

**1. Applicant's Name:**

- a. **Application Date:** 9 December 2020
- b. **Date Received:** 14 December 2020
- c. **Counsel:** Yes

**2. REQUEST, ISSUES, BOARD TYPE, AND DECISION:**

a. **Applicant's Requests and Issues:** The current characterization of service for period under review is uncharacterized. The applicant requests:

- an upgrade to general (under honorable conditions)
- changes to the separation authority, SPD and RE codes, and narrative reason
- a letter explaining why the applicant was treated unfairly after becoming sick on active duty at Fort Jackson
- an explanation of why after getting sick on active duty, the applicant was forced to sign the document as a new Soldier who was not familiar with military processes
- an explanation of why the applicant was forced to sign counseling and out-processing documents while distressed from their severe medical condition
- an explanation from the medical personnel that stated the applicant's medical condition Existed Prior to Service (EPTS) after Fort Lee's in-processing medical personnel did not identify any medical conditions EPTS

b. The applicant seeks relief contending, in effect, there is no proof that the medical condition existed before enlisting in the Regular Army. Therefore, the medical condition occurred on active duty. The medical doctor and company commander did not request to see the medical records from Fort Lee to see if the applicant's medical condition occurred before active duty. The applicant was forced to sign counseling's to be separated from the military (see exhibits C1, and C6-C11). Medical screening documents from Fort Lee, VA does not reflect that a medical condition existed before entering active military duty at Fort Jackson (see exhibits D1-D9). The medical conditions which included liver lesion, abdominal pain, exertional rhabdomyolysis, elevated creatine phosphokinase (CPK) are conditions the applicant was not aware of until they went on active duty (see exhibits E1-E17). The applicant had no legal representation and did not understand the situation that was happening to them. The applicant attempted with representation to have their DD Form 214 (Certificate of Release or Discharge from Active Duty) corrected through the Fort Jackson Inspector General (IG) (see exhibits H1 and H2). The applicant is trying to receive medical care for their illness and get their life started again.

c. **Board Type and Decision:** In a records review conducted on 22 May 2024, and by a 5-0 vote, the Board denied the request upon finding the separation was both proper and equitable. *Please see Section 9 of this document for more detail regarding the Board's decision.*

*(Board member names available upon request)*

**3. DISCHARGE DETAILS:**

a. **Reason / Authority / Codes / Characterization:** Failed Medical/Physical/Procurement Standards / AR 635-200, Paragraph 5-11 / JFW / RE-3 / Uncharacterized

b. **Date of Discharge:** 9 April 2020

**c. Separation Facts:**

**(1) Date Entrance Physical Standards Board (EPSBD) convened:** 19 March 2020

**(2) EPSBD Findings:** The findings of the evaluating physicians indicate the applicant was medically unfit for appointment or enlistment in accordance with current medical fitness standards and in the opinion of the evaluating physicians the condition existed prior to service. The applicant was diagnosed with: Hemangioma of intra-abdominal structures.

**(3) Date Applicant Reviewed and Concurred with the Findings, and Requested Discharge without Delay:** 26 March 2020

**(4) Separation Decision Date / Characterization:** 30 March 2020 / NIF

**4. SERVICE DETAILS:**

**a. Date / Period of Enlistment:** 3 December 2019 / 8 years

**b. Age at Enlistment / Education / GT Score:** 23 / High School Graduate / 99

**c. Highest Grade Achieved / MOS / Total Service:** E-2 / None / 6 months and 1 day

**d. Prior Service / Characterizations:** IADT, 22 January 2020 - 9 April 2020 / UNC  
(Concurrent Service)

**e. Overseas Service / Combat Service:** None

**f. Awards and Decorations:** None

**g. Performance Ratings:** NA

**h. Disciplinary Action(s) / Evidentiary Record:**

**(1)** The applicant provided:

**(a)** Exhibits D2-D9 - Accessions Medical Pre-screen Report, Report of Medical Examination, and Report of Medical History, 3 December 2019, the examining medical physician noted the applicant's medical conditions in the comments section: No medical conditions.

**(b)** Exhibit F1 - IADT Orders, 18 December 2019, shows the applicant was ordered to IADT at Fort Jackson, SC with a report date of 22 January 2020.

**(c)** Exhibit D1 - SF 600 (Chronological Record of Medical Care Army), 22 January 2020, shows the applicant had no medical condition and was cleared to ship for IADT.

