

1. Applicant's Name: [REDACTED]**a. Application Date:** 26 April 2021**b. Date Received:** 26 April 2021**c. Counsel:** [REDACTED]**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 is being reconsidered for a narrative reason change to "release from active duty"; separation code change, and reentry eligibility (RE) code change.

The applicant seeks relief contending, in effect, the separation was improper as a personality disorder. The applicant requests the narrative reason be changed to release from active duty. The supporting documents will show the applicable Department of Defense (DOD) and Army policies were not followed. Before enlistment, the applicant earned a bachelor's degree in political science. The applicant enlisted in the Pennsylvania Army National Guard (PAARNG), on 19 September 2008, and passed all necessary screening. In January 2009, the applicant was diagnosed with Lyme disease and suffered complications as a result, which included anxiety. On 4 February 2009, the applicant received an honorable discharge with a narrative reason of personality disorder. By August 2009, the applicant had recovered from Lyme disease, and showed no evidence of an anxiety disorder, and was allowed to return to active duty. In March 2010, the applicant received an interstate transfer to the Virginia Army National Guard (VAARNG). An NGB Form 22 was never issued by the PAARNG. The VAARNG Deputy Surgeon General found the applicant fit for duty. The approval was not forwarded to the National Guard Bureau. In May 2010, the applicant's unit deployed from Fort Hood to Shindand Province of Afghanistan. The VAARNG needed the applicant's military occupational specialty (MOS) as an intelligence specialist. The applicant received many military awards for meritorious service. The applicant maintained a Top Secret Clearance and was conscientious about paying attention to detail for successful mission completion.

The applicant's separation fails to meet the DOD and Army policies. There was no indication in the discharge packet of the diagnosing physician's qualifications, or any evidence the applicant's diagnosis was corroborated by a peer or higher-level mental health professional. The record shows the applicant was diagnosed by the Officer in Charge (OIC) of Clinical Operations at the 254th Medical Detachment, but there is no evidence of the OIC's qualifications. Additional medical exams and care would have shown Lyme disease caused the depression and anxiety. This improper discharge created a cloud over the applicant's military career and access to Veterans Administration care. There was no evidence the applicant displayed any "observed behavior of sufficient deficiencies to support" separation. The only counseling in the applicant's AMHRR does not address any specific instances of behavior, but rather casually notifies the applicant of being processed for separation. On 9 September 2010, the applicant received a letter of reprimand for being disrespectful to a noncommissioned officer (NCO) on a single occasion. An "isolated incident" does not constitute "persistent" behavior suggesting a personality disorder. There is no evidence of any supervisor, peer, or other person observing any specific behavior by the applicant, which suggest persistent maladaptive behavior affecting the applicant's duty performance. The applicant is seeking military benefits, specifically

educational benefits to which the applicant is entitled. The applicant served honorably and deserves the military benefits. Counsel further details the contentions in the Legal Brief.

b. Board Type and Decision: In a records review conducted on 5 December 2023, and by a 5-0 vote, the Board determined the applicant's narrative reason was inaccurate based on evidence provided by the applicant of no personality disorder. Therefore, the Board voted to change the narrative reason for discharge to Condition, Not a Disability, with a corresponding separation code of JFV. The Board determined that the applicant's reentry code (RE-code) of RE-3 was proper and equitable based on the need to have the applicant's behavior health conditions evaluated prior to any reentry into military service.

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: Personality Disorder / AR 635-200, Paragraph 5-13 / JFX / RE-3 / Honorable

b. Date of Discharge: 16 March 2011

c. Separation Facts:

(1) Date of Notification of Intent to Separate: 9 November 2010 / The applicant's AMHRR reflects the applicant acknowledged the notification of separation on 9 November 2011, but the date appears to be in error.

(2) Basis for Separation: The applicant was informed of the following reasons: On or about 6 August 2010, the applicant was diagnosed with anxiety disorder, not otherwise specified (NOS); obsessive-compulsive personality disorder; and multiple food intolerances.

