

1. Applicant's Name: [REDACTED]**a. Application Date:** 26 April 2021**b. Date Received:** 26 April 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 general (under honorable conditions). The applicant requests an upgrade to honorable.

The applicant seeks relief contending, in effect, serving for five years, including a tour of duty in Korea and Afghanistan, and their discharge should be upgraded. The applicant claims they have been making efforts to improve their life ever since their discharge. The applicant has attended multiple Alcohol Anonymous meetings and completed multiple courses to address their anxiety and depression. The believes their drinking is the only way to get the support they need. The applicant claims after returning from Afghanistan under stress and failing to get the treatment they needed, their drinking worsened. The applicant was referred by the unit to the Army Substance Abuse Program (ASAP) and believes it did not improve their circumstances. Given the unit's stress and how the applicant was treated after their enrollment in the ASAP program, it made the applicant drink more. Since the discharge and with the support of their family and friends, the applicant no longer has the burden or pain they once felt while in the Army.

b. Board Type and Decision: In a records review conducted on 19 November 2024, and by a 5-0 vote, the Board determined that the characterization of service was inequitable based on the applicant's Post Traumatic Stress Disorder outweighing the applicant's misconduct of continued alcohol use and denial of inpatient treatment. Accordingly, the Board voted to grant relief in the form of an upgrade to the characterization of service to Honorable. The Board determined the narrative reason/SPD code and RE code were proper and equitable and voted not to change them.

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: Alcohol Rehabilitation Failure / AR 635-200, Chapter 9 / JPD / RE-4 / General (Under Honorable Conditions)

b. Date of Discharge: 7 May 2013**c. Separation Facts:**

(1) Date of Notification of Intent to Separate: 17 March 2013

(2) Basis for Separation: The applicant was informed of the following reasons: On 10 December 2012, the applicant was declared an Alcohol Abuse Rehabilitation Failure.

(3) Recommended Characterization: General (Under Honorable Conditions)

(4) Legal Consultation Date: 17 March 2013

(5) Administrative Separation Board: NA

(6) Separation Decision Date / Characterization: 5 April 2013, General (Under Honorable Conditions)

4. SERVICE DETAILS:

a. Date / Period of Enlistment: 30 July 2008 / 5 years, 17 weeks

b. Age at Enlistment / Education / GT Score: 18 / High School Graduate / 102

c. Highest Grade Achieved / MOS / Total Service: E-4 / 13B10, Cannon Crewmember / 4 years, 9 months, 8 days

d. Prior Service / Characterizations: None

e. Overseas Service / Combat Service: Korea, SWA / Afghanistan (20 March 2011 – 10 March 2012)

f. Awards and Decorations: ARCOM, AGCM, NDSM, ACM-2CS, GWOTSM, KDSM, ASR, OSR-2, NATOMDL, CAB

g. Performance Ratings: NA

h. Disciplinary Action(s) / Evidentiary Record: Summary of Army Substance Abuse Program Rehabilitation Failure (memo), 9 April 2013, reflects the applicant was a command referral of the Army Substance Abuse Program (ASAP) on 27 August 2012, for Alcohol. The applicant was evaluated on 30 August 2012, and met DSM-IV diagnostic criteria for Alcohol Dependence. On 10 October 2012, a rehabilitation team meeting (RTM) was held with the applicant the 1SG and the ASAP counselor at which time the applicant was enrolled in the ASAP Level I Outpatient Program and agreed to abstain from alcohol and other mood-altering drugs use and attend weekly group sessions. The applicant consumed alcohol while enrolled in ASAP which resulted in the recommendation the applicant level of treatment be elevated to inpatient treatment, but the applicant declined inpatient treatment at an RTM held on 10 December 2012, with their 1SG and ASAP counselor. The applicant was declared a rehabilitation failure and discharged from ASAP as they refused further treatment. On 4 March 2013, the applicant was a Command Referral to ASAP as the result of a drunk-on duty incident and being hospitalized at Samaritan Medical Center and Soldiers and Sailors Hospital after a night of excessive alcohol use and auditory hallucination in February 2013. An updated screening evaluation was completed on 5 March 2013. An RTM was held on with the applicant, their 1SG and ASAP counselor, but the applicant was not enrolled in ASAP due to their pending Chapter 9 discharge from the Army.