**(d)** Exhibit C1 - Developmental Counseling Form, 5 February 2020, shows the applicant failed the initial basic combat training (BCT) Army combat fitness test on 4 February 2020.

**(e)** Exhibits E1-E17 - Providence Hospital Medical documents, shows on:

- 21 February 2020 - seen for liver lesion and abdominal pain

- 6 March 2020 - admitted to Providence Hospital for syncope, mild rhabdomyolysis (initially abdominal pain, syncope)
- 9 March 2020 - discharged and diagnosed with liver lesion, abdominal pain, Syncopal episodes, Exertional rhabdomyolysis, and elevated CPK

**(f)** Exhibit C2 - Applicant Statement, 22 March 2020, shows the applicant went to sick call after discharging blood from their rectum. After tests were performed at the Troop Medical Clinic and Providence hospital, it was found that the applicant had three Hemangiomas on their liver. The applicant was limited or restricted from all activities at basic training and beyond and agreed with the doctor that they should go home.

**(g)** Exhibit C4 - Evaluation, 22 March 2020, shows the applicant received successful/1 for overall performance and a successful/3 for overall potential.

**(h)** Exhibit F5 -DA Form 268 (Report to Suspend Favorable Personnel Actions (Flag)), 22 March 2020, shows the applicant was flagged for involuntary separation/field initiated (BA), effective 22 March 2020.

**(i)** Exhibits C6-C11 - Five Developmental Counseling Forms

- 22 March 2020 - failed to accomplish land navigation during White Phase, failed to accomplish all required tasks during Blue Phase, and successfully completed all required tasks during Red Phase
- 24 March 2020 - recommended for separation under AR 635-200, chapter 5-11 due to chronic abdominal pain which made it difficult to complete multiple training events
- 26 March 2020 - counseled by the Reserve Liaison Noncommissioned Officer because the applicant was referred for EPTS counseling in accordance with AR 635-200, chapter 5-11

**(2)** EPSBD proceedings, states while the applicant was in BCT, the applicant was seen several times at a local emergency room due to chronic abdominal pain which was Hemangiomas of the liver. The applicant was diagnosed with Hemangioma of Intra-Abdominal Structures. On 26 March 2020, the applicant reviewed and concurred with the findings, and requested discharge without delay and waived legal counsel.

**(a)** Exhibit F4 - Report to Suspend Favorable Personnel Actions (Flag), 31 March 2020, shows the applicant's involuntary separation/field initiated (BA) flag was removed favorably, effective 22 March 2020.

**(b)** Exhibits G1 and G5 - Training Records, shows complete and incomplete training.

**(c)** Exhibit F2 - Released from ADT Orders, 7 April 2020, shows the applicant was released from ADT and discharged from the Reserve of the Army and returned to the Army National Guard (ARNG) unit effective 9 April 2020.

**(d)** Exhibit H1 - DA Form 1559 (IG Action Request), 16 November 2020, shows the applicant requested the IG office to investigate the cause of their medical condition, Hemangiomas (colon cancer).

**(e)** Exhibit H3 - IG, U.S. Army Training Center and Fort Jackson, Sergeant First Class M\_\_ S. P\_\_, email (Assistance Request), 19 November 2020, 10:46am, states Lieutenant Colonel D\_\_ reached out to the applicant in reference to the applicant's most recent request and explained why it was not IG appropriate. The applicant's avenues of redress for concerns about

medical decisions is patient advocacy at Moncrief Army Hospital, and as previously stated the Army Review Board Agency to try and get the discharge changed. The IG office will take no further action towards the applicant's request.

(f) Exhibit H3 - Colonel (Retired) B\_\_ C\_\_, email (Assistance Request), 19 November 2020, 11:50am, requested the IG office to provide the method used to decide the applicant had a medical condition that EPTS.

(g) Exhibit B2 - IG Letter, 23 November 2020, states the applicant's redress option is to request a change to their discharge through the Army Review Board Agency.

(h) Exhibit A - DD Form 214 shows the applicant had not completed the first full term of service. The applicant was released from active duty for training and discharged from the Reserve of the Army and returned to the ARNG on 9 April 2020 under the authority of AR 635-200, paragraph 5-11, by reason of Failed Medical/Physical/Procurement Standards, with a characterization of service of uncharacterized. The DD Form 214 was not authenticated with the applicant's electronic signature.

