

IN THE CASE OF: [REDACTED]

BOARD DATE: 31 January 2025

DOCKET NUMBER: AR20240005893

APPLICANT REQUESTS the following changes to his DD Form 214 (Certificate of Release or Discharge from Active Duty):

- Separation Code
- Reentry Code
- Narrative Reason for Separation

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

- DD Form 293 (Application for the Review of Discharge from the Armed Forces of the United States)
- Good Morning Hospital Medical Certificate
- Command-Directed Evaluation results
- 176th Financial Management Support Unit Memorandum For Record
- Rx (Quetiapine Fumarate 100mg Tab) Information Sheet
- Agency for Persons with Disabilities (APD) State of Florida 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 he firmly believes that prior to his separation, he displayed clear evidence of multiple dual diagnosis of both neuro-developmental issues along with major substance abuse and depression. Further stating, "The symptoms which occurred and revealed the evidence as intellectual developmental disability and substance abuse, excessive use and purchase limit of peninsula, divorce (relationship issues), financial issues, emotional issues (self-isolation), and communication."
3. The applicant provides:

a. A copy of Good Morning Hospital Medical Certificate, which reflects that the applicant was seen on 14 December 2015, for light periorbital area swelling, headache (vision and EMO: intact). Diagnosis read as follows:

- R/O Concussion, unspecified, without open intracranial wound
- R/O Superficial injury of face, contusion

b. Command-Directed Evaluation results, evaluation date 9 September 2016, reflects the following recommendations:

- Continue to engage in psychotherapy to discuss his treatment options
- In addition to working with the Embedded Behavioral Health Team, they may be able to help him understand where the attention issues come from and perhaps develop better compensatory strategies
- It is recommended that he read "Intellectual Disabilities: A guide for families and professionals"

c. 176th Financial Management Support Unit Memorandum For Record, dated 26 September 2016, which reflects the applicant was found to be indebted to the U.S. Government for the amount of \$511.78, with a Bonus Recoup Estimate of \$7,330.56.

d. Rx (Quetiapine Fumarate 100mg Tab) Information Sheet for the medication, Quetiapine Fumarate 100MG Tab (Common Brand Name: Seroquel).

e. Agency for Persons with Disabilities (APD) State of Florida letter, dated 5 January 2024, reflects the APD received a referral on the applicant's behalf. Furthermore, informing the applicant of his responsibility for submitting the necessary documentation to establish eligibility at the time of application.

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

a. He enlisted in the Regular Army on 25 May 2011 for a period of 3 years.

b. On 31 October 2016, the commander informed the applicant of the initiation of separation proceedings under Army Regulation (AR) 635-200 (Active Duty Enlisted Administrative Separations), Paragraph 5-17, other designated physical or mental disorder. The reason for the commander's proposed action is the applicant had been diagnosed with an intellectual disability which condition is preventing him from properly performing his required duties as a Soldier.

c. The applicant acknowledged receipt of the commander's intent to separate him on 31 October 2016. He waived his right to consult with legal counsel and representation by military counsel and civilian counsel at no expense to the

Government. In addition, he elected not to submit statements in his own behalf. He acknowledged that he:

- understood he could expect to encounter substantial prejudice in civilian life if a general discharge under honorable conditions were issued to him
- understood he could be ineligible for many or all benefits as a veteran under Federal and State laws as a result of the issuance of a discharge under other than honorable conditions
- understood if he received a discharge characterization of less than honorable, he could make an application to the Army Discharge Review Board (ADRB) or the ABCMR for an upgrade, but he understood that an act of consideration by either board did not imply his discharge would be upgraded

d. On 8 November 2016, the separation authority approved the applicant's discharge under the provisions of AR 635-200, chapter 5-17, other designated physical or mental conditions, and directed that he be issued an honorable discharge.

e. His DD Form 214 (Certificate of Release or Discharge from Active Duty) reflects he was honorably discharged on 8 December 2016, under the provisions of AR 635-200, paragraph 5-17, condition, not a disability, separation code JFV, and reentry code 3. He completed 5 years, 6 months, and 14 days of net active service this period. It also shows in Item 13 (Decorations, Medals, Badges, Citations and Campaign Ribbons Awarded or Authorized):

- Army Achievement Medal
- Army Good Conduct Medal
- National Defense Service Medal
- Global War on Terrorism Service medal
- Korea Defense Service Medal
- Army Service Ribbon
- Overseas Service Ribbon

6. AR 635-200, paragraph 5-17, provides that when a commander determines that a Soldier has a physical or mental condition that potentially interferes with assignment to or performance of duty, the commander will refer the Soldier for a medical examination and/or mental status evaluation.

