

1. Applicant's Name:

- 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 period ~~under~~ review is general (under honorable conditions). The applicant requests an upgrade to honorable.

The applicant seeks relief contending, in effect, during their eight years in the military, the applicant had deployed on three occasions, which led to various medical conditions. The applicant's conduct after returning from Afghanistan was the basis for the discharge. The applicant became an alcoholic and continued to go on a downward slope. The applicant continues to have nightmares and cold sweats, is easily startled, and is always on guard. Despite the unit sending the applicant for treatment for the applicant's anxiety to Darnell Army Medical Center, Fort Hood, Texas, the applicant always believed there was more to their medical situation than what they were told. The applicant believed nobody cared about the applicant and what the applicant was going through, and the applicant was all alone; therefore, the applicant continued to drink. The medical facility prescribed 150mg of Seroquel to alleviate the applicant's depression, but the applicant's depression became worse. The applicant continued to be distant from family, peers, and society. The applicant was demoted from sergeant to specialist. Once demoted, the command decided to keep the applicant in the same unit, and the Soldiers the applicant was in charge of made rhetorical remarks about the applicant's demotion. Once discharged in 2012, the applicant and the applicant's family became homeless because the applicant was dependent on military support. The applicant's selfish acts of drinking and not receiving the proper medical attention the applicant needed hindered the applicant and the family greatly. The applicant received the required medical treatment and is working to improve with the Vocational Rehabilitation Treatment (VRT) of the Veterans Health Administration of Central Texas. Through this program, the applicant works as a housekeeper at the Temple Department of Veterans Affairs (VA) Hospital. The applicant's mental status has drastically improved, and the applicant is working with others to improve the applicant's medical condition and life. The applicant requests an upgrade for employment and financial reasons, allowing the applicant and their family to make a new start in life. The applicant realizes their fault for the mistakes they made in the military. The applicant is not blaming the military but wishes they could have received the required proper medical attention the applicant needed from the chain of command. The applicant requests consideration of a potential violation of 10 USC 1177 because the applicant is unable to confirm whether the separation authority considered the applicant's diagnoses of post-traumatic stress disorder and traumatic brain injury during the separation proceedings.

b. Board Type and Decision: In a records review conducted on 25 July 2024, and by a 5-0 vote, the Board denied the request upon finding the separation was both proper and equitable.

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: Pattern of Misconduct / AR 635-200, Paragraph 14-12b / JKA / RE-4 / General (Under Honorable Conditions)

b. Date of Discharge: 15 May 2012

c. Separation Facts:

(1) Date of Notification of Intent to Separate: NIF

(2) Basis for Separation: NIF

(3) Recommended Characterization: NIF

(4) Legal Consultation Date: NIF

(5) Administrative Separation Board: NIF

(6) Separation Decision Date / Characterization: 27 April 2012 / Under Other Than Honorable Conditions / The separation authority's memorandum's subject line reads, "Separation Under AR 635-200, Chapter 14, Paragraph 14-12b, Pattern of Misconduct"; however, the separation authority directed separation under paragraph 14-12c, Commission of a Serious Offense and the applicant be reduced to E-1.

4. SERVICE DETAILS:

a. Date / Period of Enlistment: 4 August 2006 / 5 years / The AMHRR is void of any enlistment contract retaining the applicant on active duty after the most recent enlistment period.

b. Age at Enlistment / Education / GT Score: 26 / HS Graduate / 120

c. Highest Grade Achieved / MOS / Total Service: E-5 / 88M20, Motor Transport Operator / 9 years, 10 months, 17 days

d. Prior Service / Characterizations: RA, 8 February 1999 – 21 June 2001 / GD
(Break in Service)
ARNG, 13 October 2004 – 28 February 2006 / HD
RA, 1 March 2006 – 3 August 2006 / HD

e. Overseas Service / Combat Service: Hawaii, SWA / Iraq (23 July 2006 – 12 September 2007, 9 September 2009 – 30 May 2010) / The applicant's AMHRR and medical documents provided by the applicant reflect service in Afghanistan in 2011.

f. Awards and Decorations: ICM-3CS, ARCOM, MUC, AGCM, NDSM, GWOTSM, NCOPDR, ASR, OSR-3

g. Performance Ratings: 1 April 2007 – 31 December 2007 / Fully Capable
1 January 2008 – 31 July 2008 / Marginal
1 August 2008 – 31 October 2008 / Fully Capable
1 November 2008 – 31 October 2009 / Amongst the Best

h. Disciplinary Action(s) / Evidentiary Record: Company Grade Article 15, 19 February 2008, for on 10 December 2007, willfully and wrongfully damaging the screen door of M. P.; unlawfully striking M. P. in the face with the fist; and wrongfully communicating to M. P. a threat with a kitchen knife. The punishment consisted of a forfeiture of \$524 pay; extra duty for 14 days; and restriction for 14 days (suspended).

