

1. Applicant's Name: [REDACTED]**a. Application Date:** 10 February 2021**b. Date Received:** 25 February 2021**c. Counsel:** None**2. REQUEST, ISSUES, BOARD TYPE, AND DECISION:**

a. Applicant's Requests and Issues: The current characterization of service for the period under review is uncharacterized. The applicant requests a medical discharge or an upgrade to general (under honorable conditions).

b. The applicant seeks relief contending, in effect, they were in perfect health prior to entering the military. The applicant's civilian medical doctor reported the applicant was healthy. Also, the applicant passed the military health screenings to enter the military.

(1) Because of unfair treatment the applicant experienced horrible unknown illnesses. The applicant never received proper care which led to the applicant's symptoms becoming worse between training and the applicant's discharge from the Army. While in basic combat training (BCT), the applicant developed serious health conditions that were not addressed immediately by the drill sergeants, nor by medical staff at the hospital or clinic. The applicant was instructed to continue training through their undiagnosed symptoms. For example, after obtaining a concussion and 80 percent loss of vision the hospital gave the applicant "Ibuprofen, for blindness" and had the applicant walk to the barracks alone at 0200 while legally blind. All the applicant's symptoms were caused by the military.

(2) The applicant's narrative reason, Failed Medical/Physical/Procurement Standards, for the discharge is wrong. The applicant was awarded an 80 percent VA Rating Decision. The applicant further details the contentions in an allied self-authored statement provided with the application.

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: 11 December 2017

c. Separation Facts:

(1) Date Entrance Physical Standards Board (EPSBD) convened: 17 November 2017

(2) EPSBD Findings: The findings of the evaluating physicians indicate the applicant was medically unfit for appointment or enlistment in accordance with (IAW) current medical fitness

standards and in the opinion of the evaluating physicians the condition existed prior to service. The applicant was diagnosed with: Recurrent syncope secondary to postural orthostatic tachycardia syndrome (POTS).

(3) Date Applicant Reviewed and Concurred with the Findings, and Requested Discharge without Delay: 21 November 2017

(4) Separation Decision Date / Characterization: 1 December 2017 / NIF

4. SERVICE DETAILS:

- a. Date / Period of Enlistment:** 16 October 2017 / 3 years and 22 weeks
- b. Age at Enlistment / Education / GT Score:** 18 / High School Graduate / 98
- c. Highest Grade Achieved / MOS / Total Service:** E-2 / None / 1 month and 26 days
- d. Prior Service / Characterizations:** None
- 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 Southwest Medical Associates Medication Record and Active Problems as of 24 March 2017, shows:

- Magnesium oxide
- Acne vulgaris
- Body mass index, pediatric, 85 percent to less than 95 percent for age
- Dietary counseling
- Dietary counseling and surveillance
- Epistaxis
- Exercise counseling
- Health supervision of other healthy infant or child receiving care
- Healthy adolescent on routine physical examination
- Leg cramps

(2) Accessions Medical Pre-screen Report, 30 August 2017, the examining medical physician noted the applicant's medical conditions in the comments section: No medical conditions annotated.

(3) Report of Medical Examination and Report of Medical History, 8 September 2017, the examining medical physician noted the applicant's medical conditions in the comments section: No medical conditions annotated.

(4) On 25 October 2017, the applicant was placed on bedrest for 24 hours by a physician at the General Leonard Wood Army Community Hospital.

(5) On 26 October 2017, during the first week of BCT the applicant went to sick call at the Richard G. Wilson Army Medical Home for passing out and seizing up at random times. A family nurse practitioner placed the applicant on bedrest for 24 hours with a diet as tolerated.

(6) On 27 October 2017, the applicant went to sick call for nausea and passing out and was returned to duty by a family nurse practitioner.

(7) The applicant provided Medical Record-Supplemental Medical Data, 5 November 2017, showing the applicant was diagnosed with Syncope, viral upper respiratory infection (cold virus) at the General Leonard Wood Army Community Hospital during the second week of BCT.

