

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: struggling with PTSD and TBI symptoms due to combat during a deployment, seeking help on their own, and self-referring to the Army Substance Abuse Program (ASAP). The applicant was there approximately four weeks and upon the applicant's return to the unit, the applicant was treated unfairly and looked down upon. The applicant again sought help through the chain of command; however, no direction was given. The applicant was not allowed to see their family after returning from deployment due to being on several highly potent prescribed medications. The applicant took it upon themselves to seek help at home and informed the chain of command who laughed at the decision. The chain of command did not help the applicant and 28 days passed when the applicant returned to the unit. The applicant was thrown into a battalion office for a month, fed MRE's, reported every two hours, and awaited court-martial where the applicant was sentenced to 30 days. The applicant was held past the ETS to enforce the punishment, was released from jail on behalf of an Army attorney, and was out within a week on a bus home. The applicant seeks schooling to progress their life and believes they were not given the support through the chain of command with this one isolated incident during service.

b. **Board Type and Decision:** In a records review conducted on 30 November 2023, and by a 5-0 vote, the Board determined the discharge is inequitable based on the applicant's PTSD, major depression, and panic disorder mitigating the applicant's AWOL basis for separation. Therefore, the Board voted to grant relief in the form of an upgrade of the characterization of service to Honorable and changed the separation authority to AR 635-200, paragraph 14-12a. Accordingly, the narrative reason for separation changed to Misconduct (Minor Infractions) with a corresponding separation code of JKN. The current reentry code of RE-3 is proper and equitable based on the BH conditions and narrative reason/SPD code.

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 / General (Under Honorable Conditions)

b. **Date of Discharge:** 11 November 2012

c. **Separation Facts:**

(1) **Date of Notification of Intent to Separate:** 19 October 2012

(2) Basis for Separation: The applicant was informed of the following reasons: The applicant absented oneself from the unit on 14 April 2012 and did remain AWOL until 12 June 2012. This conduct was of a nature to bring discredit to the Armed Forces.

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

(4) Legal Consultation Date: On 25 October 2012, the applicant waived legal counsel.

(5) Administrative Separation Board: NA

(6) Separation Decision Date / Characterization: 29 October 2012 / General (Under Honorable Conditions)

4. SERVICE DETAILS:

a. Date / Period of Enlistment: 17 June 2009 / 3 years, 17 weeks

b. Age at Enlistment / Education / GT Score: 18 / High School Graduate / 96

c. Highest Grade Achieved / MOS / Total Service: E-4 / 13B10, Cannon Crewmember / 3 years, 3 months, 8 days

d. Prior Service / Characterizations: None

e. Overseas Service / Combat Service: SWA / Afghanistan (1 May 2010 – 28 March 2011)

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

g. Performance Ratings: NA

h. Disciplinary Action(s) / Evidentiary Record: Four Personnel Action Forms, reflect the applicant's duty status changed as follows:

From "Present for Duty (PDY)," to "Absent Without Leave (AWOL)," effective 14 May 2012;

From "AWOL" to "PDY," effective 12 June 2012;

From "Present for Duty (PDY)," to "Confined by Civil Authorities (CCA)" effective 5 September 2012; and,

From "CCA" to "PDY," effective 24 September 2012.

Report of Result of Trial reflects the applicant was tried in a Summary Court-Martial on 5 September 2012. The applicant was charged with six specifications. The summary of offenses, pleas, and findings:

Violation of Article 86, UCMJ:

Four Specifications between 7 May and 11 May 2012 without authority, fail to go at the time prescribed to the appointed place of duty; not guilty, consistent with the plea; and

On or about 14 May 2012 absent oneself from the unit and remained so absent until on or about 12 June 2012; guilty, inconsistent with the plea.

Violation of Article 112a, UCMJ: The Specification: Between on or about 12 May 2012 and on or about 13 June 2012, wrongfully used marijuana; not guilty, consistent with the plea.

Sentence: Confinement for 30 days.

