experiences. The guidance further describes evidence sources and criteria and requires boards to consider the conditions or experiences presented in evidence as potential mitigation for misconduct that led to the discharge.

7. On 25 July 2018, the Under Secretary of Defense for Personnel and Readiness issued guidance to Service BCM/NRs regarding equity, injustice, or clemency determinations. Clemency generally refers to relief specifically granted from a criminal sentence. BCM/NRs may grant clemency regardless of the court-martial forum. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds. This guidance does not mandate relief, but rather provides standards and principles to guide BCM/NRs in application of their equitable relief authority. In determining whether to grant relief on the basis of equity, injustice, or clemency grounds, BCM/NRs shall consider the prospect for rehabilitation, external evidence, sworn testimony, policy changes, relative severity of misconduct, mental and behavioral health conditions, official governmental acknowledgement that a relevant error or injustice was committed, and uniformity of punishment. Changes to the narrative reason for discharge and/or an upgraded character of service granted solely on equity, injustice, or clemency grounds normally should not result in separation pay, retroactive promotions, and payment of past medical expenses or similar benefits that might have been received if the original discharge had been for the revised reason or had the upgraded service characterization.

8. Title 38, U.S. Code, section 1110 (General – Basic Entitlement), provides that for disability resulting from personal injury suffered or disease contracted in the line of duty or for aggravation of a preexisting injury suffered or disease contracted in the line of duty in the active military, naval, or air service, during a period of war, the United States

will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

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

10. Title 10, USC, chapter 61, provides the Secretaries of the Military Departments with authority to retire or discharge a member if they find the member unfit to perform military duties because of physical disability. The U.S. Army Physical Disability Agency is responsible for administering the Army physical disability evaluation system and executes Secretary of the Army decision-making authority as directed by Congress in chapter 61 and in accordance with Department of Defense Directive 1332.18 and Army Regulation 635-40 (Physical Evaluation for Retention, Retirement, or Separation).

11. Army Regulation 635-40 (Disability Evaluation for Retention, Retirement, or Separation) establishes the Army Disability Evaluation System and sets forth policies, responsibilities, and procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of his office, grade, rank, or rating. Only the unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability.

a. Soldiers are referred to the disability system when they no longer meet medical retention standards in accordance with AR 40-501, chapter 3, as evidenced in a medical evaluation board (MEB); when they receive a permanent physical profile rating of "3" or "4" in any functional capacity factor and are referred by a Military Occupational Specialty Medical Retention Board; and/or they are command referred for a fitness for duty medical examination.

b. The disability evaluation assessment process involves two distinct stages: the MEB and physical evaluation board (PEB). The purpose of the MEB is to determine whether the service member's injury or illness is severe enough to compromise his or

her ability to return to full duty based on the job specialty designation of the branch of service. A PEB is an administrative body possessing the authority to determine whether a service member is fit for duty. A designation of "unfit for duty" is required before an individual can be separated from the military because of an injury or medical condition. Service members who are determined to be unfit for duty due to disability are either separated from the military or are permanently retired, depending on the severity of the disability and length of military service. Individuals who are "separated" receive a onetime severance payment, while veterans who retire based upon disability receive monthly military retired pay and have access to all other benefits afforded to military retirees.

c. The mere presence of medical impairment does not in and of itself justify a finding of unfitness. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the Soldier may reasonably be expected to perform because of his or her office, grade, rank, or rating. Reasonable performance of the preponderance of duties will invariably result in a finding of fitness for continued duty. A Soldier is physically unfit when medical impairment prevents reasonable performance of the duties required of the Soldier's office, grade, rank, or rating.

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

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

13. Title 10, U.S. Code, section 1556 requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//