Military Police Report (Blotter), 23 November 2011, reflects the applicant was apprehended for: driving while intoxicated and driving without lights (on post). The investigation revealed a patrol officer observed the applicant driving without headlights and initiated a traffic stop. The officer detected a strong odor of an alcoholic beverage. The applicant failed the field sobriety test and was apprehended and transported to the police station where the applicant failed a videotaped standardized field sobriety test. The applicant consented to a breath alcohol test (BAC) with results of 0.177.

General Officer Memorandum Of Reprimand, 5 December 2011, reflects the applicant was driving while intoxicated. After being stopped for driving without headlights on 23 November 2011, the applicant failed two sobriety tests. The applicant was administered a blood alcohol content test, which registered 0.177 percent BAC.

The applicant's Enlisted Record Brief (ERB), 2 May 2012, reflects the applicant was flagged for Army Body Composition Program (KA), effective 1 September 2010, and Involuntary Separation or Discharge (Field Initiated) (BA), effective 26 February 2012; and was ineligible for reenlistment because of Pending Separation (9V). The applicant was reduced from E-5 to E-4, effective 18 June 2011; E-4 to E-3, effective to E-3, 8 November 2011; E-3 to E-2, effective 23 November 2011; and E-2 to E-1, effective 5 March 2012.

The applicant's DD Form 214 (Certificate of Release or Discharge from Active Duty), reflects the applicant had completed the first full term of service. The applicant was discharged under the authority of AR 635-200, paragraph 14-12b, with a narrative reason of Pattern of Misconduct. The DD Form 214 was not authenticated with the applicant's signature. On 5 April 2016, the applicant's grade was restored to E-3.

i. Lost Time / Mode of Return: None

j. Behavioral Health Condition(s):

(1) Applicant provided: Chronological Record of Medical Care, between 4 July and 10 August 2011, reflecting the applicant was diagnosed with sleep apnea, adult; essential hypertension accelerated; anxiety disorder, not otherwise specified (NOS) edema; alcohol abuse. On 9 August 2011, the applicant was medically evacuated from Afghanistan to Ramstein, Germany, because of acceleration hypertension.

Report of Medical Examination, 15 September 2011, reflecting the examining medical physician noted in the diagnosis and defects section: Diagnosed with obstructive sleep apnea; counseling and taking medication for alcohol dependence and anxiety; medevac'd from Afghanistan for depression, anxiety, obesity, and hypertension.

Central Texas Health Care System Progress medical documents, 17 September 2014, reflecting the applicant's problems listed as lack of housing; unemployment; anemia; depressive disorder, not elsewhere classified; other and specified alcohol dependence, unspecified drinking behavior; unspecified sleep apnea; insomnia, unspecified; adjustment disorder with mixed anxiety and depressed mood; other unknown and unspecified cause of morbidity or mortality; and unspecified essential hypertension.

(2) AMHRR Listed: None

The ARBA's medical advisor reviewed DoD and VA medical records and not solely those documents listed in 4j(1) and (2) above.

5. APPLICANT-PROVIDED EVIDENCE: Two DD Forms 214; DD Form 293; self-authored statement; Army National Guard Honorable Discharge Certificate; Alcohol and Drug Abuse Prevention Training (ADAPT) completion certificate; NCO Academy, Hawaii Warrior Leader Course Diploma; three character references; and medical records.

6. POST SERVICE ACCOMPLISHMENTS: The applicant is a productive member of society and an asset as an employee of the Department of Veterans Affairs while interacting with the veteran community daily.

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. Section 1177, Title 10, United States Code (Members diagnosed with or reasonably asserting post-traumatic stress disorder or traumatic brain injury: medical examination required before administrative separation), establishes that a medical examination is required before administrative separation for any Soldier who has deployed overseas in support of a contingency operation or has been sexually assaulted during the previous 24 months, and is diagnosed as experiencing post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI), or reasonably asserts the influence of such a condition, based upon service while deployed or such sexual assault. Any such Soldier will not be administratively separated under conditions other than honorable until the results of the medical examination have been reviewed by the separation authority.

d. 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.

e. Army Regulation 600-85 (The Army Substance Abuse Program), paragraph 7-3, entitled voluntary (self) identification and referral, states voluntary (self) ID is the most desirable method of discovering alcohol or other drug abuse. The individual whose performance, social conduct, interpersonal relations, or health becomes impaired because of the abuse of alcohol or other drugs has the personal obligation to seek rehabilitation. The Soldier's unit commander must become involved in the evaluation process. Command policies will encourage Soldiers and civilian corps members to volunteer for assistance and will avoid actions that would discourage these individuals from seeking help. Normally Soldiers with an alcohol or other drug problem should seek help from their unit commander; however, they may initially request help from their installation ASAP, a military treatment facility, a chaplain, or any officer or noncommissioned officer in their chain of command.

f. 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 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.