Numerous Developmental Counseling Forms, for various acts of misconduct.

i. Lost Time / Mode of Return: 46 days:

AWOL, 14 May 2012 – 11 June 2012 / NIF

CCA, 5 September 2012 – 23 September 2012 / Released from Confinement

j. Behavioral Health Condition(s):

(1) Applicant provided: VA Rating Decision Letter, 15 January 2014, reflects the applicant was granted 70 percent service-connected disability for residuals of a traumatic brain injury with headaches and posttraumatic stress disorder and alcohol dependence (also claimed as anxiety/depression).

Houston TX VAMC Notes, 16 April 2020, reflect the applicant was diagnosed with: PTSD; Generalized Anxiety Disorder; Cannabis Use Disorder, severe, in early remission; and tobacco Use Disorder, severe.

Houston TX VAMC Notes, 25 August 2020, reflects the applicant was receiving cognitive-behavioral therapy (CBT).

(2) AMHRR Listed: Report of Medical History, 23 August 2012, the examining medical physician noted in the comments section: Head trauma June 2011 (fell downstairs) LOC five minutes – confused when awoke. Blurriness in L eye comes and goes; has had anxiety attacks between 2010 and 2012; ETOH abuse and depressing 2010 to 2011; SA April 2011 weapon in hand but did not pull the trigger. PT has been inpatient April 2012 for one month; and head trauma June 2011

Report of Mental Status Evaluation, 14 September 2012, reflects the applicant could understand and participate in administrative proceedings; could appreciate the difference between right and wrong; and met medical retention requirements. The applicant had been screened for PTSD and mTBI with positive results. The applicant was confined at the time. The applicant was diagnosed with: Axis I: Major Depressive Episode. It was noted: The applicant had a screened positive for PTSD and a past concussion, however these conditions did not directly contribute to the AWOL and other misconduct. The applicant met medical retention standards, and was cleared for all administrative actions deemed appropriate by command including administrative separation under Chapter 13 and 14-12 of AR 635-200.

Report of Mental Status Evaluation, 19 October 2012, reflects the applicant was cleared for any administrative actions deemed appropriate by the command. The applicant could understand and participate in administrative proceedings; could appreciate the difference between right and wrong; and met medical retention requirements. The applicant had been screened for PTSD and mTBI with negative results. The conditions were either not present or did not meet AR 40-501 criteria for a medical evaluation board. The applicant was diagnosed with: Axis I: Depression with Anxiety; ETOH dependence. It was noted: The applicant was seen for a mental status exam for a chapter discharge. The applicant was pending a chapter 14-12c for commission of a serious offense. Stress tolerance and coping mechanisms were assessed. The

applicant was alert and oriented to person, place and time. Speech was clear. Mental status examination was completed and was within normal limits. Thought process was logical and goal oriented. Thought content was appropriate and future oriented. Medical records were reviewed and the evaluation was explained to the applicant. No past psych history noted. The applicant was screened for PTSD and mTBI IAW OTSG/MEDCOM policy Memo 10-040 and had already been screened by doctoral level provider and cleared for chapter 14-12c consideration per the command. The applicant denied thoughts of hurting oneself or others. The applicant declined further services, but was given VA and in-transition handouts.

5. APPLICANT-PROVIDED EVIDENCE: DD Form 293; DD Form 214; VA Rating Decision letter; medical records.

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) 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 14-12c 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 an upgrade to honorable. The applicant's Army Military Human Resources Record (AMHRR), the issues, and documents submitted with the application were carefully reviewed.

The applicant contends good service, including a combat tour. The Board will consider the applicant's service accomplishments and the quality of service according to the DODI 1332.28.

