

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 27 August 2024

DOCKET NUMBER: AR20240000708

APPLICANT REQUESTS:

- an upgrade of her uncharacterized discharge to honorable
- an Honorable Discharge Certificate

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

- DD Form 149 (Application for Correction of Military Record)
- DD Form 214 (Certificate of Release or Discharge from Active Duty)
- Department of Veterans Affairs (VA) Employment Verification Letter
- VA Service Verification Letter
- VA Benefits Letter

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 she is requesting an Honorable Discharge Certificate and a thank you for her service. Even though she has won her VA disability after many long years, the DD Form 214 continues to haunt her as the scribbles and mark through are not an indicator that the U.S. Army even appreciated the fact that she served. Additionally, her DD Form 214 has caused her to be looked down upon in the community, potential employers, and by VA employees who have told her that she is not a veteran. She has been denied additional veterans' preference and Defense Enrollment Eligibility Reporting System (DEERS) identification for travel due to the sloppy and poor job done by the U.S. Army administration.

b. She has annotated post-traumatic stress disorder (PTSD) and other mental health as issues/conditions related to her request.

3. The applicant provides:

a. A partially legible copy of her DD Form 214, for the period ending 23 April 1999, that shows her characterization of service as uncharacterized.

b. A letter from a Vocational Rehabilitation Employment Specialist at the VA, dated 24 March 2015, that certifies the applicant as an individual with a documented disability or disabilities, that can be considered for employment under Schedule A hiring authority 5 CFR 213.3102 (u).

c. A letter from the VA, dated 1 June 2015, that certifies that the applicant served in the United States Army from 16 February 1999 to 23 April 1999, with an honorable characterization of service.

d. A letter from the VA, dated 6 June 2023, that summarizes the applicant's benefits that she currently receives from the VA.

4. A review of the applicant's service record shows:

a. She enlisted in the Regular Army on 19 February 1999.

b. On 15 April 1999, the applicant was counseled on DA Form 4856 (General Counseling Form) in regard to be recommended for separation in accordance with Army Regulation (AR) 635-200 (Personnel Separations – Enlisted Personnel), Chapter 11 (Entry Level Performance and Conduct). The counseling states that the applicant was evaluated by CMHS and referred to the mental ward. Additionally, it states that she does not have the potential or mental state of mind to complete basic combat training (BCT), is a distraction to other Soldiers, and should be discharged from service. The applicant concurred and acknowledged with her signature.

c. DA Form 3822-R (Report of Mental Status Evaluation), dated 7 April 1999 shows:

- Behavior: normal
- Level Of Alertness: fully alert
- Level Of Orientation: fully oriented
- Mood And Affect: depressed and fearful
- Thinking Process: clear
- Thought Content: normal
- Memory: good

d. DA Form 3822-R (Report of Mental Status Evaluation), dated 12 April 1999 shows:

- Behavior: normal
- Level Of Alertness: fully alert

- Level Of Orientation: fully oriented
- Mood And Affect: depressed
- Thinking Process: clear
- Thought Content: normal
- Memory: good

It also states that the applicant “has the mental capacity to understand and participate in the proceedings,” “was mentally responsible,” and “meets the retention requirements of Chapter 3, AR 40-501 (Standards of Medical Fitness – Medical Services)

e. On 15 April 1999, the applicant was formally notified of the immediate commander’s intent to recommend her for separation. The commander’s reason for the proposed action is due to adjustment disorder. In an undated memorandum, the applicant acknowledged receipt of the recommendation for separation.

f. In the applicant’s election of rights, she acknowledged:

- she has been advised by consulting counsel of the basis for the contemplated action to separate her for Entry Level Status Performance and Conduct
- having been given the opportunity to consult with counsel, she did not desire to consult with military and/or civilian counsel at no expense to the Government
- a statement on her own behalf is not submitted
- she did not request copies of the documents to be sent to the separation authority supporting the proposed separation
- she understands that if the recommendation for separation is approved, she will receive an entry level separation with an uncharacterized discharge and that she will not be permitted to apply for reenlistment in the United States Army for a period of two years after discharge

g. On 19 April 1999, consistent with the immediate commander’s recommendation, the separation authority approved the separation and directed issuance of an uncharacterized discharge.

h. She was discharged from active duty on 23 April 1999. Her DD Form 214 shows she was discharged under the provisions of Army Regulation 635-200, Chapter 11, for Entry Level Performance and Conduct with an uncharacterized characterization of service (Separation Code JGA, Reentry Code 3). She completed 2 months and 8 days of active service.