(8) On 5 November 2017, the applicant was placed on bedrest for 24 hours with a diet as tolerated by a physician at the General Leonard Wood Army Community Hospital.

(9) On 8 November 2017, the applicant was diagnosed with Syncope and placed on bedrest for 24 hours with a diet as tolerated by a physician at the General Leonard Wood Army Community Hospital.

(10) The applicant provided:

(a) An Individual Sick Slip, 8 November 2017, showing the applicant was not to perform physical readiness training or strenuous exercise until cleared by cardiology on 15 November 2017.

(b) Consultation Sheet, 8 November 2017, showing the applicant received a provisional diagnosis of Syncope and collapse.

(c) Trainee Sick Call Slip, 9 November 2017, showing the applicant went to sick call for a follow up to discuss cardiology appointment.

(d) General Leonard Wood Army Community Hospital Cardiology Clinic care plan, 15 November 2017, showing the applicant was placed on metoprolol medication, and was to wear compression stockings, and drink 2-3 liters of water with salt.

(e) Memorandum for Record, (Applicant), 15 November 2017, showing the applicant was evaluated by cardiology for recurrent Syncope. The applicant underwent a tilt table test and was found to have mild autonomic dysfunction with POTS. Their max heart rate on Isuprel was 140 beats per minute. The applicant was started on Toprol XL 50 milligrams daily and support stockings and was released to train.

(f) Trainee Sick Call Slip, 16 November 2017, showing the applicant went to sick call for a follow up with the emergency room cardiologist. The applicant received 5 days of no physical training and no strenuous activity.

(g) Trainee Sick Call Slip, 17 November 2017, showing the applicant went to sick call for a follow at the emergency room to see C__.

(11) Physical Profile, 17 November 2017, shows the applicant received a temporary profile for recurrent Syncope with no functional activity except wearing military boots for 12 hours and no Army Physical Fitness Training (APFT). Block 8 (Functional Limitations and Capabilities and Other Comments) shows: Duty for separation and limit heat exposure.

(12) U.S. Army Medical Department Activity, Fort Leonard Wood, MO, Memorandum, subject: Identification of EPSBD Proceedings IAW AR 635-200, paragraph 5-11, 17 November 2017, states the applicant had a medical condition/physical which if identified at time of initial entry into the U.S. Armed Forces would have precluded their current induction or enlistment IAW Chapter 2, AR 40-501. Patient administration recommended the applicant receive an administrative separation.

(13) The 1st Engineer Brigade Legal Action Request Form, 17 November 2017, shows the commander requested an involuntary administrative separation under AR 635-200, paragraph 5-11.

(14) The applicant provided Medical Record-Supplemental Medical Data, 19 November 2017, showing the applicant was seen at the General Leonard Wood Army Community Hospital emergency room and diagnosed with Syncope; POTS. The applicant was informed to refer to the POTS handout that was provided, return to the emergency room or primary care manager per the POTS handout, and to continue to take their prescribed medications as directed.

(15) Three Developmental Counseling Forms, 21 November 2017, shows the company commander, first Sergeant, and drill sergeant recommended the applicant be discharged from military service IAW AR 635-200, paragraph 5-11.

(16) The applicant provided Trainee Quarters or Bedrest Instructions, 27 November 2017, showing the applicant was placed on bedrest for 72 hours by a provider.

(17) U.S. Army Trial Defense Service Memorandum for Record, subject: Waiver of Trial Defense Service Consultation, 29 November 2017, shows the applicant elected to waive legal counsel.

(18) The applicant provided:

(a) Trainee Sick Call Slip, 30 November 2017, showing the applicant went to sick call for chest pain and blurry vision. The application was referred to optometry.

(b) Medical Record-Supplemental Medical Data, 30 November 2017, showing the applicant was seen at the General Leonard Wood Army Community Hospital emergency room and diagnosed with concussion; and blurred vision. The applicant was prescribed ibuprofen.