Seven Developmental Counseling Forms, for various acts of misconduct.

i. Lost Time / Mode of Return: None

j. Behavioral Health Condition(s):

(1) Applicant provided: None

(2) **AMHRR Listed:** Report of Medical History, 10 January 2013, the examining medical physician noted the applicant's medical conditions in the comments section. The applicant attended behavioral health counselling and ASAP after suicide attempt.

5. APPLICANT-PROVIDED EVIDENCE: Two Certificates of Release or Discharge from Active Duty; Application for the Review of Discharge.

6. POST SERVICE ACCOMPLISHMENTS: The applicant has attended multiple Alcohol Anonymous meetings and completed multiple courses to address their anxiety and depression.

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) Chapter 3, Section II provides the authorized types of characterization of service or description of separation.

(2) Paragraph 3-7a states 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.

(3) Paragraph 3-7b states 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.

(4) Chapter 9 outlines the procedures for discharging individuals because of alcohol or other drug abuse. A member who has been referred to the Army Substance Abuse Program (ASAP) for alcohol or drug abuse may be separated because of inability or refusal to participate in, cooperate in, or successfully complete such a program if there is a lack of potential for continued Army service and rehabilitation efforts are no longer practical.

(5) Paragraph 9-4, stipulates the service of Soldiers discharged under this section will be characterized as honorable or under honorable conditions unless the Soldier is in entry-level status and an uncharacterized description of service is required. An honorable discharge is mandated in any case in which the Government initially introduces into the final discharge process limited use evidence as defined by AR 600-85.

e. 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 "JPD" as the appropriate code to assign enlisted Soldiers who are discharged under the provisions of Army Regulation 635-200, Chapter 9, for alcohol rehabilitation failure.

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: 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.

The applicant requests an upgrade to honorable.

Summary of Army Substance Abuse Program Rehabilitation Failure (memo), 9 April 2013, the applicant was a command referral to the ASAP on 27 August 2012 for Alcohol. The applicant was evaluated on 30 August 2012, and met DSM-IV diagnostic criteria for Alcohol Dependence. On 10 October 2012, a RTM was held with the applicant their 1SG and the ASAP counselor at which time the applicant was enrolled in the ASAP Level I Outpatient Program and agreed to abstain from alcohol and other mood-altering drugs use and attend weekly group sessions. The applicant consumed alcohol while enrolled in ASAP which resulted in the recommendation the applicant level of treatment be elevated to inpatient treatment, but the applicant declined inpatient treatment at an RTM held on 10 December 2012 with their 1SG and ASAP counselor. The applicant was declared a rehabilitation failure and discharged from ASAP as the applicant refused further treatment. On 4 March 2013, the applicant was a Command Referral to ASAP as the result of a drunk-on duty incident and being hospitalized at Samaritan Medical Center and Soldiers and Sailors Hospital after a night of excessive alcohol use and auditory hallucination in February 2013. An updated screening evaluation was completed on 5 March 2013. An RTM was held on with the applicant, their 1SG and ASAP counselor, but the applicant was not enrolled in ASAP due to their pending Chapter 9 discharge from the Army.

The applicant contends returning from Afghanistan under stress; suffering from depression and anxiety; and failing to get the treatment they needed, and their drinking worsened. The applicant did not submit any evidence, other than the applicant's statement, to support the contention. The AMHRR includes a Report of Medical History, 10 January 2013, the examining medical physician noted the applicant's medical conditions in the comments section. The applicant attended behavioral health counselling and ASAP. The Report of Medical History, was considered by the separation authority.

The applicant contends good service, including a combat tour. The third-party statements provided with the application reflect the applicant's outstanding work ethic and value to the team.

The applicant contends attending multiple Alcohol Anonymous meetings and completed multiple courses to address their anxiety and depression. The Army Discharge Review Board is authorized to consider post-service factors in the recharacterization of a discharge. No law or regulation provides for the upgrade of an unfavorable discharge based solely on the passage of time or good conduct in civilian life after leaving the service. The Board reviews each discharge on a case-by-case basis to determine if post-service accomplishments help demonstrate

previous in-service misconduct was an aberration and not indicative of the member's overall character.

