ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 26 March 2025

DOCKET NUMBER: AR20240007224

APPLICANT REQUESTS: in effect, correction to her DD Form 214 (Certificate of Release or Discharge from Active Duty) to show:

- Item 26 (Separation Code) to JFF
- Item 27 (Reentry Code) to 1
- Item 28 (Narrative Reason for Separation) to Secretarial Authority
- [Although the applicant requests reconsideration, this is not a reconsideration case.

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

- DD Form 149 (Application for Correction of Military Record) ACTS Online
- DD Form 214
- DD Form 4 (Enlistment/Reenlistment Document)
- Enlisted Record Brief
- Administrative Separation Packet
- Orders: 108-1103

FACTS:

1. The applicant states, in effect:

a. Her ability to maintain standards was compromised by two traumatic events. She was assaulted by fellow service members on two separate occasions. She deviated from standards, engaged in misconduct and illegal drug use to alleviate the pain and distress she was suffering from the assaults.

b. The trauma left her with enduring emotional scars which impacted her mental well-being. She found herself navigating the aftermath of the traumas alone, without access to resources or assistance to address her psychological distress.

c. In the absence of proper mental and medical healthcare she turned to unhealthy coping mechanisms and substance abuse as a misguided attempt to alleviate the pain

and distress she was experiencing. The military's failure to provide adequate support and intervention played a significant role in exacerbating her situation.

d. She has taken efforts to address and overcome challenges stemming from the traumatic experiences. Through personal reflection and professional counseling, she has gained insight into the root causes of her misconduct and drug abuse, committed to sobriety, and pursued healthy coping mechanisms to manage her emotional well-being.

2. A review of evidence provided by the applicant and the applicant's record shows:

a. The applicant enlisted in the Regular Army on 23 April 2018. She did not deploy or serve on combat duty.

b. She was promoted to the rank and grade of sergeant (SGT)/E-5 on 1 April 2021.

c. On 22 March 2024, the applicant tested positive for illegal drug use during a routine urinalysis while on assignment at Fort Sam Houston, Texas. She was command referred to Substance Use Disorder Clinical Care (SUDCC).

d. The applicant failed to report to scheduled appointments to complete her separation physical.

e. On 20 March 2024, the Brook Army Medical Center, psychiatrist stated, in effect, the following:

1) The applicant was diagnosed with both personality disorder and adjustment disorder.

2) The applicant demonstrated a consistent unwillingness to adhere to or participate in command directed or voluntary treatment.

3) The applicant's negative behavior, disregard for authority, and opposition to treatment severely interfered with her performance of military duty and precluded her from qualifying for transfer to the Soldier Recovery Unit for complex case management.

f. The applicant was recommended and approved for separation for misconduct due to drug abuse; and on 24 April 2024, she was honorably discharged, with separation code JKK for misconduct (drug abuse) and a reentry code of 4.

3. On 7 February 2025, a staff member at ARBA, requested the applicant provide a copy of medical documents that support her mental health issues. No response was provided as of 20 March 2025.

5. Due to the applicant's claim of PTSD, this case will be reviewed by the Behavior Health Staff at ARBA.

6. MEDICAL REVIEW:

a. Background: The applicant is applying to the ABCMR requesting consideration of a change to her narrative reason for separation, separation code, and reentry code. She contends she experienced a mental health condition that mitigates her misconduct.

b. 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:

- The applicant enlisted into the Regular Army on 23 April 2018.
- On 22 March 2024, the applicant tested positive for illegal drug use during a routine urinalysis while on assignment at Fort Sam Houston, Texas.
- The applicant was discharged on 24 April 2024 and completed 5 years, 11 months, and 17 days of active service.