(19) EPSBD Proceedings, 1 December 2017, shows the applicant was diagnosed with: Recurrent Syncope secondary to POTS. The applicant denied history of Syncope prior to entering the military. The applicant should be immediately removed from all training and physical training. The applicant should be expeditiously separated from active duty IAW AR 635-200, Chapter 5-11 and AR 40-501, Chapter 2-18c (Current or history of symptomatic arrhythmia or electrocardiographic evidence of arrhythmia).

(20) The applicant provided Trainee Sick Call Slip, 4 December 2017, showing the applicant went to sick call for a follow up for blurry vision and was referred to optometry.

(21) The applicant's DD Form 214 (Certificate of Release or Discharge from Active Duty) shows the applicant had not completed the first full term of service. The applicant was discharged on 11 December 2017 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.

(22) The applicant provided:

(a) Mountain View Hospital Patient Excuse, Las Vegas, NV, 15 June 2018, showing the applicant was excused from work from 15 June through 16 June 2018 for an unknown reason.

(b) VA Disability Rating Decision, 10 September 2021, showing the applicant received service connection for the following disabilities:

- migraine headaches granted 50 percent effective 28 January 2021
- traumatic brain injury to include persistent depressive disorder, with anxious distress (also claimed as PTSD, insomnia, memory loss and concussion) granted 40 percent effective 28 January 2021
- vision loss (also claimed as blurred vision) granted 20 percent effective 28 January 2021
- tinnitus granted 10 percent effective 12 February 2021
- POTS (also claimed as mild heart auto dysfunction, palpitations, chest pains, and dizziness) granted 10 percent effective 28 January 2021
- syncope granted 10 percent effective 28 January 2021

(c) VA Benefits letter, 14 September 2021, showing the applicant was rated 80 percent disabled effective 28 January and 21 February 2021.

(d) Southern Nevada Healthcare System, North Las Vegas, NV, Discharge Instructions, 22 November 2021, showing the applicant was seen for fainting “syncope.” The applicant was referred to neurology.

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: Two DD Forms 149; DD Form 214; medical records; VA Rating Decision; VA Benefits letter; and VA letter.

6. POST SERVICE ACCOMPLISHMENTS: None submitted with the application.

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) A general discharge is a separation from the Army under honorable conditions and is issued to a Soldier whose military record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.

(3) 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.

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

(5) 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.

(6) 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.

(7) Chapter 15 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.

(8) Glossary prescribes entry-level status for RA Soldiers is the first 180 days of continuous AD or the first 180 days of continuous AD following a break of more than 92 days of active military service.

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 U.S. Army Reserve, and Army National Guard 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 a medical discharge or an upgrade to general (under honorable conditions). The applicant's AMHRR, the issues, and documents submitted with the application were carefully reviewed.

b. The proceedings of the EPSBD revealed the applicant had recurrent Syncope secondary to postural orthostatic tachycardia syndrome, 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.

c. The applicant's DD Form 214 shows the applicant served 1 month and 26 days and was discharged on 11 December 2017 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.

d. 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 21 November 2021 of the intent to initiate separation proceedings from the Army. At the time of the notification, the applicant had 1 month and 7 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.

e. The applicant contends, in effect, they were in perfect health prior to entering the military. The applicant's civilian medical doctor reported the applicant was healthy. Also, the applicant passed the military health screenings to enter the military.

(1) The applicant provided Southwest Medical Associates Medication Record and Active Problems as of 24 March 2017, showing:

- Magnesium oxide
- Acne vulgaris

- Body mass index, pediatric, 85 percent to less than 95 percent for age
- Dietary counseling
- Dietary counseling and surveillance
- Epistaxis
- Exercise counseling
- Health supervision of other healthy infant or child receiving care
- Healthy adolescent on routine physical examination
- Leg cramps

(2) The AMHRR contains Accessions Medical Pre-screen Report, 30 August 2017, and Report of Medical Examination and Report of Medical History, 8 September 2017, does not have medical conditions annotated.

f. The applicant contends the narrative reason for the discharge is wrong. 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, because of unfair treatment the applicant experienced horrible unknown illnesses. The applicant never received proper care which led to the applicant's symptoms becoming worse between training and the applicant's discharge from the Army. While in basic training, the applicant developed serious health conditions that were not addressed immediately by the drill sergeants, nor by medical staff at the hospital or clinic. All of their symptoms were caused by the military. The applicant was instructed to continue training through their undiagnosed symptoms. For example, after obtaining a concussion and 80 percent loss of vision the hospital gave the applicant "Ibuprofen, for blindness" and had the applicant walk to the barracks alone at 0200 while legally blind.