##### 5. MEDICAL REVIEW:

a. The applicant is applying to the ABCMR requesting an upgrade of her uncharacterized discharge to honorable. She contends she experienced Posttraumatic Stress Disorder (PTSD) and Other Mental Health Issues are related to her request. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following: 1) the applicant enlisted in the Regular Army on 19 February 1999, 2) the applicant was counseled regarding her recommendation for separation on 15 April 1999 noting that she was evaluated by BH and was referred to the 'mental ward' of the hospital. It was also documented that she did not have the potential mental state to complete basic combat training (BCT), was a distraction to other Soldiers, and should be discharged from the service, 3) the applicant was discharged on 23 April 1999 under the provisions of Army Regulation (AR) 635-200, Chapter 11, for Entry Level Performance and Conduct with an uncharacterized characterization of service. She completed 2 months and 8 days of active service.

b. The Army Review Board Agency (ARBA) Medical Advisor reviewed the ROP and casefiles, supporting documents and the applicant's military service and available medical records. The VA's Joint Legacy Viewer (JLV) and civilian medical records available via VBMS were also examined. The electronic military medical record (AHLTA) was not reviewed as it was not in use during the applicant's time in service. Lack of citation or discussion in this section should not be interpreted as lack of consideration.

c. The applicant underwent an in-service Mental Status Evaluation (MSE) on 07 April 1999. The provider documented that the applicant's mood was depressed and tearful. Thought content was also checked as 'normal' though it is unclear if the provider also marked 'paranoid ideation' in the thought content section. It was documented that she was mentally responsible and diagnosed with Phase of Life. On the form, the provider checked off that she was to return to duty with no change in duty status, that she met retention standards IAW AR 40-501, and that she was cleared for any action deemed appropriate by command. The provider remarked on the form that she was to return to duty and retention based on performance, attitude and motivation. She was also scheduled to attend supportive counseling twice a week 'until further notice.' The provider documented her potential for self-harm, harm to others and going absent without leave (AWOL) as 'none.' On 12 April 1999, the applicant underwent another MSE for the purposes of Chapter 11 separation. The provider again documented the applicant's mood as depressed and thought content as 'normal,' though it is unclear if the provider also marked 'paranoid ideation' in the thought content section. On the form, the provider checked that the applicant had the mental capacity to understand and participate in the proceedings, was mentally responsible, and met retention standards IAW AR 40-501. The provider diagnosed the applicant with Adjustment Disorder Mixed Disturbance of Conduct and Emotion with a rule out of Personality Disorder Not Otherwise Specified (NOS). The provider documented the applicant's risk for harm to

self and others was 'low.' There were no other in-service BH records available for review.

d. The applicant provided a letter from the Department of Veterans Affairs dated 01 June 2015 showing that her character of service was 'honorable.' Review of JLV shows the applicant is 100% service-connected through the VA for Bipolar Disorder. She completed three Compensation and Pension (C&P) examinations through the VA dated 05 October 2012, 14 September 2021, and 22 September 2022. A medical opine was also available for review completed on 26 October 2021. At the time of the applicant's initial C&P examination in 2012 she submitted a claim for Posttraumatic Stress Disorder (PTSD) and Bipolar Disorder asserting that her condition was aggravated by the military. At the time of the evaluation, the applicant reported a significant pre-military BH history from the ages of 11 to 17. It was documented that the applicant reported she had been treated in at least 15 different facilities and had been prescribed various psychotropic medications to include Thorazine. The provider noted that the applicant was evaluated in 1989 and was diagnosed with Alcohol Abuse, Conduct Disorder, and Borderline Personality Disorder and was admitted to a dual-track adolescent chemical dependency program. A prior assessment by the same provider in 1987 was cited to have listed the applicant's diagnoses as Major Depressive Disorder and Conduct Disorder. It was documented that she did not report use of alcohol or substances during her military service. The C&P provider diagnosed the applicant with Bipolar I Disorder-most recent episode depressed and Personality Disorder Not Otherwise Specified (NOS) with Borderline Traits. The provider opined that the applicant's symptoms of Bipolar I were 'less likely than not permanently aggravated beyond the normal progression by her military service.' Upon re-evaluation on 14 September 2021, the applicant was diagnosed with Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic and Bipolar I Disorder, Current Episode Depressed, with Psychotic Features. The medical opine completed on 26 October 2021 documented that the applicant's condition existed prior to service and was not aggravated beyond its natural progression by an in-service injury, event, or illness. The applicant was subsequently evaluated on 22 September 2022 and was diagnosed with Bipolar I Disorder, Current Episode Depressed, Severe, with Psychotic Features and Anxious Distress and Stimulant Use Disorder, Severe, Cocaine, In Sustained Remission (documented to be sober since 2007). It was noted that the applicant's claimed condition of PTSD was not diagnosed because full criteria were not met. The provider documented that the applicant's diagnosis of Stimulant Use Disorder was due to the applicant's attempts to self-medicate and is considered a progression of Bipolar Disorder. The provider noted that the applicant had pre-service medical records and diagnoses though noted that there were no mental health records in the 9 years preceding her military service between 1990-1999. The provider also cited a privately obtained Independent Medical Opinion that was dated 15 March 2022 which found that the applicant's diagnosis of Bipolar Disorder was at least as likely as not aggravated by military service. During the C&P examination the provider documented the applicant reported her relationships in

