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SEPARATED WHILE UNDER CARE: THE CASE OF LT COL NATALIE ROWELL AND A SYSTEM UNDER SCRUTINY





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Separated While Under Care: The Case of Lt Col Natalie Rowell and a System Under Scrutiny

There are moments when a single case forces a larger question: not about one leader, one unit, or one decision, but about whether the system itself is working as intended.

The case of Lieutenant Colonel Natalie A. Rowell, California Air National Guard, is one of those moments.

A former Flight Commander with a long record of service, Rowell did what the military asks of its leaders. She raised concerns about misconduct within her command, concerns that included allegations of toxic leadership, favoritism, harassment, and a breakdown in accountability. Her testimony, delivered under oath and supported by a wide range of witnesses across ranks and roles, describes a command climate marked not by trust, but by fear of retaliation, fear of exclusion, and fear of speaking openly within the chain of command.

What followed her disclosures is now the central issue.

After engaging formal oversight channels, including Inspector General and Equal Opportunity processes, Rowell's career trajectory changed abruptly. She describes being marginalized, stripped of meaningful duties, and subjected to adverse administrative actions. Those developments alone would raise concern. But what elevates this case beyond the ordinary is what came next.

Lt Col Rowell was separated from service while actively undergoing military medical provider directed treatment.

That fact, documented in formal memoranda submitted to both the Adjutant General of California and the Governor of California, sits at the heart of the controversy. In the military system, medical care is not a casual benefit or a conditional handout; it is a core obligation of command.



Policies governing medical continuation and retention exist precisely to ensure that service members are not left vulnerable while undergoing treatment for service-connected conditions. To separate an officer during such care raises not only administrative questions, but ethical and legal ones.

The memoranda submitted on Rowell's behalf state plainly that the action denied continuity of care and exacerbated existing medical harm. They further argue that when medical vulnerability coincides with whistleblower activity, appearance and potential reality of retaliation becomes difficult to ignore.

The Walk the Talk Foundation, advocating on Rowell's behalf, initially sought resolution within the California Military Department. A formal request for corrective action was submitted to Major General Matthew P. Beevers, the Adjutant General of California, outlining both the factual record and the requested remedies. The memorandum detailed the sequence of events, the protected nature of Rowell's disclosures, and the circumstances of her separation during active medical treatment. It also made clear that the case implicated not just individual decisions, but broader concerns about leadership accountability and adherence to Air Force policy.

No meaningful corrective action followed.

That lack of response marked a turning point. When internal mechanisms fail to address credible allegations, escalation becomes not optional, but necessary. The Walk the Talk Foundation subsequently elevated the matter to the Office of the Governor of California, submitting a formal request for executive review and corrective relief. As Commander-in-Chief of the California National Guard, the Governor holds ultimate responsibility for ensuring that the state's military forces operate within the bounds of law, policy, and ethical leadership.

The response from the Governor's office signaled that the case had crossed a threshold.

According to correspondence and internal reporting, the Governor's office acknowledged receipt of the complaint and directed a review, requesting all documentation related to Lt Col Rowell's separation. Within the California Military Department, this request triggered immediate action. Personnel were reportedly instructed to gather all materials associated with the case, an indication that, at the executive level, the seriousness of the allegations was recognized.

The emerging picture, resulting from the governor's office intervention, is not one of a single disputed personnel action, but of a pattern that warrants closer examination.



Rowell's testimony, supported by named witnesses, describes an environment in which reporting misconduct carried professional risk. The timing of her separation, occurring during active medical treatment and after protected disclosures, raises the possibility that established safeguards were either not applied or not enforced. The absence of timely corrective action at the state military leadership level further suggests a breakdown in internal accountability mechanisms.

These are precisely the kinds of conditions that draw the attention of oversight bodies.

At issue are not only the specifics of Rowell's case, but the broader implications for the force. If a service member can be separated while undergoing directed medical care, what does that signal to others in similar circumstances? If protected disclosures are followed by adverse actions, what message does that send to those considering whether to come forward? And if internal leadership fails to respond to credible concerns, what mechanisms remain to ensure accountability?

The requested remedies in this case are straightforward. They include an independent review of the separation, correction of military records, acknowledgment of the circumstances under which the separation occurred, restoration of appropriate medical support, and accountability for any substantiated misconduct. More broadly, the case calls for reinforcement of safeguards to ensure that no service member is separated while receiving active medical treatment.

But beyond remedies, this case represents a test.

It tests whether the principles of integrity and accountability, so often invoked in military doctrine, are applied consistently, even when doing so is inconvenient. It tests whether whistleblowers are protected in practice, not just in policy. And it tests whether leaders at every level are willing to confront uncomfortable truths within their own organizations.

Lt Col Natalie Rowell did what the system is designed to encourage. She spoke up. She documented concerns. She engaged the processes available to her.

The outcome of her case will determine whether others believe those actions are worth the risk.

Because in the end, the question is not only what happened to one officer.

It is whether the system will correct itself, or require correction from outside.



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