(3) The AMHRR shows:

- 25 October 2017, the applicant was placed on bedrest for 24 hours
- 26 October 2017, during the first week of BCT the applicant went to sick call for passing out and seizing up at random times and was placed on bedrest for 24 hours with a diet as tolerated
- 27 October 2017, the applicant went to sick call for nausea and passing out and was returned to duty
- 5 November 2017, the applicant was placed on bedrest for 24 hours with a diet as tolerated
- 8 November 2017, the applicant was diagnosed with Syncope and placed on bedrest for 24 hours with a diet as tolerated
- 17 November 2017, temporary profile for recurrent syncope with no functional activity except wearing military boots for 12 hours, no APFT, duty for separation, and limit heat exposure.

(4) The applicant provided:

(a) Medical Record-Supplemental Medical Data, 5 November 2017, showing the applicant was diagnosed with Syncope, viral upper respiratory infection (cold virus) during the second week of BCT.

(b) An Individual Sick Slip, 8 November 2017, showing the applicant was not to perform physical readiness training or strenuous exercise until cleared by a cardiology on 15 November 2017.

(c) Consultation Sheet, 8 November 2017, showing the applicant received a provisional diagnosis of Syncope and collapse.

(d) Trainee Sick Call Slip, 9 November 2017, showing the applicant went to sick call for a follow to speak to discuss cardiology appointment.

(e) General Leonard Wood Army Community Hospital Cardiology Clinic care plan, 15 November 2017, showing the applicant was placed on metoprolol medication, and was to wear compression stockings, and drink 2-3 liters of water with salt.

(f) Memorandum for Record, (Applicant), 15 November 2017, showing the applicant was evaluated by cardiology for recurrent Syncope. The applicant underwent a tilt table test and was found to have mild autonomic dysfunction with POTS. Their max heart rate on Isuprel was 140 beats per minute. The applicant was started on Toprol XL 50 milligrams daily and support stockings and was released to train.

(g) Trainee Sick Call Slip, 16 November 2017, showing the applicant went to sick call for a follow with the emergency room cardiologist. The applicant received 5 days of no physical training and no strenuous activity.

(h) Trainee Sick Call Slip, 17 November 2017, showing the applicant went to sick call for a follow at the emergency room to see C__.

(i) Medical Record-Supplemental Medical Data, 19 November 2017, showing the applicant was seen at the General Leonard Wood Army Community Hospital emergency room and diagnosed with Syncope; POTS. The applicant was informed to refer to the POTS handout that was provided, return to the emergency room or primary care manager per the POTS handout, and to continue to take their prescribed medications as directed.

(j) Trainee Quarters or Bedrest Instructions, 27 November 2017, showing the applicant was placed on bedrest for 72 hours by a provider.

(k) Trainee Sick Call Slip, 30 November 2017, showing the applicant went to sick call for chest pain and blurry vision and was referred to optometry.

(l) Medical Record-Supplemental Medical Data, 30 November 2017, showing the applicant was seen at the General Leonard Wood Army Community Hospital emergency room and diagnosed with concussion; and blurred vision. The applicant was prescribed ibuprofen.