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? **Yes.** The Board reviewed the applicant's DOD and VA health records, applicant's statement, and/or civilian provider documentation and found that the applicant has the following potentially-mitigating diagnoses/experiences: PTSD, Adjustment Disorder w/Anxiety and Depressed Mood.

(2) Did the condition exist or experience occur during military service? The Board found the applicant is 30 percent SC for PTSD.

(3) Does the condition or experience actually excuse or mitigate the discharge? **Yes.** The Board determined, based on the BMA's opine, that the applicant's behavioral health conditions mitigate the discharge. Although records reflect the applicant had a history of alcohol abuse and ASAP treatment prior to deployment, the applicant reported increased use following deployment to address symptoms secondary to traumatic exposure and interpersonal problems. Given the nexus between PTSD and the use of substances to self-medicate, the applicant's continued alcohol use while enrolled in ASAP, and declination of inpatient substance use treatment, which resulted in treatment failure, are mitigated.

(4) Does the condition or experience outweigh the discharge? **Yes.** After applying liberal consideration to the evidence, including the Board Medical Advisor opine, the Board determined that the applicant's Post Traumatic Stress Disorder outweighed the applicant's misconduct of continued alcohol use and denial of inpatient treatment.

b. Response to Contention(s):

(1) The applicant contends returning from Afghanistan under stress; suffering from depression and anxiety; and failing to get the treatment they needed; and their drinking worsened. The Board liberally considered this contention and determined that the applicant's Post Traumatic Stress Disorder outweighed the applicant's misconduct of continued alcohol use and denial of inpatient treatment.

(2) The applicant contends good service, including a combat tour. The Board considered this contention during proceedings, but ultimately did not address the contention due to an upgrade being granted based on the applicant's Post Traumatic Stress Disorder outweighing the applicant's misconduct of continued alcohol use and denial of inpatient treatment.

(3) The applicant contends attending multiple Alcohol Anonymous meetings and completed multiple courses to address their anxiety and depression. The Board considered this contention during proceedings, but ultimately did not address the contention due to an upgrade being granted based on the applicant's Post Traumatic Stress Disorder outweighing the applicant's misconduct of continued alcohol use and denial of inpatient treatment.

c. The Board determined that the characterization of service was inequitable based on the applicant's Post Traumatic Stress Disorder outweighing the applicant's misconduct of continued

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alcohol use and denial of inpatient treatment. Accordingly, the Board voted to grant relief in the form of an upgrade to the characterization of service to Honorable. The Board determined the narrative reason/SPD code and RE code were proper and equitable and voted not to change them.

d. Rationale for Decision:

(1) The Board voted to change the applicant's characterization of service to Honorable because the applicant's Post Traumatic Stress Disorder outweighed the applicant's misconduct of continued alcohol use and denial of inpatient treatment. Thus, the prior characterization is no longer appropriate.

(2) The Board voted not to change the applicant's reason for discharge or accompanying SPD code, as the reason the applicant was discharged was both proper and equitable.

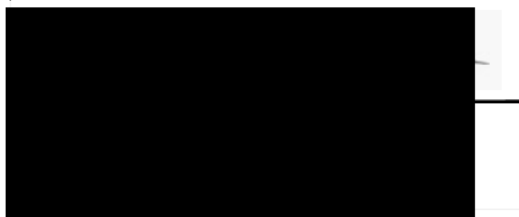
(3) The RE code will not change, as the current code is consistent with the procedural and substantive requirements of the regulation.

10. BOARD ACTION DIRECTED:

- a. Issue a New DD-214: Yes**
- b. Change Characterization to: Honorable**
- c. Change Reason / SPD Code to: No Change**
- d. Change RE Code to: No Change**
- e. Change Authority to: AR 635-200**

Authenticating Official:

11/25/2024



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
UOTHHC – Under Other Than
Honorable Conditions
VA – Department of Veterans
Affairs