(3) Orders 0000595073.01, 20 August 2020, shows the applicant was separated involuntarily on 3 June 2020 under the authority of National Guard Regulation (NGR) 600-200 (Enlisted Personnel Management), with an SPD of Failed Medical/Physical/Procurement Standards, narrative reason of Trainee Discharge Program Release, and characterization of service of uncharacterized.

(4) The applicant's National Guard Bureau Form 22 (Report of Separation and Record of Service) shows the applicant was discharged on 3 June 2020, under the authority of NGR 600-200, with a narrative reason of Trainee Discharge Program Release and characterization of service of uncharacterized. The National Guard Bureau Form 22 was not authenticated with the applicant's electronic signature.

i. **Lost Time / Mode of Return:** None

j. **Behavioral Health Condition(s):**

(1) **Applicant provided:** None

(2) **AMHRR Listed:** None

*The ARBA's medical advisor reviewed DoD and VA medical records.*

**5. APPLICANT-PROVIDED EVIDENCE:** DD Form 149; Self-Authored Letter; Exhibits A-I (including DD Form 214, medical documents, and counseling).

**6. POST SERVICE ACCOMPLISHMENTS:** The applicant states they completed 2 years of college.

**7. STATUTORY, REGULATORY AND POLICY REFERENCE(S):**

a. Section 1553, Title 10, United States Code (Review of Discharge or Dismissal) provides for the creation, composition, and scope of review conducted by a Discharge Review Board(s) within established governing standards. As amended by Sections 521 and 525 of the National Defense Authorization Act for Fiscal Year 2020, 10 USC 1553 provides specific guidance to the Military Boards for Correction of Military/Naval Records and Discharge Review Boards when considering discharge upgrade requests by Veterans claiming Post Traumatic Stress Disorder

(PTSD), Traumatic Brain Injury (TBI), sexual trauma, intimate partner violence (IPV), or spousal abuse, as a basis for discharge review. The amended guidance provides that Boards will include, as a voting board member, a physician trained in mental health disorders, a clinical psychologist, or a psychiatrist when the discharge upgrade claim asserts a mental health condition, including PTSD, TBI, sexual trauma, IPV, or spousal abuse, as a basis for the discharge. Further, the guidance provides that Military Boards for Correction of Military/Naval Records and Discharge Review Boards will develop and provide specialized training specific to sexual trauma, IPV, spousal abuse, as well as the various responses of individuals to trauma.

**b.** Multiple Department of Defense Policy Guidance Memoranda published between 2014 and 2018. The documents are commonly referred to by the signatory authorities' last names (2014 Secretary of Defense Guidance [Hagel memo], 2016 Acting Principal Deputy Under Secretary of Defense for Personnel and Readiness [Carson memo], 2017 Official Performing the Duties of the Under Secretary of Defense for Personnel and Readiness [Kurta memo], and 2018 Under Secretary of Defense for Personnel and Readiness [Wilkie memo].

**(1)** Individually and collectively, these documents provide further clarification to the Military Discharge Review Boards and Boards for Correction of Military/Naval Records when considering requests by Veterans for modification of their discharge due to mental health conditions, including PTSD; TBI; sexual assault; or sexual harassment. Liberal consideration will be given to Veterans petitioning for discharge relief when the application for relief is based in whole or in part on matters relating to mental health conditions, including PTSD; TBI; sexual assault; or sexual harassment. Special consideration will be given to Department of Veterans Affairs (VA) determinations that document a mental health condition, including PTSD; TBI; or sexual assault/harassment potentially contributed to the circumstances resulting in a less than honorable discharge characterization. Special consideration will also be given in cases where a civilian provider confers diagnoses of a mental health condition, including PTSD; TBI; or sexual assault/harassment if the case records contain narratives supporting symptomatology at the time of service or when any other evidence which may reasonably indicate that a mental health condition, including PTSD; TBI; or sexual assault/harassment existed at the time of discharge might have mitigated the misconduct that caused a discharge of lesser characterization.

