

**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 honorable. The applicant requests a narrative reason change.

The applicant seeks relief contending, in effect, after serving a combat tour in Iraq, the unit was dissolved and reassigned to different areas of the brigade. During this transition, the applicant had a hard time adapting; being lower enlisted, they had to prove themselves to a new unit. The applicant suffered a breakdown and shuffled around the battalion. The applicant accepted a chapter instead of going through the medical board proceedings, which had already started, because of influence. The command said the applicant's life would be easier if they accepted a general discharge, and not wanting any further hardship, the applicant chose the chapter. The applicant believes they received unfair treatment; other members of the old unit underwent similar treatment and rejection. The applicant would like the opportunity to be a productive citizen and a proud veteran who served honorably in a time of war.

**b. Board Type and Decision:** In a records review conducted on 25 July 2024, and by a 5-0 vote, the Board, based on the applicant's PTSD and Major Depressive Disorder (MDD) mitigating the applicant's failure to obey a lawful general regulation, FTRs, failing to obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO and determined the narrative reason for the applicant's separation is now inequitable. Therefore, the Board directed the issue of a new DD Form 214 changing the separation authority to AR 635-200, paragraph 14-12a. Accordingly, changing the narrative reason for separation to Misconduct (Minor Infractions), and the separation code to JKN. The Board determined the characterization of service 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:** Misconduct (Serious Offense) / AR 635-200, Chapter 14-12c / JKQ / RE-3 / Honorable

**b. Date of Discharge:** 7 September 2011**c. Separation Facts:**

**(1) Date of Notification of Intent to Separate:** 19 August 2011

**(2) Basis for Separation:** The applicant was informed of the following reasons:

Failed to obey a lawful general regulation;

Failed to report on multiple occasions;

Failed to obey a lawful order on multiple occasions;

Willfully disobeyed a noncommissioned officer; and,

Used provoking words to a noncommissioned officer.

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

**(4) Legal Consultation Date:** 23 August 2011

**(5) Administrative Separation Board:** NA

**(6) Separation Decision Date / Characterization:** 25 August 2011 / General (Under Honorable Conditions)

#### **4. SERVICE DETAILS:**

**a. Date / Period of Enlistment:** 31 July 2008 / 4 years, 16 weeks

**b. Age at Enlistment / Education / GT Score:** 22 / GED / 119

**c. Highest Grade Achieved / MOS / Total Service:** E-3 / 11B10, Infantryman / 3 years, 1 month, 7 days

**d. Prior Service / Characterizations:** None

**e. Overseas Service / Combat Service:** SWA / Iraq (25 August 2009 – 1 July 2010)

**f. Awards and Decorations:** ARCOM, NDSM, GWOTSM, ICM-CS, ASR, OSR, CIB

**g. Performance Ratings:** NA

**h. Disciplinary Action(s) / Evidentiary Record:** Incident Report, 6 October 2010, reflects the applicant was having problems keeping up with the Platoon during Physical Training (PT) and made suicidal comments around the supervisors beginning on or about 27 September 2010. The team leader noticed the comments and took the applicant to see the Chaplain confidentially. After counseling from the Chaplain and others, they assessed the applicant to be okay; however, the applicant had some low self-esteem issues. On 6 October 2010, the applicant failed to report for PT. SGT G. went to the applicant's room to check on them and discovered the applicant in the room with a loaded personally owned weapon and making suicidal gestures. SGT G. intervened and was able to get the weapon from the applicant. The applicant was taken to the Chaplain for additional help and notified the chain of command. The chain of command took steps to secure the weapon in the arms room and make sure the weapon was registered on post immediately. The applicant underwent a Safety Evaluation from Mental Health. The applicant was then admitted into the hospital for further care.

Incident Report, 30 October 2010, reflects at approximately 1615 on 30 October 2010 the Fort Riley Paramedics contacted CPT S. in reference to the applicant. The paramedics informed CPT S, the applicant had locked themselves in the room and called 911 because they were hallucinating and with paranoid tendencies. The paramedics and CPT S. decided to move the applicant to emergency room as quickly as possible. A Mental Health Provider conducted a Safety Assessment and discovered the applicant had taken Ephedrine which sent the applicant

into a state of paranoid psychosis and requested the applicant remain in the ER until the applicant could be admitted to a health care facility. At approximated 1930, the applicant became very combative and confrontational and had to be subdued by escorts and the MPs. The applicant was sedated, and the health provider coordinated transferring the applicant to a mental health hospital and admitted for further care and observation. The applicant was released and returned to duty after having suicidal tendencies and making suicidal gestures.