The applicant contends struggling with PTSD and TBI symptoms due to combat during a deployment. The applicant was seeking help on their own and self-referred to ASAP. The applicant provided a VA Rating Decision letter, 15 January 2014, which reflects the applicant was granted 70 percent service-connected disability for residuals of a TBI with headaches, PTSD, and alcohol dependence (also claimed as anxiety/depression). Houston TX VAMC Notes, 16 April 2020, reflect the applicant was diagnosed with: PTSD; Generalized Anxiety Disorder; Cannabis Use Disorder, severe, in early remission; and tobacco Use Disorder, severe. Houston TX VAMC Notes, 25 August 2020, reflect the applicant was receiving cognitive-behavioral therapy (CBT). The AMHRR contains Report of Medical History, 23 August 2012, the examining medical physician noted in the comments section: Head trauma June 2011 (fell downstairs) LOC five minutes – confused when awoke. Blurriness in L eye comes and goes; has had anxiety attacks between 2010 and 2012; ETOH abuse and depressing 2010 to 2011; SA April 2011 weapon in hand but did not pull the trigger. PT has been inpatient April 2012 for one month; and head trauma June 2011. A Report of Mental Status Evaluation (MSE), 14 September 2012, reflects the applicant could understand and participate in administrative proceedings; could appreciate the difference between right and wrong; and met medical retention requirements. The applicant had been screened for PTSD and mTBI with positive results. The applicant was confined at the time. The applicant was diagnosed with: Axis I: Major Depressive Episode. It was noted: The applicant had a screened positive for PTSD and a past concussion, however these conditions did not directly contribute to the AWOL and other misconduct. The applicant met medical retention standards and was cleared for all administrative actions deemed appropriate by command including administrative separation under Chapter 13 and 14-12 of AR 635-200. Report of Mental Status Evaluation (MSE), 19 October 2012, reflects the applicant was cleared for any administrative actions deemed appropriate by the command. The applicant could understand and participate in administrative proceedings; could appreciate the difference between right and wrong; and met medical retention requirements. The applicant had been screened for PTSD and mTBI with negative

results. The conditions were either not present or did not meet AR 40-501 criteria for a medical evaluation board. The applicant was diagnosed with: Axis I: Depression with Anxiety; ETOH dependence. It was noted: The applicant was seen for a mental status exam for a chapter discharge. The applicant was pending a chapter 14-12c for commission of a serious offense. Stress tolerance and coping mechanisms were assessed. The applicant was alert and oriented to person, place, and time. Speech was clear. Mental status examination was completed and was within normal limits. Thought process was logical and goal oriented. Thought content was appropriate and future oriented. Medical records were reviewed, and the evaluation was explained to the applicant. No past psych history noted. The applicant was screened for PTSD and mTBI IAW OTSG/MEDCOM policy Memo 10-040 and had already been screened by doctoral level provider and cleared for chapter 14-12c consideration per the command. The applicant denied thoughts of hurting oneself or others and declined further services but was given VA and in transition handouts. Both MSE's were considered by the separation authority.

The applicant contends upon returning to the unit, the applicant was treated unfairly and looked down upon. The applicant again sought help through the chain of command; however, no direction was given. The applicant was not allowed to see their family after returning from deployment due to being on several highly potent prescribed medications. The applicant took it upon their self to seek help at home and informed the chain of command who laughed at the decision. The chain of command did not help the applicant and 28 days passed and the applicant returned to the unit. The applicant did not submit any evidence, other than the applicant's statement, to support the contention. There is no evidence in the AMHRR the applicant ever sought assistance before committing the misconduct, which led to the separation action under review. The applicant's AMHRR does not contain any indication or evidence of arbitrary or capricious actions by the command.

The applicant contends the event which led to the discharge from the Army was an isolated incident. Army Regulation 635-200, paragraph 3-5, in pertinent part, stipulates there are circumstances in which the conduct or performance of duty reflected by a single incident provides the basis for a characterization.

The applicant contends an upgrade would allow educational benefits through the GI Bill. Eligibility for veteran's benefits to include educational benefits under the Post-9/11 or Montgomery GI Bill does not fall within the purview of the Army Discharge Review Board. Accordingly, the applicant should contact a local office of the Department of Veterans Affairs for further assistance.

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, the applicant's statement, and/or civilian provider documentation and found that the applicant has the following potentially mitigating diagnoses/experiences: Adjustment Disorder, Major Depression, Anxiety, Panic Disorder with Agoraphobia, PTSD, and TBI.

(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, Major Depression, Anxiety, and Panic Disorder. The applicant is also service

connected by the VA for PTSD with TBI. Service connection establishes that the applicant's PTSD and TBI existed during military service.