(5) Paragraph 14-3, prescribes a discharge under other than honorable conditions is normally appropriate for a Soldier discharged under this chapter. However, the separation authority may direct a general discharge if such is merited by the Soldier's overall record.

(6) Paragraph 14-12b, addresses a pattern of misconduct consisting of either discreditable involvement with civilian or military authorities or discreditable conduct and conduct prejudicial to good order and discipline including conduct violating the accepted standards of personal conduct found in the Uniform Code of Military Justice, Army Regulations, the civilian law and time-honored customs and traditions of the Army.

g. 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 "JKA" as the appropriate code to assign enlisted Soldiers who are discharged under the provisions of Army Regulation 635-200, Chapter 14, paragraph 12b, pattern of misconduct.

h. 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.

The applicant's Army Military Human Resources Record (AMHRR) is void of the specific facts and circumstances concerning the events which led to the discharge from the Army. The applicant's DD Form 214 (Certificate of Release or Discharge from Active Duty), was not authenticated by the applicant's signature. The applicant's DD Form 214 indicates the applicant

was discharged under the provisions of AR 635-200, Chapter 14, paragraph 14-12b, by reason of Pattern of Misconduct, with a characterization of service of General (Under Honorable Conditions).

The applicant contends suffering from in-service PTSD; TBI; depression; anxiety; adjustment disorder, with mixed anxiety and depressed mood; insomnia; sleep apnea; alcohol dependence; and other medical conditions. The applicant provided several medical documents to support the applicant was diagnosed with the medical conditions, except for PTSD and TBI. The applicant's AMHRR is void of any evidence of a PTSD or TBI diagnosis and of a mental status evaluation.

The applicant contends the command did not provide any assistance with the applicant's medical conditions. The evidence of record shows the applicant was provided medical treatment while in service. Army Regulation 600-85, paragraph 7-3, entitled voluntary (self) identification and referral, states voluntary (self) ID is the most desirable method of identifying substance use disorder. The individual whose performance, social conduct, interpersonal relations, or health becomes impaired because of these problems has the personal obligation to seek help. Soldiers seeking self-referral for problematic substance use may access services through BH services for a SUD evaluation. The Limited Use Policy exists to encourage Soldiers to proactively seek help.

The applicant contends there was a potential violation of 10 USC 1177 because the separation authority may not have considered the applicant's diagnoses of PTSD and TBI. Section 1177, Title 10, United States Code, establishes that a medical examination is required before administrative separation for any Soldier who has deployed overseas in support of a contingency operation is diagnosed as experiencing post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI), or reasonably asserts the influence of such a condition, based upon service while deployed. Any such Soldier will not be administratively separated under conditions other than honorable until the results of the medical examination have been reviewed by the separation authority. The evidence of record is void of a PTSD or TBI diagnosis. The applicant's AMHRR does not contain any indication or evidence of arbitrary or capricious actions by the command.

The applicant contends good service, including three combat tours.

The applicant contends an upgrade of the discharge will allow the applicant to obtain better employment. The Board does not grant relief to gain employment or enhance employment opportunities.

The applicant contends being a productive member of society and an asset as an employee of the Department of Veterans Affairs while interacting with the veteran community daily. 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.

The third party statements provided with the application speak highly of the applicant. They all recognize the applicant's good conduct after leaving the Army.

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's Medical Advisor, a voting member, 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: Adjustment Disorder, Anxiety Disorder NOS, Depression. Additionally, the applicant asserts PTSD and TBI, which may be sufficient evidence to establish the existence of a condition that could mitigate or excuse the discharge.

(2) Did the condition exist or experience occur during military service? **Yes.** The Board's Medical Advisor found in service diagnoses of an Adjustment Disorder, Anxiety Disorder NOS, and Depression. The applicant also self-asserts PTSD and TBI during military service.