Memorandum for Record, No Drugs Order, 5 November 2010, reflects the applicant was not authorized to consume over-the-counter drugs or dietary supplements whatsoever until 23 November 2010, unless authorized in a written prescription from a medical professional or the Battalion Aid Station (BAS), due to the fact the applicant was recently diagnosed with a mental condition and the use of drugs could potentially be dangerous to the applicant's health.

Memorandum for Record, No Alcohol Order, 5 November 2010, reflects the applicant was not authorized to consume alcohol whatsoever until 23 November 2010, in any manner due to the fact the applicant was recently diagnosed with a mental condition and the consumption of alcohol could potentially be dangerous to the applicant's health.

Incident Report, 7 April 2011, reflects the applicant failed to report for work call at 0530 for the second day in a row. At 0545, SSG T. and SGT S. entered the applicant's room after repeated knocking with the master key to find the applicant staggering around and speaking incoherently. After securing the applicant in the BAS, a safety inspection of the room was conducted to ensure the applicant, who had previously both expressed a suicidal ideation and been found with an unregistered firearm, did not possess any weapons. In the process of the applicant removing keys from their pocket, the applicant dropped and recovered what appeared to be a burnt spoon, syringe, and a bag of white material. A Physician's Assistant spoke with the applicant to determine if the applicant was reacting negatively to prescribed medicine. The applicant became increasingly uneasy and aggressive, and the MPs were called. After consulting with legal, CPT C. authorized a command-directed urinalysis and CID to conduct a command-directed search of the applicant's room. The applicant participated in a command-directed urinalysis, after completing the urinalysis, the applicant notified SSG T., they had used drugs on the evening of 6 April and had done so to kill oneself. The applicant also stated they continued to experience suicidal thoughts. The applicant was command referred to behavioral health. While waiting to travel to the hospital, the applicant attempted to steal injectable drugs stored at the BAS. The applicant was transported to the emergency room for further evaluation and monitoring.

Incident Report, 20 May 2011, reflects on 19 May 2011, the applicant failed to return to the BAS following a medical appointment. SSG B. and SGT S. went to check the applicant's room and knocked on the door. After knocking several times, the applicant answered the door and appeared to be twitchy and had a hard time speaking coherently. The applicant was brought to the BAS to receive an initial medical evaluation. During the initial medical evaluation, the applicant was asked what had possibly occurred to cause the physical reacting the applicant was experiencing. The applicant stated they had injected Vitamin B-12 and a substance called methylenedioxypyrovalerone. CPT C. completed a rights waiver with the applicant prior to discussing the situation. The applicant confirmed the statements made and provided the chain of command with consent to search the room to ensure there were no foreign substances present which may cause harm to the applicant. The applicant was escorted to behavioral health and then referred to the emergency room because the applicant demonstrated signs of intoxication.

Memorandum for, Pass Privileges Revocation, 25 May 2011, reflects the company commander issued a lawful order revoking the applicant's pass privileges. The company commander

determined the applicant posed a threat to their self and others. This was not punishment; however, a lesser form of restraint to ensure the applicant's safety and the safety of those around the applicant.

Incident Report, 11 June 2011, reflects the applicant was undergoing a Medical Evaluation Board initiated by behavioral health. The applicant was being monitored on a program which required the applicant to be physically seen at least once an hour, could not consume alcohol or other substances to achieve an altered physiological state, and prevent the applicant from receiving more than one day's prescription of medication at a time. While sitting at the BAS, the applicant began acting aggressively toward and disobeying the orders of SGT S. This action involved attempting to forcibly enter the BAS treatment room in what the applicant stated was an attempt to locate medication not prescribed to the applicant. The applicant also attempted to leave the station. The MPs were called, and the applicant admitted to taking medications not prescribed to the applicant prior to coming to work. A search of the applicant's room was conducted finding numerous needles along with small tubes with a white residue coating the inside of the tubes. The applicant has used legally substances to take alone or mixed with the prescription medication to achieve effects which mimic the use of illegal drugs.

Four Developmental Counseling Forms, for being under the influence of over-the-counter drugs, which caused the applicant to fall into a condition of paranoid Scitsophrenia; possession of an unregistered weapon in the barracks; failure to report to unit formations and medical appoints, APFT failure; height & weight failure; failure to report x2; insubordinate conduct towards a noncommissioned officer x2; failure to obey order or regulation x2; failure to maintain good order and discipline x2; wrongful use of a substance not specified x2;

i. **Lost Time / Mode of Return:** None

j. **Behavioral Health Condition(s):**

(1) **Applicant provided:** None

(2) **AMHRR Listed:** Prairie View History and Physical, 7 October 2010, reflects a diagnosis.