7. AR 635-5-1 (Separation Program Designator (SPD) Codes), Soldiers separated under AR 635-200, paragraph 5-17, condition, not disability are assigned Separation Code JFV. The RE Code associated with this Separation Code is RE-3.

8. AR 601-210 (Active and Reserve Components Enlistment Program), states an RE code 3 applies to persons who are not qualified for reentry or continuous service at the

time of separation, but the disqualification is waivable. He is advised that if he desires to reenter military service, he should contact a local recruiter who can best advise him on his eligibility for returning to military service. Those individuals can best advise a former service member as to the needs of the service at the time and are responsible for processing requests for enlistment waivers.

#### MEDICAL REVIEW:

1. The Army Review Boards Agency (ARBA) Medical Advisor reviewed the supporting documents, the Record of Proceedings (ROP), and the applicant's available records in the Interactive Personnel Electronic Records Management System (iPERMS), the Health Artifacts Image Management Solutions (HAIMS) and the VA's Joint Legacy Viewer (JLV). The applicant requests change in separation code, reentry code and narrative reason for separation. He indicated that PTSD and Other Mental Health conditions were related to his requests.

2. The ABCMR ROP summarized the applicant's record and circumstances surrounding the case. The applicant entered his first period of active service 25May2011. His MOS was 92F10 Petroleum Supply Specialist. He served in Korea from 2015 to 2016. He was discharged on 08Dec2016 under provisions of AR 635-200, para 5-17, for a condition not a disability. His service was characterized as Honorable with reentry code RE-3.

#### 3. Summary of pertinent medical records

a. 16Apr2012 Resilience and Restoration Center Intake Questionnaire (DA Form 4700). The applicant was seen for a complaint of problem sleeping. He had just received a summarized Article 15 for "numerous counselings". He endorsed memory problems/lapses, headaches, and sleep problem. He was referred for BH (behavioral health) evaluation.

b. 17Apr2012 Psychology Counsel Center Darnall AMC. He had been having trouble sleeping for a few weeks now. Depression screen was negative. PCL-C score for PTSD was 13, not consistent with PTSD. He had not deployed. There was no high irritability, no loss of interest in activities, he was not feeling guilty, and there was no absence of motivation. Diagnosis: Sleep Disturbance.

c. 20May2015 TMC Fort Hood. An initial psychological assessment and safety assessment was conducted for readiness. He was stable and declined BH services.

d. 14Dec2015 Good Morning Hospital Emergency Room, Korea. The applicant was seen in the emergency room for left periorbital area swelling and a headache. CT of facial bone showed left periorbital soft tissue swelling; and mild deformity of the nasal

bone, rule out nasal bone fracture. CT of the brain showed no brain abnormality. The exam showed no focal neurologic deficits. Diagnoses: Rule Out, Concussion, Unspecified, Without Open Intracranial Wound; and Rule Out Superficial Injury of Face, Contusion. The plan was conservative management and observation.

e. 15Dec2015 AHC Camp Humphreys, Korea. The applicant was seen in follow up from the ER visit. He had bumped his eye on forklift while bending over to pick something up from the ground. He had loss of consciousness (LOC), with duration of seconds. He had no amnesia surrounding the injury. The exam showed marked left periorbital bruising and swelling to such a degree as to preclude his ability to open his eye. There were no neurologic deficits. Diagnosis: Contusion of left eyelid and periocular area. Concussion with loss of consciousness of 30 minutes or less. He was advised 72h quarters for 'brain rest'.

f. 02Aug2016 ASAP (Army Substance Abuse Program) Enrollment. He was referred for flushed face, nervousness, unexcused absences, increased use of excuses, decreased quality of work and excessive alcohol use. The applicant endorsed having a problem with alcohol. It was commented that the applicant did not want to be in Korea and that he may be depressed.

g. 04Aug2016 Mental Health Camp Humphreys S Korea. Command Directed Behavioral Health Evaluation. On 03Aug, he was administered cognitive screeners to rule out cognitive impairments and assess progress. CPT F\_ stated, "He is forgetful, disorganized, and unreliable as a Soldier." He denied having any major stressors but admitted to excessive ETOH use, 7-8 beers a day. He was referred to receive thiamine supplements as he appeared to be deficient. Thiamine deficiency is consistent with chronic alcohol excess. Observations: He appeared fragile (i.e., possible malnutrition), he had difficulties with recall (anterograde and retrograde memory), and he had notable issues with confabulations.