the military were stressful and felt others were bullying her. She asserted that due to the bullying she began to make verbal threats and it was situations that led to her in-service hospitalization. It was also documented that the applicant began to hear voices during basic training and that she reported paranoid ideation and making threats towards others during her service. The provider documented the applicant was psychiatrically hospitalized in-service from 04-22 April 1999. It was documented that the applicant's enlistment physical did not indicate any pre-service BH history and that the applicant did not know she ever received a BH diagnosis in childhood and thought that her problems were related to her home environment. Furthermore, the provider documented that the applicant reported pre-military BH problems from ages 11-17 while residing in an abusive household and that after she left her parents home she no longer had any BH issues until her military service. The provider summarized that the applicant had had several psychiatric hospitalizations, suicidal ideation, and attempts in the years since her discharge accompanied by chronic psychotic features including auditory hallucinations and paranoid thoughts.

e. VA records were available for review through JLV from 18 July 2000 through present day. She appears to have initiated BH treatment through the VA on 10 July 2012 wherein a consult was placed for Bipolar Disorder. She was also seeking assistance through the VA for housing purposes. At the time of her evaluation on 19 July 2012, the applicant was diagnosed with Bipolar Disorder, Chronic, Anxiety Disorder, NOS, and Cocaine Dependence, In Remission. The applicant saw a civilian psychiatrist for a few months due to proximity to her home but later returned to the VA on 22 October 2012. The applicant maintained psychiatric care through the VA on-and-off since initiating treatment and records show she had been trialed on numerous antipsychotics, mood stabilizers, and anxiolytics (e.g., Abilify, Seroquel, Clonazepam, Lamotrigine, Haldol, Topamax, Depakote, Ziprasidone, and Hydroxyzine). The applicant was referred for a mood management group in 2013 and participated in psychoeducational group, group therapy, and peer support on a recurring basis through 2018 and continued less frequently through 2021. In September 2014, the applicant requested a neuropsychological evaluation due to reporting cognitive decline since she was notified that she was ineligible for VA services. The provider documented the applicant's condition as Bipolar I Disorder and indicated that there was no indication of an underlying neurological explanation for her cognitive concerns. There was a gap in BH treatment through the VA from 04 August 2022 through 26 January 2023. On January 2023, it was documented that the applicant reported that she was granted service-connection for Bipolar Disorder from 2012 though felt it should have been granted since 2000 (of note, a civilian competency to stand trial record available via VBMS documented the applicant was diagnosed with Bipolar Disorder in 2000). The applicant maintained periodic BH contact with psychiatry telephonically for medication evaluation and refills with her last contact occurring on 23 May 2024, which documented her diagnoses as Bipolar Disorder and PTSD and her current medications were listed as Asenapine (mood and psychosis) and Mirtazapine (depression).