Physical Profile, 5 November 2010, reflects the applicant had medical conditions limiting their duties.

Memorandum for, Mental Health Evaluation, 5 November 2010, reflects a diagnosis.

Osawatomie State Hospital Discharge Instructions, 22 May 2011, reflects a diagnosis.

Report of Mental Status Evaluation (MSE), 5 May 2011, reflects the applicant could understand and participate in administrative proceedings; could appreciate the difference between right and wrong; and met medical retention requirements. The evaluation contains a diagnosis.

USA Medical Department Activity Letter, Involuntary Admission, 23 June 2011, reflects the applicant required psychiatric admission for their safety and the safety of others, as the applicant was suffering from psychosis and lacked the capacity to care of oneself.

*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:** Online application and DD Form 214.

**6. POST SERVICE ACCOMPLISHMENTS:** None submitted with the application.

**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)** 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.

**(4)** 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.

**(5)** Paragraph 14-12c prescribes a Soldier is subject to action per this section for commission of a serious military or civilian offense, if the specific circumstances of the offense warrant separation and a punitive discharge is, or would be, authorized for the same or a closely related offense under the Manual for Courts-Martial.

**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 "JKQ" as the appropriate code to assign enlisted Soldiers who are discharged under the provisions of Army Regulation 635-200, Chapter 14, paragraph 12c, misconduct (serious offense).

**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-3 Applies to: Person who is not considered fully qualified for reentry or continuous service at time of separation, but disqualification is waiverable. Eligibility: Ineligible unless a waiver is granted.

**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 a narrative reason change. The applicant's Army Military Human Resources Record (AMHRR), the issues, and documents submitted with the application were carefully reviewed.

The applicant contends the narrative reason for the discharge needs changed. The applicant was separated under the provisions of Chapter 14, paragraph 14-12c, AR 635-200 with a honorable discharge. The narrative reason specified by Army Regulations for a discharge under this paragraph is "Misconduct (Serious Offense)," and the separation code is "JKQ." Army Regulation 635-8 (Separation Processing and Documents), governs the preparation of the DD Form 214, and dictates the entry of the narrative reason for separation, entered in block 28 and separation code, entered in block 26 of the form, will be as listed in tables 2-2 or 2-3 of AR 635-5-1 (Separation Program Designator (SPD) Codes). The regulation stipulates no deviation is authorized. There is no provision for any other reason to be entered under this regulation.

The applicant contends after serving a combat tour in Iraq, the unit was dissolved and during the transition, the applicant had a hard time adapting and they had to prove themselves to a new unit. During the shuffling around the battalion, the applicant had a breakdown. The applicant did not submit any evidence, other than the applicant's statement, to support the contention the discharge resulted from any medical condition. The applicant's AMHRR contains documentation which supports an in-service diagnosis. The AMHRR contains a Prairie View History and Physical, 7 October 2010, reflecting a diagnosis. A Physical Profile, 5 November 2010, reflects the applicant had medical conditions limiting their duties. A Memorandum, Mental Health Evaluation, 5 November 2010, Osawatomie State Hospital Discharge Instructions, 22 May 2011, both reflect a diagnosis. A Report of Mental Status Evaluation (MSE), 5 May 2011, reflects the applicant could understand and participate in administrative proceedings; could appreciate the difference between right and wrong; and met medical retention requirements. The evaluation contains a diagnosis. A Medical Department Activity Letter, Involuntary Admission, 23 June 2011, reflects the applicant required psychiatric admission for their safety and the safety of others, as the applicant was suffering from psychosis and lacked the capacity to care of oneself. All the medical documents contained in the AMHRR were considered by the separation authority.

The applicant contends accepting a chapter instead of going through the medical board proceedings, which had already started, because of influence. The command said the applicant's life would be easier if they accepted a general discharge, and not wanting any further hardship, the applicant chose the chapter. The applicant contends unfair treatment by the unit. Army Regulation 635-200, stipulates commanders will not separate Soldiers for a medical condition solely to spare a Soldier who may have committed serious acts of misconduct. The applicant's AMHRR does not contain any indication or evidence of arbitrary or capricious actions by the command.

**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, Major Depression with Psychotic Features, PTSD.

(2) Did the condition exist or experience occur during military service? **Yes.** The Board's Medical Advisor found that the applicant was diagnosed in service with an Adjustment Disorder and Major Depression with Psychotic Features. The applicant is also diagnosed and service connected by the VA for PTSD. Service connection establishes that the applicant's PTSD also existed during military service.