h. 06Aug, 30Aug, 08Sep, 09Sep and 12Sep2016 Command-Directed Evaluation. Command indicated that the applicant was having difficulties with learning and retaining information and was unable to function independently. Command stated that the applicant consistently showed up late to formations, forgot vital information (i.e., rally points, passwords, key words for alerts), made mistakes that could have resulted in aircraft explosions, and appeared to be relying on his subordinates to accurately perform his job as he was having difficulties with recall, learning, and decision-making. Command wanted to know if he had a mental condition that may be impairing his functioning. Results of cognitive testing revealed that he had low scores in intellectual functioning abilities; his IQ test score was low; and his attention score was low. The applicant also disclosed a history of difficulty establishing relationships. His intellectual disability was determined to be incompatible with military service. His deficits were profound when compounded with his level of substance abuse. It was also noted that

individuals with intellectual disabilities suffer disproportionately from substance use problems. The condition was deemed persistent and would likely compromise his safety and the unit's readiness. There was no indication of a boardable mental health disorder IAW AR 40-501, chapter 3. Separation under chapter 5-17 was recommended.

i. 12Oct2016 Mental Health Clinic, Camp Humphreys (Korea). This was a Termination Session. He had received instruction on functional skills. His profile was S1, and it was documented that he met retention standards of Chap 3, AR 40-501 and AR 635-200 for fitness and suitability for continued service. He remained world-wide qualified and cleared to TDY/PCS/ETS/RETIRE. Diagnosis: Mild Intellectual Disabilities

j. 17Apr2019 and 15May2019 Neuropsychology Note VAMC. Almost 3 years after discharge from service. Results of testing were consistent with diagnosis Borderline Intellectual Functioning. The evaluator was hesitant to diagnose an intellectual disability without further testing. They opinioned that his driving a truck (and in good standing) for 2 years belied an intellectual disability. They did concur with prior evaluator(s) that the applicant's intellectual and neurocognitive limitations were thought to be developmental and longstanding in nature. Neither records nor his reported history yielded information suggestive of a clear acquired disease or injury that would better account for his limitations. The applicant also reported that he had experienced such difficulties since early childhood, further supporting the hypothesis of a developmental etiology.

k. 29Jan2024 Psychological Assessment VAMC. The examiner stated that after reviewing the previous psych testing with the with referring provider, further testing was determined not to be necessary at the time and the psychological testing consult was closed. The provider copied and pasted the prior testing that was completed and documented in the 12Sep2016 note.

l. 13Mar2024 Okeechobee VA Outpatient Clinic. The correspondence endorsed that the applicant currently had an Intellectual Disability.

#### 4. Summary/Opinion

a. JLV search revealed that the applicant was 70% service connected by the VA for PTSD. There was a provisional diagnosis of PTSD due to 2 reported suicide deaths of fellow soldiers at Fort Hood in June and July 2016 while the applicant was stationed there (08Mar2022 Mental Health Consult VAMC). The applicant also reported a military stressor as being present in the aftermath of a shooting at Fort Hood without further details (11Jan2023 Dom Biopsychosis Assessment VAMC). Records in JLV indicated the applicant began treatment at the VA for Anxiety and Depression almost immediately after discharge from military service. While in service, the applicant screened negative for a mental health diagnosis that failed medical retention standards of AR 40-501 chapter 3. His BH profile was S1. After discharge from service, the applicant drove a

truck fulltime for 2 years without incident (Neuropsychological Evaluation Report 11Mar and 17Apr2019). Based on records available for review, evidence was insufficient to support that there was a boardable mental health diagnosis for which the applicant should have been discharged.

b. The applicant was diagnosed with a concussion (or mild TBI) due to a head injury while in service. In trying to determine whether the mild TBI impacted his performance (thereby providing a boardable diagnosis for discharge), the undersigned made the following observations: There were no return visits for or report of ongoing sequelae from the TBI event. In addition, the applicant reported a 'lifelong history' or at least from early childhood history, of intellectual difficulties. He reported head injuries at age 6, 7 and 8; the most significant occurred at age 6 for which he received sutures (scars still visible) and had associated amnesia surrounding the event. He also reported that his mother drank alcohol while she was pregnant with him— he suspects Fetal Alcohol Syndrome impacted his intellectual development (05Jan2023 Domiciliary Note). He repeated 10<sup>th</sup> grade and did not graduate high school. He performed poorly on the Florida Comprehensive Assessment Test (FCAT); however, he was able to obtain a GED. Based on records available for review, more likely than not, the Mild Intellectual Disability predated the mild TBI he sustained while in service.