**(2)** Conditions documented in the service record that can reasonably be determined to have existed at the time of discharge will be considered to have existed at the time of discharge. In cases in which a mental health condition, including PTSD; TBI; or sexual assault/harassment may be reasonably determined to have existed at the time of discharge, those conditions will be considered potential mitigating factors in the misconduct that caused the characterization of service in question. All Boards will exercise caution in weighing evidence of mitigation in cases in which serious misconduct precipitated a discharge with a less than Honorable characterization of service. Potentially mitigating evidence of the existence of undiagnosed combat related PTSD, PTSD-related conditions due to TBI or sexual assault/harassment as causative factors in the misconduct resulting in discharge will be carefully weighed against the severity of the misconduct. PTSD is not a likely cause of premeditated misconduct. Caution shall be exercised in weighing evidence of mitigation in all cases of misconduct by carefully considering the likely causal relationship of symptoms to the misconduct.

**c.** Army Regulation 15-180 (Army Discharge Review Board) sets forth the policies and procedures under which the Army Discharge Review Board is authorized to review the character, reason, and authority of any Servicemember discharged from active military service within 15 years of the Servicemember's date of discharge. Additionally, it prescribes actions and composition of the Army Discharge Review Board under Public Law 95-126; Section 1553, Title 10 United States Code; and Department of Defense Directive 1332.41 and Instruction 1332.28.

**d.** Army Regulation 635-200 (Active Duty Enlisted Administrative Separations) provides the basic authority for the separation of enlisted personnel.

**(1)** An honorable discharge is a separation with honor and is appropriate when the quality of the Soldier'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.

**(2)** Paragraph 3-9 states a separation will be described as entry-level with service uncharacterized if processing is initiated while a Soldier is in entry-level status.

**(3)** Chapter 5 provides for the basic separation of enlisted personnel for the convenience of the government.

**(4)** Paragraph 5-1, states that a Soldier being separated under this paragraph will be awarded a characterization of service of honorable, general (under honorable conditions), or an uncharacterized description of service if in entry-level status.

**(5)** Paragraph 5-10 (previously paragraph 5-11) specifically provides that Soldiers who were not medically qualified under procurement medical fitness standards, when accepted for enlistment, or who became medically disqualified under these standards prior to entry on active duty or active duty training or initial entry training will be separated. A medical proceeding, regardless of the date completed, must establish that a medical condition was identified by appropriate medical authority within six months of the Soldier's initial entrance on active duty, that the condition would have permanently or temporarily disqualified the Soldier for entry into the military service had it been detected at that time, and the medical condition does not disqualify the Soldier from retention in the service under the provisions of AR 40-501, Chapter 3.

**(6)** Chapter 15 (previously chapter 5) provides explicitly for separation under the prerogative of the Secretary of the Army. Secretarial plenary separation authority is exercised sparingly and seldom delegated. Ordinarily, it is used when no other provision of this regulation applies, and early separation is clearly in the Army's best interest. Separations under this paragraph are effective only if approved in writing by the Secretary of the Army or the Secretary's approved designee as announced in updated memoranda. Secretarial separation authority is normally exercised on a case-by-case basis.

**(7)** Glossary prescribes entry-level status for ARNGUS, and U.S. Army Reserve (USAR) Soldiers begins upon enlistment in the ARNG or USAR. For Soldiers ordered to IADT for one continuous period, it terminates 180 days after beginning training. For Soldiers ordered to IADT for the split or alternate training option, it terminates 90 days after beginning Phase II advanced individual training. (Soldiers completing Phase I BT or basic combat training remain in entry-level status until 90 days after beginning Phase II.)

**e.** Army Regulation 635-5-1 (SPD Codes), in effect at the time, provided the specific authorities (regulatory or directive), reasons for separating Soldiers from active duty, and the SPD codes to be entered on the DD Form 214. It identifies the SPD code of "JFW" as the appropriate code to assign enlisted Soldiers who are discharged under the provisions of Army Regulation 635-200, Chapter 5-11, Failed Medical/ Physical/ Procurement Standards.

**f.** Army Regulation 601-210 (Regular Army and Reserve Components Enlistment Program) governs eligibility criteria, policies, and procedures for enlistment and processing of persons into the Regular Army, the USAR, and ARNG for enlistment per DODI 1304.26. It also prescribes the appointment, reassignment, management, and mobilization of Reserve Officers' Training

Corps cadets under the Simultaneous Membership Program. Chapter 4 provides the criteria and procedures for waiverable and nonwaiverable separations. Table 3-1, defines reentry eligibility (RE) codes:

(1) RE-1 Applies to: Person completing his or her term of active service who is considered qualified to reenter the U.S. Army. Eligibility: Qualified for enlistment if all other criteria are met.