c. Review of Available Records: The Army Review Board Agency (ARBA) Behavioral Health Advisor reviewed the supporting documents contained in the applicant's file. The applicant asserts she experienced two traumatic events, assault by a fellow soldier on two separate occasions, and this led to her misconduct of illegal drug use to alleviate her pain and emotional distress. She indicated PTSD and "other mental health" as issues or conditions related to her request. A Memorandum for Record dated 13 February 2024 by a staff psychiatrist indicated that the applicant had been given a diagnosis of Personality Disorder and Adjustment Disorder, and the psychiatrist recommended separation under AR 135-176, paragraph 8-7 "other designated physical or mental condition." The document also indicated that the applicant had failed to adapt to "intensive inpatient and outpatient medical treatment." A Report of Mental Status Evaluation dated 7 September 2023 showed a diagnosis of Major Depressive Disorder as a result of a "safety evaluation" conducted through the Emergency Department. Another Mental Status Evaluation conducted for Chapter 13 Separation on 28 March 2024 showed diagnoses of PTSD, Adjustment Disorder, and Alcohol Use Disorder, and the applicant was on a duty-limiting profile with an expiration date of 16 April 2024. There was sufficient evidence that the applicant was diagnosed with a psychiatric condition while on active service.

d. The Joint Legacy Viewer (JLV), which contains medical and mental health records for both DoD and VA, was reviewed and showed the applicant initiated mental health treatment on 9 February 2021 as related to a childhood history of abuse. She engaged in psychotherapy through April 2021, and her diagnosis was "personal history of physical and sexual abuse in childhood." She initiated treatment again on 7 February 2022 related to difficulty managing emotions and symptoms of anxiety and depression.

She carried the same diagnosis and focus of treatment was again related to her childhood experiences. However, on 10 November 2022 she was diagnosed with Adjustment Disorder with mixed anxiety and depressed mood, and she expressed frustration with being in the Army, problems with her ex-husband, and a PCS. She was started on an antidepressant medication in April 2023 and continued in psychotherapy to manage stressors. Documentation on 22 August 2023 showed she presented to the clinic accompanied by a friend and reported a physical assault, including attempted strangulation and being physically attacked. It was also noted that she reported having been sexually assaulted by another service member. An MST intake was conducted on 5 September 2023 where she reported having been sexually assaulted while in a training in June 2023 and physically assaulted three weeks prior. Documentation showed that she was diagnosed with Depression, not otherwise specified (NOS), PTSD, and Alcohol Use Disorder, and she engaged in intensive outpatient treatment (IOP). A brief review of her behavioral health documentation through her discharge in April 2024 showed that she had regular follow up and was monitored on the high risk list. The applicant has engaged with VA for mental health treatment, and she is 70% service connected for PTSD.

e. Based on the available information, it is the opinion of the Agency Behavioral Health Advisor that there is sufficient evidence to support that the applicant had a condition or experience that mitigates her misconduct and warrants a change to the narrative reason for separation.

f. Kurta Questions:

(1) Did the applicant have a condition or experience that may excuse or mitigate the discharge? Yes. The applicant asserts she had a mental health condition, including PTSD, at the time of the misconduct, and DoD documentation showed she initiated mental health treatment in February 2021 and was diagnosed with Depression NOS, PTSD, and Alcohol Use Disorder. There was evidence of a report to her mental health providers of a sexual assault in June 2023 and a physical assault in September 2023.

(2) Did the condition exist or experience occur during military service? Yes, the applicant asserts she was experiencing a mental health condition while on active service, and documentation showed she received mental health services related to trauma exposure.

(3) Does the condition or experience actually excuse or mitigate the discharge? Yes. A review of military medical and mental health records revealed significant documentation of symptoms and treatment for PTSD and Depression. Additionally, the applicant has continued in treatment through the VA and is 70% service connected for PTSD. Substance abuse is a common self-medicating strategy for avoiding uncomfortable emotions and memories related to trauma exposure, and substance use

can be a natural sequela to mental health conditions associated with exposure to traumatic and stressful events. Given the nexus between trauma exposure, avoidance of emotion, and substance use and in accordance with liberal consideration, the basis for separation is mitigated and a change to her narrative reason for separation is warranted.

BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the military record, the majority of the Board found that partial relief was warranted, while a minority of the Board found that relief was not warranted. The Board carefully considered the applicant's request, supporting documents, evidence in the records, and published Department of Defense guidance for liberal consideration of discharge upgrade requests. The Board considered the applicant's statement and record of service, the frequency and nature of the applicant's misconduct and the reason for separation. The applicant asserts she experienced two traumatic events, assault by a fellow Soldier on two separate occasions, and this led to her misconduct of illegal drug use. The evidence of record shows the applicant on 22 March 2024, tested positive for illegal drug use during a routine urinalysis. The evidence of record further shows during her period of active duty she had been given a diagnosis of Personality Disorder, Adjustment Disorder, PTSD, and Alcohol Use Disorder which were mitigating factors of her misconduct leading to her separation from the service. Therefore, the Board determined relief was warranted.

2. The Board considered the following Kurta questions under liberal consideration:

a. Did the applicant have a condition or experience that may excuse or mitigate the discharge? Yes. The applicant asserts she had a mental health condition, including PTSD, at the time of the misconduct, and DoD documentation showed she initiated mental health treatment in February 2021 and was diagnosed with Depression NOS, PTSD, and Alcohol Use Disorder. There was evidence of a report to her mental health providers of a sexual assault in June 2023 and a physical assault in September 2023.

b. Did the condition exist or experience occur during military service? Yes, the applicant asserts she was experiencing a mental health condition while on active service, and documentation showed she received mental health services related to trauma exposure.

c. Does the condition or experience actually excuse or mitigate the discharge? Yes. A review of military medical and mental health records revealed significant documentation of symptoms and treatment for PTSD and Depression. Additionally, the

applicant has continued in treatment through the VA and is 70% service connected for PTSD. Substance abuse is a common self-medicating strategy for avoiding uncomfortable emotions and memories related to trauma exposure, and substance use can be a natural sequela to mental health conditions associated with exposure to traumatic and stressful events. Given the nexus between trauma exposure, avoidance of emotion, and substance use and in accordance with liberal consideration, the basis for separation is mitigated and a change to her narrative reason for separation is warranted.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
XXX	XXX	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:	:	XXX	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The Board determined the evidence presented is sufficient to warrant relief. As a result, the Board recommends that all Department of the Army records of the individual concerned be corrected by amending the applicant's DD Form 214, for the period ending 24 April 2024 to show in:

- item 26 (Separation Code): JFF/Secretarial Authority
- item 27 (Reentry Code) 3
- item 28 (Narrative Reason for Separation) Secretarial Authority

X //SIGNED//

CHAIRPERSON

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. Army Regulation 635-200 (Personnel Separations-Enlisted Personnel) sets forth the basic authority for the separation of enlisted personnel.

a. Chapter 14 establishes policy and prescribes procedures for separating members for misconduct. Specific categories include minor disciplinary infractions, a pattern of misconduct, and commission of a serious offense, to include abuse of illegal drugs, convictions by civil authorities and desertion or being absent without leave. Action will be taken to separate a member for misconduct when it is clearly established that rehabilitation is impractical or unlikely to succeed. Army policy states that an under other than honorable conditions discharge is normally considered appropriate; however, a general, under honorable conditions or an honorable discharge may be granted.

b. Paragraph 14-12c(2) terms abuse of illegal drugs as serious misconduct. It continues; however, by recognizing relevant facts may mitigate the nature of the offense. Therefore, a single drug abuse offense may be combined with one or more minor disciplinary infractions or incidents of other misconduct and processed for separation under paragraph 14-12a or 14-12b as appropriate.

2. Army Regulation 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. It identifies the SPD code of "JKK" as the appropriate code to assign enlisted Soldiers who are discharged under the provisions of Army Regulation 635-200, Chapter 14, Misconduct (Drug Abuse). The SPD Code/RE Code Cross Reference Table shows that a Soldier assigned an SPD Code of "JKK" will be assigned an RE Code of 4.

3. Army Regulation 601-210 (Active and Reserve Components Enlistment Program) covers eligibility criteria, policies, and procedures for enlistment and processing into the Regular Army, U.S. Army Reserve, and Army National Guard. Table 3-1 provides a list of RE codes:

- RE-1 Applies to persons immediately eligible for reenlistment at time of separation
- RE-2 Applies to persons not eligible for immediate reenlistment
- RE-3 Applies to persons who may be eligible with waiver-check reason for separation
- RE-4 Applies to persons who are definitely not eligible for reenlistment

4. On 3 September 2014, the Secretary of Defense directed the Service Discharge Review Boards (DRB) and Service Boards for Correction of Military/Naval Records (BCM/NR) to carefully consider the revised post-traumatic stress disorder (PTSD) criteria, detailed medical considerations and mitigating factors when taking action on applications from former service members administratively discharged UOTHC and who have been diagnosed with PTSD by a competent mental health professional representing a civilian healthcare provider in order to determine if it would be appropriate to upgrade the characterization of the applicant's service.