(3) Recommended Characterization: Honorable

(4) Legal Consultation Date: 23 December 2010

(5) Administrative Separation Board: NA

(6) Separation Decision Date / Characterization: 8 January 2011 / Honorable

4. SERVICE DETAILS:

a. Date / Period of Enlistment: 20 March 2010 / 400 days

b. Age at Enlistment / Education / GT Score: 35 / Bachelor's Degree / 144

c. Highest Grade Achieved / MOS / Total Service: E-4 / 35F10, Intelligence Analyst / 4 years, 5 months, 26 days

d. Prior Service / Characterizations: ARNG, 21 September 2006 – 19 March 2010 / NA
IADT, 24 August 2007 – 17 April 2008 / HD
(Concurrent Service)
AD, 19 September 2008 – 4 February 2009 / HD
(Concurrent Service)

e. **Overseas Service / Combat Service:** SWA / Afghanistan (7 May 2010 – 6 February 2011)

f. **Awards and Decorations:** ACM-CS, NATOASM, NDSM, GWOTSM, ASR, OSR, AFRM-MD

g. **Performance Ratings:** NA

h. **Disciplinary Action(s) / Evidentiary Record:** Summarized Article 15, 13 June 2010, for failing to go at the time prescribed to the appointed place of duty (2 June 2010) and failing to obey a lawful order from First Sergeant G. C., by not having a battle buddy (2 June 2010). The punishment consisted of extra duty for 7 days and an oral reprimand.

Memorandum, subject: Recommendation for Administrative Separation for Personality Disorder, 2 September 2010, reflects the applicant's separation for personality disorder was endorsed by The Surgeon General. The document was signed by the Chief, Behavioral Health Division, Office of The Surgeon General.

Three Developmental Counseling Forms, reflecting on:

On 25 August 2010, the applicant was formally counseled by the immediate commander, informing the applicant of the results of the command directed health evaluation and possible separation under AR 625-200, Chapter 5-17. The applicant requested a second opinion of Lieutenant Colonel (LTC) W.'s diagnosis.

On 8 November 2010, the applicant was formerly counseled by the immediate commander for possible separation and / or bar to reenlistment and being diagnosed with anxiety disorder not otherwise specified, obsessive-compulsive personality disorder, and multiple food intolerances. The plan of action section indicated the applicant had issues with the chain of command and deemed it a hostile environment.

On 12 January 2011, the applicant was counseled by the battalion commander, informing the applicant of the pending separation under AR 635-200, Chapter 5-13, Personality Disorder.

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

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

(1) **Applicant provided:** Electronic Mail Message, from Dr. S. M., 5 November 2010, reflecting the applicant was treated in Cognitive Behavioral Therapy from 12 February to 4 August 2009. At the time of termination, the applicant was symptom free and there was no evidence to support a diagnosis of personality disorder.

Chronological Record of Medical Care, 16 August 2010, reflects the theater provider assessed the applicant with:

Axis I, Anxiety Disorder, not otherwise specified (acute anxiety responses, secondary / influenced by Axis II condition);

Axis II, Obsessive Compulsive Personality Disorder (OCPD) (preoccupied with rules / organization / order, strict perfectionism, excessively devoted to work, inflexible values, reluctant to delegate tasks, shows rigidity and stubbornness);

Axis III, deferred to medical record;

Axis IV, routine military stressors because of deployment, dietary restrictions and limited options in theater, limited social support); and
Axis V, global assessment of functioning, 45.

Treatment terminated against the advice of the provider and the provider informed the applicant, the applicant may recommence treatment at a later date.

Chronological Record of Medical Care, 87th Medical Group / Mental Health Clinic memorandum, subject: [Applicant], 16 November 2010, reflecting, at the applicant's request, the doctor wrote the note to support the applicant not being administratively discharged. The applicant previously seen by a staff psychiatrist working as a civilian contractor. Several prior psychiatrists and psychologists had diagnosed various stress-reactive diagnoses, for example, phase of life or circumstance problem, reaction to chronic stress, and adjustment disorder, but did not find evidence to diagnose a personality disorder. The applicant was not cleared to deploy and was referred to the University of Pennsylvania Center for study and treatment of anxiety.