(2) RE-3 Applies to: Person who is not considered fully qualified for reentry or continuous service at time of separation, but disqualification is waiverable. Eligibility: Ineligible unless a waiver is granted.

(3) RE-4 Applies to: Person separated from last period of service with a nonwaiverable disqualification. This includes anyone with a DA 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 active Federal service. Eligibility: Ineligible for enlistment.

**8. SUMMARY OF FACT(S):** The Army Discharge Review Board considers applications for upgrade as instructed by Department of Defense Instruction 1332.28.

a. The applicant requests:

- an upgrade to general (under honorable conditions)
- changes to the separation authority, SPD and RE codes, and narrative reason
- a letter explaining why the applicant was treated unfairly after becoming sick on active duty at Fort Jackson
- an explanation of why after getting sick on active duty, the applicant was forced to sign the document as a new Soldier who was not familiar with military processes
- an explanation why the applicant was forced to sign counseling and out-processing documents while distressed from their severe medical condition
- an explanation from the medical personnel that stated the applicant's medical condition EPTS after Fort Lee's in-processing medical personnel did not identify any medical conditions EPTS

b. The applicant's AMHRR, the issues, and documents submitted with the application were carefully reviewed.

c. The proceedings of the EPSBD revealed the applicant had Hemangioma of intra-abdominal structures, which was disqualifying for enlistment and existed prior to entry on active duty. These findings were approved by competent medical authority and the applicant agreed with the findings and proposed action for administrative separation from the Army.

d. The applicant's DD Form 214 shows the applicant served 2 months and 18 days. The applicant's DD Form 214 also shows the applicant was discharged on 9 April 2020 under the provisions of AR 635-200, Chapter 5, paragraph 5-11, by reason of Failed Medical/Physical/Procurement Standards, with a characterization of service of uncharacterized.

e. Army Regulation 635-200 states a separation will be described as entry-level with service uncharacterized if, at the time separation action is initiated, the Soldier has less than 180 days of continuous active duty service. The evidence of the AMHRR reflects the applicant was notified on 24 March 2020 of the intent to initiate separation proceedings from the Army. At the time of the notification, the applicant had 2 months and 3 days of continuous active duty

service. Based on the time in service, the applicant was in an ELS status, and the uncharacterized discharge was appropriate.

f. The applicant contends, in effect, the separation authority and narrative reason for the discharge should be changed. The applicant was separated under the provisions, at the time, of Chapter 5-11, AR 635-200, with an uncharacterized discharge. The narrative reason specified by Army Regulations for a discharge under this paragraph is "Failed Medical/Physical/Procurement Standards," and the separation code is "JFW." Army Regulation 635-8 (Separation Processing and Documents) governs preparation of the DD Form 214 and dictates the entry of the narrative reason for separation, entered in block 28 and separation code, entered in block 26 of the form, will be as listed in tables 2-2 or 2-3 of AR 635-5-1 (SPD Codes). The regulation stipulates no deviation is authorized. There is no provision for any other reason to be entered under this regulation.

g. The applicant contends, in effect, the SPD code should be changed. The SPD codes are three-character alphabetic combinations that identify reasons for, and types of, separation from active duty. The primary purpose of SPD codes is to provide statistical accounting of reasons for separation. They are intended exclusively for the internal use of DoD and the Military Services to assist in the collection and analysis of separation data. The SPD Codes are controlled by OSD and then implemented in Army policy AR 635-5-1 (SPD Codes) to track types of separations. The SPD code specified by Army Regulations in effect at the time for a discharge under Chapter 5, paragraph 5-11, is "JFW."

h. The applicant contends, in effect, the RE code should be changed. Soldiers processed for separation are assigned reenry codes based on their service records or the reason for discharge. Based on Army Regulation 601-210, the applicant was appropriately assigned an RE code of "3." There is no basis upon which to grant a change to the reason or the RE code. An RE Code of "3" indicates the applicant requires a waiver before being allowed to reenlist. Recruiters can best advise a former service member as to the Army's needs at the time and are required to process waivers of RE codes if appropriate.

i. The applicant contends, in effect, there is no proof that the medical condition existed before enlisting in the Regular Army. Therefore, the medical condition occurred on active duty. The medical doctor and company commander did not request to see the medical records from Fort Lee to see if the applicant's medical condition occurred before active duty. The applicant provided:

(a) Exhibits D2-D9 - Accessions Medical Pre-screen Report, Report of Medical Examination, and Report of Medical History, 3 December 2019, which does not reflect a medical condition.