(3) Does the condition or experience 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, Major Depression, Anxiety, and Panic Disorder. The applicant is also service connected by the VA for PTSD with TBI. Of note, the applicant was psychiatrically hospitalized for Major Depression a short time before going AWOL. Given the nexus between PTSD, Major Depression, Panic Disorder, and avoidance, the applicant's BH conditions likely contributed to the AWOL that led to the separation. Therefore, the applicant's AWOL is medically mitigated. The applicant also reported that threats made by an NCO contributed to the AWOL.

(4) Does the condition or experience outweigh the discharge? **Yes.** After applying liberal consideration to the evidence, including the Board Medical Advisor's opine, the Board determined that the applicant's PTSD, Major Depression, and Panic Disorder outweighed the AWOL basis for separation for the aforementioned reason(s).

b. Response to Contention(s):

(1) The applicant contends good service, including a combat tour. The Board considered this contention, but ultimately did not address it in detail due to an upgrade being granted based on the applicant's PTSD, Major Depression, and Panic Disorder fully outweighing the applicant's AWOL basis for separation.

(2) The applicant contends struggling with PTSD and TBI symptoms due to combat during a deployment. The applicant was seeking help on their own and self-referred to ASAP. The Board considered this contention, but ultimately did not address it in detail due to an upgrade being granted based on the applicant's PTSD, Major Depression, and Panic Disorder fully outweighing the applicant's AWOL basis for separation.

(3) The applicant contends upon returning to the unit, the applicant was treated unfairly and looked down upon. The applicant again sought help through the chain of command; however, no direction was given. The applicant was not allowed to see their family after returning from deployment due to being on several highly potent prescribed medications. The applicant took it upon their self to seek help at home and informed the chain of command of the decision and they laughed about it. The chain did not help the applicant and 28 days passed and the applicant returned to the unit. The Board considered this contention, but did not address it in detail due to an upgrade being granted based on the applicant's PTSD, Major Depression, and Panic Disorder fully outweighing the applicant's AWOL basis for separation. Additionally, the evidentiary record contained no indication of malignant actions/intent by the chain of command.

(4) The applicant contends the event which led to the discharge was an isolated incident. The Board considered this contention during proceedings, but ultimately did not address it in detail due to an upgrade being granted based on the applicant's PTSD, Major Depression, and Panic Disorder fully outweighing the applicant's AWOL basis for separation.

(5) The applicant contends an upgrade would allow educational benefits through the GI Bill. The Board considered this contention and determined that eligibility for Veteran's benefits do not fall within the purview of the Army Discharge Review Board. Accordingly, the applicant should contact a local office of the Department of Veterans Affairs for further assistance.

c. The Board determined the discharge is inequitable based on the applicant's PTSD, major depression and panic disorder mitigating the applicant's AWOL basis for separation. Therefore, the Board voted to grant relief in the form of an upgrade of the characterization of service to Honorable and changed the separation authority to AR 635-200, paragraph 14-12a. Accordingly, the narrative reason for separation changed to Misconduct (Minor Infractions) with a corresponding separation code of JKN. The current reentry code of RE-3 is proper and equitable based on the BH conditions and narrative reason/SPD code. However, the applicant may request a personal appearance hearing to address further issues before a 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 to change the applicant's characterization of service to Honorable because the applicant's PTSD, major depression and panic disorder mitigated the AWOL offense. Thus, the prior characterization is no longer appropriate.

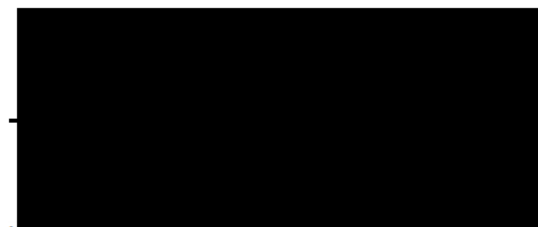
(2) The Board voted to change the reason for discharge to Misconduct (Minor Infractions) under the same pretexts. Thus, the reason for discharge is no longer appropriate. The SPD code associated with the new reason for discharge is JKN.

(3) The RE code is proper and equitable and will not change.

10. BOARD ACTION DIRECTED:

- a. Issue a New DD-214: Yes
- b. Change Characterization to: Honorable
- 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: _____



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