Electronic mail message from Dr. R. G., 23 November 2010, reflecting Dr. R.G. treated the applicant on 5, 12, 21, and 28 January 2009 and did not find any evidence of a personality disorder.

Memorandum, subject: Fitness for Duty / Deployment for Active / Reserve / National Guard Soldier, 10 February 2011, reflecting a licensed clinical social worker determined the applicant was not fit for duty, short term, with medical treatment will return to full fit for duty status within 60 days. The applicant was diagnosed with anxiety disorder (NOS), rule out OCPD. Further psychological testing was underway.

Letter from Dr. S. M., a licensed psychologist, 8 August 2014, reflecting in 2009, the psychologist treated the applicant for symptoms of mild to moderate anxiety, best described by the diagnosis of generalized anxiety disorder (GAD), which related to shoulder, a herniated disc in the neck and Lyme disease. The applicant was misdiagnosed and treated improperly in Shindand. The traits of obsessive-compulsive disorder the applicant exhibited are those which made the applicant excellent in the performance as an Intelligence Specialist. The applicant did not have a condition which would impair judgment, reliability, or abilities to handle a stressful combat environment.

(2) AMHRR Listed: Report of Behavioral Health Evaluation, 13 August 2010, reflects the applicant met psychiatric criteria for administrative separation in accordance with AR 635-200, paragraph 5-17. The applicant could understand and participate in administrative proceedings; was mentally responsible; and met medical retention requirements. The applicant had been screened for post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI) with negative results. The applicant was diagnosed with: Anxiety Disorder, not otherwise specified (NOS); Obsessive-Compulsive Personality Disorder; and Multiple Food Intolerances. The applicant was evaluated by LTC W. W., Medical Doctor, OIC, Clinical Operations, 254th Medical Detachment, Forward Operating Base (FOB), Shindand, Afghanistan.

Report of Medical History, 17 September 2010, the applicant indicated the applicant was receiving counseling but strongly disagreed with the mental health diagnosis. The examining medical physician noted in the comments section: Receiving counseling at current base and diagnosed with obsessive compulsive personality disorder. History of counseling with receiving this diagnosis and had seen multiple psychiatrists without reportedly making this diagnosis.

5. APPLICANT-PROVIDED EVIDENCE: DD Form 149; three DD Forms 214; Legal Brief; Chart regarding the applicant's issues with the DD Form 214; several medical documents; interstate transfer documents; email messages; military service documents; and over 20 third party character references.

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 5 provides for the basic separation of enlisted personnel for the convenience of the government.

(4) Paragraph 5-13 in effect at the time, provided that a Soldier, with less than 24 months of active-duty service, may be separated for a personality disorder, not amounting to disability, when the condition interfered with assignment to or performance of duty.

(5) Paragraph 5-13a in effect at the time, provided the condition is a deeply ingrained maladaptive pattern of behavior of long duration that interferes with the Soldier's ability to perform military duties. Observed behavior of specific deficiencies should be documented in appropriate counseling or personnel records and include history from sources such as supervisors, peers, and others, as necessary to establish that the behavior is persistent, interferes with assignment to or performance of duty, and has continued after the Soldier was counseled and afforded an opportunity to overcome the deficiencies. The diagnosis of personality disorder must have been established by a psychiatrist or doctoral-level clinical psychologist with necessary and appropriate professional credentials who is privileged to conduct mental health evaluations for the DOD components. It is described in the Diagnostic and Statistical Manual (DSM-IV) of Mental Disorders, 4th edition. In the case of Soldiers who have served or are currently serving in an imminent danger pay area and are within the first 24 months of active-duty service, the diagnosis of personality disorder for separation under this paragraph, must be corroborated by the Medical Treatment Facility (MTF) Chief of Behavioral Health (or an equivalent official). The corroborated diagnosis will be forwarded for final review and confirmation by the Director, Proponency of Behavioral Health, Office of the Surgeon General (DASG-HSZ). The regulation also directs that commanders will not take action prescribed in this Chapter in lieu of disciplinary action and requires that the disorder is so severe that the Soldier's ability to function in the military environment is significantly impaired. Army policy requires the award of a fully honorable discharge in such case.