(b) Exhibit D1 - SF 600 (Chronological Record of Medical Care Army), 22 January 2020, shows the applicant had no medical condition and was cleared to ship for IADT.

(c) Exhibits E1-E17 - Providence Hospital Medical documents, shows on:

- 21 February 2020 - seen for liver lesion and abdominal pain
- 6 March 2020 - admitted to Providence Hospital for syncope, mild rhabdomyolysis (initially abdominal pain, syncope)
- 9 March 2020 - discharged and diagnosed with liver lesion, abdominal pain, Syncopal episodes, Exertional rhabdomyolysis, and elevated CPK



j. The applicant contends, in effect, the applicant was forced to sign counseling to be separated from the military (see exhibits C1, C6-C11). The AMHRR does not contain any indication or evidence of arbitrary or capricious actions by the command. The applicant provided Exhibit C2, Applicant Statement, 22 March 2020, showing the applicant agreed with the doctor that they should go home because the applicant was limited or restricted from all activities at basic training because they had three Hemangiomas on their liver.

k. The applicant contends, in effect, medical screening documents from Fort Lee, VA does not reflect that a medical condition existed before entering active military duty at Fort Jackson (see exhibits D1-D9). The applicant provided military entrance medical reports that does not display the applicant had a medical condition and was cleared to ship for IADT.

l. The applicant contends, in effect, the medical conditions which included liver lesion, abdominal pain, exertional rhabdomyolysis, elevated CPK are conditions the applicant was not aware of until they went on active duty (see exhibits E1-E17). The applicant provided Providence Hospital Medical documents, showing the applicant was admitted to Providence Hospital for syncope, mild rhabdomyolysis (initially abdominal pain, syncope) on 6 March 2020 and upon discharge on 9 March 2020, the was diagnosed with liver lesion, abdominal pain, Syncopal episodes, Exertional rhabdomyolysis, and elevated CPK.

m. The applicant contends, in effect, the applicant had no legal representation and did not understand the situation that was happening to them. The EPSBD proceedings shows on 26 March 2020, the applicant waived the right to have legal counsel.

n. The applicant contends, in effect, the applicant is trying to receive medical care for their illness and get their life started again. Eligibility for medical care does not fall within the purview of the Army Discharge Review Board. Accordingly, the applicant should contact a local office of the Department of Veterans Affairs for further assistance.

o. Published Department of Defense guidance indicates that the guidance is not intended to interfere or impede on the Board's statutory independence. The Board will determine the relative weight of the action that led to the discharge and whether it supports relief or not. In reaching its determination, the Board shall consider the applicant's petition, available records and/or submitted documents in support of the petition.

## 9. BOARD DISCUSSION AND DETERMINATION:

a. As directed by the 2017 memo signed by A.M. Kurta, the board considered the following factors:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? **No.** The Board's Medical Advisor reviewed DoD and VA medical records and found no mitigating BH diagnoses on the applicant. The applicant provided no documents or testimony of a condition or experience, that, when applying liberal consideration, could have excused, or mitigated a discharge.

(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**

(4) Does the condition or experience outweigh the discharge? **N/A**

**b. Response to Contention(s):**

(1) The applicant contends the separation authority and narrative reason for the discharge, the SPD code and RE code should be changed. The board considered this contention and determined that the applicant received the appropriate narrative reason for discharge, SPD code, and RE code in accordance with AR 635-200, Chapter 5. Therefore, no change is warranted.

(2) The applicant contends, in effect, there is no proof that the medical condition existed before enlisting in the Regular Army. Therefore, the medical condition occurred on active duty. The medical doctor and company commander did not request to see the medical records from Fort Lee to see if the applicant's medical condition occurred before active duty. The board liberally considered this contention, however the board determined that there is no evidence of said conduct by command or medical doctor in the official file, and the applicant did not provide supporting documentation to merit to the claim.

(3) The applicant contends, in effect, the applicant was forced to sign counseling's to be separated from the military (see exhibits C1, C6-C11). The board considered this contention and the applicant's military file does not contain any indication or evidence of arbitrary or capricious actions by the command. The applicant provided Exhibit C2, Applicant Statement, 22 March 2020, showing the applicant agreed with the doctor that they should go home because the applicant was limited or restricted from all activities at basic training because they had three Hemangiomas on their liver.