5. On 25 August 2017, the Office of the Undersecretary of Defense for Personnel and Readiness issued clarifying guidance for the Secretary of Defense Directive to DRBs and BCM/NRs when considering requests by veterans for modification of their discharges due in whole or in part to: mental health conditions, including PTSD; Traumatic Brain Injury; sexual assault; or sexual harassment. Boards are to give liberal consideration to veterans petitioning for discharge relief when the application for relief is based in whole or in part to those conditions or experiences. The guidance further describes evidence sources and criteria and requires Boards to consider the conditions or experiences presented in evidence as potential mitigation for misconduct that led to the discharge.

6. The Under Secretary of Defense (Personnel and Readiness) issued guidance to Service DRBs and Service BCM/NRs on 25 July 2018 [Wilkie Memorandum], regarding equity, injustice, or clemency determinations. Clemency generally refers to relief

specifically granted from a criminal sentence. BCM/NRs may grant clemency regardless of the court-martial forum. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds.

a. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. In determining whether to grant relief on the basis of equity, injustice, or clemency grounds, Boards shall consider the prospect for rehabilitation, external evidence, sworn testimony, policy changes, relative severity of misconduct, mental and behavioral health conditions, official governmental acknowledgement that a relevant error or injustice was committed, and uniformity of punishment.

b. Changes to the narrative reason for discharge and/or an upgraded character of service granted solely on equity, injustice, or clemency grounds normally should not result in separation pay, retroactive promotions, and payment of past medical expenses or similar benefits that might have been received if the original discharge had been for the revised reason or had the upgraded service characterization.

7. PTSD can occur after someone goes through a traumatic event like combat, assault, or disaster. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association (APA) and provides standard criteria and common language for the classification of mental disorders. In 1980, the APA added PTSD to the third edition of its DSM nosologic classification scheme. Although controversial when first introduced, the PTSD diagnosis has filled an important gap in psychiatric theory and practice. From a historical perspective, the significant change ushered in by the PTSD concept was the stipulation that the etiological agent was outside the individual (i.e., a traumatic event) rather than an inherent individual weakness (i.e., a traumatic neurosis). The key to understanding the scientific basis and clinical expression of PTSD is the concept of "trauma."

8. PTSD is unique among psychiatric diagnoses because of the great importance placed upon the etiological agent, the traumatic stressor. In fact, one cannot make a PTSD diagnosis unless the patient has actually met the "stressor criterion," which means that he or she has been exposed to an event that is considered traumatic. Clinical experience with the PTSD diagnosis has shown, however, that there are individual differences regarding the capacity to cope with catastrophic stress. Therefore, while most people exposed to traumatic events do not develop PTSD, others go on to develop the full-blown syndrome. Such observations have prompted the recognition that trauma, like pain, is not an external phenomenon that can be completely objectified. Like pain, the traumatic experience is filtered through cognitive and emotional processes before it can be appraised as an extreme threat. Because of individual differences in this appraisal process, different people appear to have different trauma

thresholds, some more protected from and some more vulnerable to developing clinical symptoms after exposure to extremely stressful situations.

9. The fifth edition of the DSM was released in May 2013. This revision includes changes to the diagnostic criteria for PTSD and acute stress disorder. The PTSD diagnostic criteria were revised to take into account things that have been learned from scientific research and clinical experience. The revised diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms, the seventh criterion assesses functioning, and the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.

10. 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. The ABCMR begins its consideration of each case with the presumption of administrative regularity, which is that what the Army did was correct. The ABCMR is not an investigative body and decides cases based on the evidence that is presented in the military records provided and the independent evidence submitted with the application. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

11. Section 1556 of Title 10, U.S. Code (USC), 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//