(3) Does the condition or experience actually excuse or mitigate the discharge? **Partially.** The Board's Medical Advisor applied liberal consideration and opined that there is evidence of BH conditions that provide partial mitigation to include in service diagnoses of an Adjustment Disorder, Anxiety Disorder NOS, and Depression and self-asserted PTSD that is supported by documented symptoms in the active duty medical record. The applicant also self-asserts a TBI, but there is no medical evidence to support the applicant's asserted TBI, so the asserted TBI offers no mitigation. The Board voted to accept the basis as separation as the following pattern of misconduct: wrongfully damaging a screen door, unlawfully striking someone in the face with a fist, communicating a threat with a kitchen knife, failing to maintain Army body composition standards, DUI, and making multiple threats to superiors and fellow soldiers. Given the nexus between Depression, PTSD, and self-medicating with substances, the DWI is mitigated. Given the nexus between Depression, low motivation, decreased energy, and appetite disruption to include overeating, the applicant's Depression more likely than not contributed to the applicant failing to maintain Army body composition standards. However, property damage, communicating threats, and unlawfully striking someone in the face with a fist are not commonly associated with an Adjustment Disorder, Anxiety Disorder NOS, Depression, or PTSD. There is no evidence that any of the applicant's BH conditions contributed to this misconduct, so property damage, communicating threats, and unlawfully striking someone in the face with a fist are not mitigated.

(4) Does the condition or experience outweigh the discharge? **No.** After applying liberal consideration to the evidence, including the Board Medical Advisor opine, the Board determined that the available evidence did not support a conclusion that the applicant's Adjustment Disorder, Anxiety Disorder NOS, Depression, PTSD and TBI outweighed the medically unmitigated portions of the basis for applicant's separation – property damage, communicating threats, and unlawfully striking someone in the face with a fist.

b. Response to Contention(s):

(1) The applicant contends suffering from in-service PTSD; TBI; depression; anxiety; adjustment disorder, with mixed anxiety and depressed mood; insomnia; sleep apnea; and alcohol dependence, and other medical conditions.

(2) The applicant contends the command did not provide any assistance with the applicant's medical conditions. The Board considered this contention and determined there is evidence in the file of the applicant's command providing assistance to the applicant while deployed and evacuated the applicant from theater for the BH conditions. The applicant declined a referral for therapy on multiple occasions from the command.

(3) The applicant contends there was a potential violation of 10 USC 1177 because the separation authority may not have considered the applicant's diagnoses of PTSD and TBI. The Board considered this contention and determined the applicant's PTSD is supported by the applicant's medical records, however the TBI diagnosis is not supported with any medical evidence. Ultimately, the applicant's PTSD and TBI assertion does not excuse or mitigate the misconduct of property damage, communicating threats, and unlawfully striking someone in the face with a fist.

(4) The applicant contends good service, including three combat tours. The Board considered the applicant's 9 years of service, including 3 combat tours in Iraq and Afghanistan and the numerous awards received by the applicant but determined that these factors did not outweigh the applicant's property damage, communicating threats, and unlawfully striking someone in the face with a fist.

(5) The applicant contends an upgrade of the discharge will allow the applicant to obtain better employment. The Board considered this contention but does not grant relief to gain employment or enhance employment opportunities.

(6) The applicant contends being a productive member of society and an asset as an employee of the Department of Veterans Affairs while interacting with the veteran community daily. The Board considered this contention and determined that the applicant's post-service accomplishments do not outweigh the misconduct based on the seriousness of the applicant's offense of property damage, communicating threats, and unlawfully striking someone in the face with a fist.

c. The Board determined that the discharge is, at this time, proper and equitable, in light of the current evidence of record. However, the applicant may request a personal appearance hearing to address the issues before the Board. The applicant is responsible for satisfying the burden of proof and providing documents or other evidence sufficient to support the applicant's contention(s) that the discharge was improper or inequitable.

d. Rationale for Decision:

(1) The Board voted not to change the applicant's characterization of service because, despite applying liberal consideration of all the evidence before the Board, the applicant's Adjustment Disorder, Anxiety Disorder NOS, Depression, PTSD and TBI did not excuse or mitigate the offenses of property damage, communicating threats, and unlawfully striking someone in the face with a fist. The discharge was consistent with the procedural and substantive requirements of the regulation, was within the discretion of the separation authority, and the applicant was provided full administrative due process. Therefore, the applicant's General discharge was proper and equitable as the applicant's misconduct fell below that level of meritorious service warranted for an upgrade to Honorable discharge.

(2) The Board voted not to change the applicant's reason for discharge or accompanying SPD code under the same pretexts, 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:

ARMY DISCHARGE REVIEW BOARD CASE REPORT AND DIRECTIVE

AR20210000999

- a. Issue a New DD-214 / Separation Order: No
- b. Change Characterization to: No Change
- c. Change Reason / SPD Code to: No Change
- d. Change RE Code to: No Change
- e. Change Authority to: No Change

Authenticating Official:

1/10/2025

X

Presiding Officer, COL, U.S. ARMY
Army Discharge Review Board

Legend:

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