(4) The applicant contends, in effect, medical screening documents from Fort Lee, VA does not reflect that a medical condition existed before entering active military duty at Fort Jackson (see exhibits D1-D9). The board carefully considered the applicant's request, supporting documents, evidence in the records, a medical review, and published Department of Defense guidance for liberal consideration of discharge upgrade requests and determine that the applicant's separation was appropriate under AR 635-200 Chapter 5-11a. Therefore, no change is warranted.

(5) The applicant contends, in effect, the medical conditions which included liver lesion, abdominal pain, exertional rhabdomyolysis, elevated CPK are conditions the applicant was not aware of until they went on active duty (see exhibits E1-E17). The board considered this contention and after a review of the applicant file saw that while in an entry-level status the applicant were admitted to Providence Hospital for syncope, mild rhabdomyolysis (initially abdominal pain, syncope) on 6 March 2020 and upon discharge on 9 March 2020, diagnosed with liver lesion, abdominal pain, Syncopal episodes, Exertional rhabdomyolysis, and elevated CPK. Therefore, the applicant's discharge cannot be mitigated based on applicant's medical conditions

(6) The applicant contends, in effect, the applicant had no legal representation and did not understand the situation that was happening to them. The board considered this contention and a review of the applicant's military file showed that on 26 March 2020, the applicant waived rights to legal counsel.

(7) The applicant contends, in effect, the applicant is trying to receive medical care for their illness and get their life started again. The board considered this contention and determined that the eligibility for medical care does not fall within the purview of the Army Discharge Review Board. Accordingly, the applicant should contact a local office of the Department of Veterans Affairs for further assistance.

c. The Board determined that the discharge is, at this time, proper and equitable, in light of the current evidence of record. However, the applicant may request a personal appearance hearing to address the issues before the Board. The applicant is responsible for satisfying the burden of proof and providing documents or other evidence sufficient to support the applicant's contention(s) that the discharge was improper or inequitable.

**d. Rationale for Decision:**

(1) The Board voted not to change the applicant's characterization of service because there were no mitigating factors for the board to consider, as the applicant was discharged for failing Medical Physical Procurement Standards, Uncharacterized is proper and equitable. The applicant was diagnosed with intrabdominal hemangiomas within 6 months of entering active duty. The discharge was consistent with the procedural and substantive requirements of the regulation, was within the discretion of the separation authority, and the applicant was provided full administrative due process.

(2) The Board voted not to change the applicant's reason for discharge or accompanying SPD code under the same pretexts, and the reason the applicant was discharged was both proper and equitable.

(3) The RE code will not change, as the current code is consistent with the procedural and substantive requirements of the regulation.

**10. BOARD ACTION DIRECTED:**

- a. **Issue a New DD-214 / Separation Order:** No
- b. **Change Characterization to:** No Change
- c. **Change Reason / SPD code to:** No Change
- d. **Change RE Code to:** No Change
- e. **Change Authority to:** No Change

**Authenticating Official:**

6/25/2024

**X**

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Presiding Officer, COL, U.S. ARMY  
Army Discharge Review Board

**Legend:**

AWOL – Absent Without Leave  
AMHRR – Army Military Human Resource Record  
BCD – Bad Conduct Discharge  
BH – Behavioral Health  
CG – Company Grade Article 15  
CID – Criminal Investigation Division  
ELS – Entry Level Status  
FG – Field Grade Article 15

GD – General Discharge  
HS – High School  
HD – Honorable Discharge  
IADT – Initial Active Duty Training  
MP – Military Police  
MST – Military Sexual Trauma  
N/A – Not applicable  
NCO – Noncommissioned Officer  
NIF – Not in File  
NOS – Not Otherwise Specified

OAD – Ordered to Active Duty  
OBH (I) – Other Behavioral Health (Issues)  
OMPF – Official Military Personnel File  
PTSD – Post-Traumatic Stress Disorder  
RE – Re-entry  
SCM – Summary Court Martial  
SPCM – Special Court Martial

SPD – Separation Program Designator  
TBI – Traumatic Brain Injury  
UNC – Uncharacterized Discharge  
UOTHC – Under Other Than Honorable Conditions  
VA – Department of Veterans Affairs