(3) Does the condition or experience actually excuse or mitigate the discharge? **Yes.** The Board's Medical Advisor applied liberal consideration and opined that the applicant was diagnosed in service with an Adjustment Disorder and Major Depression with Psychotic Features. The applicant is also diagnosed and service connected by the VA for PTSD. The applicant's BH conditions more likely than not contributed to all of the misconduct that led to the separation. PTSD and Major Depression have a nexus with self-medicating with substances and avoidance. PTSD also has a nexus with difficulty with authority. In addition, the applicant experienced psychotic features associated with the Major Depression. Acutely psychotic individuals are out of touch with reality and unable to differentiate between right and wrong. There is evidence that the applicant's psychosis also contributed to the misconduct. As such, failing to obey a lawful general regulation, FTRs, failing to obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO are all mitigated by the applicant's BH conditions.

(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 PTSD and MDD outweighed the failing to obey a lawful general regulation, FTRs, failing to obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO basis for separation.

**b. Response to Contention(s):**

(1) The applicant contends the narrative reason for the discharge needs changed. The Board determined that this contention was valid and voted to upgrade the characterization of service due to PTSD and MDD mitigating the applicant's failing to obey a lawful general regulation, FTRs, failing to obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO.

(2) The applicant contends after serving a combat tour in Iraq, the unit was dissolved and during the transition, the applicant had a hard time adapting. The applicant had to prove themselves to a new unit as a lower enlisted Soldier. During the shuffling around the battalion, the applicant had a breakdown. 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 PTSD and MDD fully outweighing the applicant's failing to obey a lawful general regulation, FTRs, failing to obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO basis for separation.

(3) The applicant contends accepting a chapter instead of going through the medical board proceedings, which had already started, because of influence. The command said the applicant's life would be easier if they accepted a general discharge, and not wanting any further hardship, the applicant chose the chapter. The applicant contends unfair treatment by the unit. 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 PTSD and MDD fully outweighing the applicant's failing to obey a lawful general regulation, FTRs, failing to



obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO basis for separation.

c. The Board, based on the applicant's PTSD and MDD mitigating the applicant's failing to obey a lawful general regulation, FTRs, failing to obey lawful orders, willfully disobeying an NCO, and using provoking words to an NCO and determined the narrative reason for the applicant's separation is now inequitable. Therefore, the Board directed the issue of a new DD Form 214 changing the separation authority to AR 635-200, paragraph 14-12a. Accordingly, changing the narrative reason for separation to Misconduct (Minor Infractions), and the separation code to JKN. The Board determined the characterization of service and RE code were proper and equitable and voted not to change them. However, the applicant may request a personal appearance hearing to address further 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 determined the discharge is proper and equitable as the applicant has a Characterization of Honorable; therefore no further relief is available.

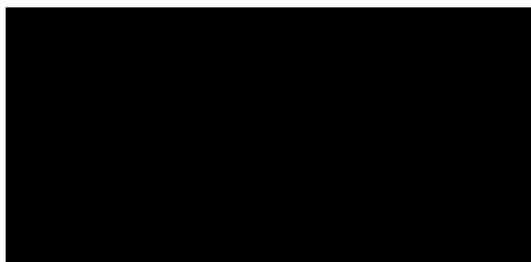
(2) The Board voted to change the reason for discharge to Misconduct (Minor Infractions) under the same pretexts, thus the reason for discharge is no longer appropriate. The SPD code associated with the new reason for discharge is JKN.

(3) The RE code will not change due to applicant's BH diagnoses warranting consideration prior to reentry of military service.

**10. BOARD ACTION DIRECTED:**

- a. **Issue a New DD-214:** Yes
- b. **Change Characterization to:** No Change
- c. **Change Reason / SPD Code to:** Misconduct (Minor Infractions)/JKN
- d. **Change RE Code to:** No Change
- e. **Change Authority to:** AR 635-200, paragraph 14-12a

**Authenticating Official:**



AMHRR – Army Military Human  
Resource Record  
BCD – Bad Conduct Discharge  
BH – Behavioral Health  
CG – Company Grade Article 15  
CID – Criminal Investigation  
Division

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

**ARMY DISCHARGE REVIEW BOARD CASE REPORT AND DIRECTIVE**

**AR20210001024**

SPD – Separation Program  
Designator  
TBI – Traumatic Brain Injury

UNC – Uncharacterized  
Discharge

UOTHC – Under Other Than  
Honorable Conditions

VA – Department of Veterans  
Affairs