f. The applicant is applying to the ABCMR requesting an upgrade of her uncharacterized discharge to honorable. She asserts PTSD and Other Mental Health Issues are related to her request. In-service documentation shows the applicant was diagnosed with Adjustment Disorder with Mixed Conduct and Emotions (Rule out Personality Disorder NOS) and Phase of Life. It was documented that she met retention standards IAW AR 40-501 and that her risk for harm to self and others was 'low.' She was cleared for administrative actions deemed appropriate by command. Post-discharge, the applicant has been 100% service-connected through the VA for Bipolar Disorder. Her various C&P examinations also reflect diagnoses of Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic, Personality Disorder Not Otherwise Specified, and Stimulant Use Disorder, In Remission. The applicant has also been clinically diagnosed by her treating providers with Anxiety Disorder NOS and PTSD. Of note, her most recent C&P examiner indicated that all previous diagnoses and symptoms are subsumed and best explained by her diagnosis of Bipolar I Disorder, with her previous diagnosis of Stimulant Use Disorder being secondary to Bipolar Disorder.

g. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? Yes, the applicant has been 100% service-connected for Bipolar Disorder through the VA. In-service treatment records reflect a diagnosis of Adjustment Disorder with Mixed Disturbance of Conduct and Emotions.

(2) Did the condition exist or experience occur during military service? Yes, the applicant has been 100% service-connected for Bipolar Disorder through the VA. In-service treatment records reflect a diagnosis of Adjustment Disorder with Mixed Disturbance of Conduct and Emotions.

(3) Does the condition or experience actually excuse or mitigate the discharge? No. The applicant's in-service BH records demonstrate she was diagnosed with Adjustment Disorder with Mixed Disturbance of Conduct and Emotions with a rule out of Personality Disorder NOS and it was documented that she met retention standards IAW AR 40-501. In accordance with AR 635-200, Adjustment Disorders that are not chronic (i.e., less than 6 months) fall under the purview of administrative separation. Although it is acknowledged that her most recent C&P examination included documentation from an independent examiner opining that her diagnosis of Bipolar Disorder was aggravated by service, the in-service records at the time of her discharge do not indicate that she met criteria for Bipolar Disorder nor that her condition fell below retention standards. If she met criteria for Bipolar I Disorder in-service, the applicant would not have met retention standards and would have been referred to IDES for disposition through medical channels. It is of note that VA examinations are based on different standards and parameters as they do not address whether a medical condition met or failed Army retention criteria or if it was a ratable condition during the period of service. Therefore,

a VA disability rating does not imply failure to meet Army retention standards at the time of service or that a different diagnosis rendered on active duty is inaccurate. A subsequent diagnosis through the VA is not indicative of a misdiagnosis or other injustice at the time of service. As such, the applicant's discharge appears to be fair and equitable.

**BOARD DISCUSSION:**

After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered.

a. Discharge upgrade: Deny. The evidence shows the applicant's commander determined she did not have the potential or mental state of mind to complete basic combat training and that she was a distraction to other Soldiers. As a result, she was separated due to entry level status and performance. She completed 2 months and 11 days of active service. She did not complete initial entry training and was not awarded an MOS. Her service was uncharacterized. An uncharacterized discharge is given to individuals who separate prior to completing 180 days of military service, or when the discharge action was initiated prior to 180 days of service. The Board found no error or injustice in her separation processing. Also, the Board considered the medical records, any VA documents provided by the applicant and the review and conclusions of the medical reviewing official and agreed that there was no misconduct to mitigate. The fact that the VA awarded her service-connection disability compensation has no bearing on the accession/retention decisions made by the Army. As such, the Board determined that a change to her uncharacterized discharge is not warranted.

b. Honorable Discharge Certificate. Deny. The applicant did not receive an honorable discharge; she received an uncharacterized discharge. Therefore, she does not qualify for an Honorable Discharge Certificate.



BOARD VOTE:

Mbr 1      Mbr 2      Mbr 3

:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
█	█	█	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

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

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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 1556 provides the Secretary of the Army shall ensure that an applicant seeking corrective action by the ARBA is provided a copy of all correspondence and communications, including summaries of verbal communications, with any agencies or persons external to agency or board, or a member of the staff of the agency or Board, that directly pertains to or has material effect on the applicant's case, except as authorized by statute.
2. Army Regulation 15-185 (ABCMR) prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR. It states the ABCMR begins its consideration of each case with the presumption of administrative regularity. The ABCMR is not an investigative body and decides cases

based on the evidence presented in the military records provided and the independent evidence submitted with the application.

3. AR 635-200 (Personnel Separations – Enlisted Personnel) sets policies, standards, and procedures to ensure the readiness and competency of the force while providing for the orderly administrative separation of Soldiers for a variety of reasons. Paragraph 11-8 states that service will be described as uncharacterized under the provisions of this chapter.

//NOTHING FOLLOWS//