(m) Trainee Sick Call Slip, 4 December 2017, showing the applicant went to sick call for a follow up for blurry vision and was referred to optometry.

h. The applicant contends, in effect, they was awarded an 80 percent VA Rating. The applicant provided:

(1) VA Disability Rating Decision, 10 September 2021, showing the applicant received service connection for the following disabilities:

- migraine headaches 50 percent effective January 28, 2021
- traumatic brain injury to include persistent depressive disorder, with anxious distress (also claimed as PTSD, insomnia, memory loss and concussion) granted with 40 percent effective 28 January 2021
- vision loss (also claimed as blurred vision) granted 20 percent effective 28 January 2021
- tinnitus granted 10 percent effective 12 February 2021
- POTS (also claimed as mild heart auto dysfunction, palpitations, chest pains, and dizziness) granted 10 percent effective 28 January 2021
- syncope granted with an evaluation of 10 percent effective 28 January 2021

(2) VA Benefits letter, 14 September 2021, showing the applicant was rated 80 percent disabled effective 28 January and 21 February 2021.

i. The applicant requests as a medical discharge as an alternative to an upgrade. The applicant's request does not fall within this board's purview. The applicant may apply to the Army Board for Correction of Military Records (ABCMR), using the enclosed DD Form 149 regarding this matter. A DD Form 149 may also be obtained from a Veterans' Service Organization.

j. 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, in effect, they were in perfect health prior to entering the military. The applicant's civilian medical doctor reported the applicant was healthy. Also, the

applicant passed the military health screenings to enter the military. The board considered this contention and after a review of the applicant's military file found that the applicant appeared before an EPSBD on 17 November 2017. The findings of the evaluating physicians indicate the applicant had recurrent Syncope secondary to postural orthostatic tachycardia syndrome, 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. Therefore, no change is warranted.

(2) The applicant contends the narrative reason for the discharge is wrong. The board voted not to change the narrative reason for discharge, as the current narrative reason and accompanying SPD code are proper and equitable due to the applicant was diagnosis with postural orthostatic tachycardia syndrome, which was disqualifying for enlistment and existed prior to entry on active duty was administratively separated for that condition. The discharge is, at this time, proper and equitable therefore, no change is warranted.

(3) The applicant contends, in effect, because of unfair treatment the applicant experienced horrible unknown illnesses. The applicant never received proper care which led to the applicant's symptoms becoming worse between training and the applicant's discharge from the Army. While in basic training, the applicant occurred serious health conditions that were not addressed immediately by the drill sergeants, nor by medical staff at the hospital or clinic. The applicant was instructed to continue training through their undiagnosed symptoms. For example, after obtaining a concussion and 80 percent loss of vision the hospital gave the applicant "Ibuprofen, for blindness" and had the applicant walk to the barracks alone at 0200 while legally blind.

(4) The applicant contends, in effect, they was awarded an 80 percent VA Rating Decision. The board considered the applicant's statement, record of service, the frequency and nature of misconduct, and the reason for separation and the ADRB is not bound by the U.S. Department of Veterans Affairs (VA) decisions. There is no law or regulation which requires that an unfavorable discharge must be upgraded based solely on the board determination that there was a condition or experience that existed during the applicant's time in service. The board must also articulate the nexus between that condition or experience and the basis for separation. Then, the board must determine that the condition or experience outweighed the basis for separation. The criteria used by the VA in determining whether a former servicemember is eligible for benefits are different than that used by the ARBA when determining a member's discharge characterization.

c. The Board determined that the applicant's UNCH separation was proper and equitable based on the EPSBD findings of recurrent syncope secondary to postural orthostatic tachycardia syndrome (POTS). However, the applicant may still apply to the Army Board for Correction of Military Records. The applicant is responsible for satisfying the burden of proof and providing documents or other evidence sufficient to support the applicant's contentions 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 that were based on the EPSBD findings, Uncharacterized is proper and equitable. 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

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(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.

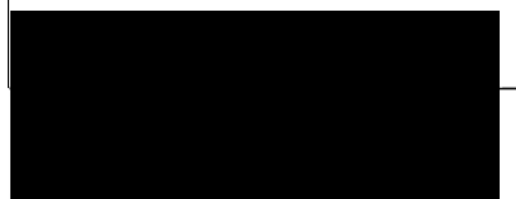
(3) The RE code will not change, as the current code is consistent with the procedural and substantive requirements of the regulation.

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:

3/31/2025

**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