c. And finally, the applicant appeared to suggest that his substance abuse impacted the reason for his discharge. More likely than not, his excessive alcohol use did impact performance and the reason for his discharge; however, his excessive alcohol use did not appear to be secondary to a boardable (unfitting) condition. It was documented that his excessive alcohol use predated the head injury. He "busted rations" August 2015, when he let someone else use his ID; and busted rations again in June and July 2016 due to drinking a lot (12Sep2016 AHC Camp Humphreys, S Korea). During the ASAP assessment intake visit, the applicant indicated that he regarded being in the Army as a stressor related to his alcohol problem (05Aug2016 ASAP Humphreys). He also recalled that alcohol use increased at age 30 which coincided with his move to Korea.

d. Liberal Consideration guidance policy was examined in reference to the applicant's request for change in separation code, reentry code and narrative reason for separation. The applicant's service was characterized as Honorable. There was no misconduct to consider for mitigation. There was some evidence that the applicant's baseline functioning due to the Mild Intellectual Disability was temporarily worsened while in military service. Due to the presence of the preexisting Mild Intellectual Disability and lack of adequate healthy coping and functional skills, the applicant displayed less resiliency when he encountered military stresses and/or life stressors (such as the move to Korea and suicide deaths of other soldiers). Based on this, the Board may consider a change in separation code, and narrative reason for separation. A change in reentry code from RE-3 is not recommended.

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 Board carefully considered the applicant's request, supporting documents, and evidence in the records. The Board considered the applicant's statement and record of service, the frequency and nature of the applicant's conduct and the reason for separation. The applicant was separated for other designated physical or mental disorder. The reason for the commander's proposed action is the applicant had been diagnosed with an intellectual disability which condition is preventing him from properly performing his required duties as a Soldier. The Board noted the applicant's contention; however, based upon the conduct leading to the applicant's separation and the recommendation found in the medical review related to the liberal consideration, the Board determined relief was not warranted to amend his separation code, reentry code, or narrative reason for separation.

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.

5/12/2025

X [REDACTED]

CHAIRPERSON

[REDACTED]

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. Title 10, U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.
2. Army Regulation 635-200 (Active Duty Enlisted Administrative Separations), sets forth the basic authority for the separation of enlisted personnel.
  - a. Paragraph 3-7a provides that an honorable discharge is a separation with honor and entitles the recipient to benefits provided by law. The honorable characterization is appropriate when the quality of the member's service generally has met the standards of acceptable conduct and performance of duty for Army personnel or is otherwise so meritorious that any other characterization would be clearly inappropriate.
  - b. Paragraph 3-7a(1) provides that only the honorable characterization may be awarded a Soldier upon completion of his/her period of enlistment or period for which called or ordered to active duty (AD) or active duty training (ADT) or where required under specific reasons for separation, unless an entry-level status separation (uncharacterized) is warranted.
  - c. Paragraph 3-7b provides that a general discharge is a separation from the Army under honorable conditions. When authorized, it is issued to a Soldier whose military record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.
  - d. Paragraph 5-17 of the regulation provides, in pertinent part, that Commanders may approve separation under this paragraph on the basis of other physical or mental conditions not amounting to a disability and excluding conditions appropriate for separation processing under paragraph 5-11 or 5-13 that potentially interfere with assignment to or performance of duty.
3. AR 635-5-1 (Separation Program Designator (SPD) Codes) provides 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. The SPD code JFV is the appropriate code to assign to Soldiers separated under the provisions of AR 635-200, paragraph 5-17, condition (not disability).
4. AR 601-210 (Active and Reserve Components Enlistment Program) governs eligibility criteria, policies, and procedures for enlistment and processing into the Regular Army, U.S. Army Reserve, and Army National Guard. Chapter 3 prescribes the

basic eligibility for prior-service applicants for enlistment and includes a list of Armed Forces RE codes.

- an RE code 1 applies to persons who completed an initial term of active service who were fully qualified for enlistment when separated
- an RE code 3 applies to persons who are not qualified for reentry or continuous service at the time of separation, but the disqualification is waivable
- an RE code 4 applies to persons separated from their last period of service with a non-waivable disqualification

5. The SPD/RE Code Cross Reference Table, in effect at the time of his discharge, stipulated that an RE-3 code would be assigned to members separated under these provisions with an SPD code of JFV.

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

//NOTHING FOLLOWS//