(6) Paragraph 5-13h, stipulates a characterization of a Soldier separated per this paragraph will be characterized as honorable unless an entry-level separation is required under chapter 3, section II. Characterization of service under honorable conditions may be awarded to a Soldier who has been convicted of an offense by general court-martial or who has been convicted by more than one special court-martial in the current enlistment, period of obligated service, or any extension thereof.

e. Army Regulation 635-5-1 (Separation Program Designator (SPD) Codes) in effect at the time, provided 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 identified the SPD code of "JFX" as the appropriate code to assign enlisted Soldiers who were discharged under the provisions of Army Regulation 635-200, Chapter 5-13, Personality Disorder.

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-1 Applies to: Person completing his or her term of active service who is considered qualified to reenter the U.S. Army. Eligibility: Qualified for enlistment if all other criteria are met.

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 is being reconsidered for a narrative reason change, separation code change, and a reentry eligibility (RE) code change.

Evidence in the applicant's Army Military Human Resource Record (AMHRR) confirms the applicant was diagnosed by a competent medical authority with a personality disorder: Obsessive-Compulsive Personality Disorder.

The applicant contends the narrative reason for separation needs changed. The applicant was separated under the provisions of Chapter 5, paragraph 5-13, AR 635-200 with an honorable discharge. The narrative reason specified by Army Regulations for a discharge under this paragraph is "Personality Disorder," and the separation code is "JFX." Army Regulation 635-8 (Separation Processing and Documents), governs 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 the SPD code should be changed. The SPD codes are three-character alphabetic combinations that identify reasons for, and types of, separation from active duty. The primary purpose of SPD codes is to provide statistical accounting of reasons for separation. They are intended exclusively for the internal use of DoD and the Military Services to assist in

the collection and analysis of separation data. The SPD Codes are controlled by OSD and then implemented in Army policy AR 635-5-1 (Separation Program Designator (SPD) Codes) to track types of separations. The SPD code specified by Army Regulations, at the time, for a discharge under Chapter 5, paragraph 5-13, is "JFX."

The applicant requests a reentry eligibility (RE) code change. Soldiers processed for separation are assigned reentry codes based on their service records or the reason for discharge. Based on Army Regulation 601-210, the applicant was appropriately assigned an RE code of "3." There is no basis upon which to grant a change to the reason or the RE code. An RE Code of "3" indicates the applicant requires a waiver before being allowed to reenlist. Recruiters can best advise a former service member as to the Army's needs at the time and are required to process waivers of reentry eligibility (RE) codes if appropriate.

The applicant contends the separation was improper because there was no personality disorder and the applicant's anxiety was a result of Lyme disease. The applicant provided several medical documents disputing the diagnosis of obsessive-compulsive personality disorder and third party letters attesting to the applicant's good duty performance. The applicant's AMHRR shows the applicant underwent a behavioral health evaluation (BHE) on 13 August 2010, which indicates the applicant could understand and participate in administrative proceedings and was mentally responsible. The applicant had been screened for PTSD and mTBI with negative results. The applicant was diagnosed with: Anxiety Disorder, NOS; OCPD; and Multiple Food Intolerances. The BHE was considered by the separation authority.

The applicant contends counseling and a letter of reprimand show the separation was based on an isolated incident. Army Regulation 635-200, provides when a Soldier's conduct or performance becomes unacceptable, the commander will ensure that a responsible official formally notifies the Soldier of the deficiencies. At least one formal counseling session is required before separation proceedings may be initiated and there must be evidence that the Soldier's deficiencies continued after the initial formal counseling. The applicant's AMHRR reflects the applicant was formally counseled 25 August 2010 and 9 November 2010, by the applicant's immediate commander, and notified of separation on 8 November 2010, using the notification procedure.

The applicant contends the separation fails to adhere to DOD and Army policy regarding diagnosing physician's qualifications and peer or higher-level mental health professional corroboration. The applicant's AMHRR contains a mental status evaluation, conducted by Dr. W. W., OIC, Clinical Operations, FOB, Shindand, Afghanistan, and a memorandum signed by the Chief, Behavioral Health, Office of The Surgeon General, indicating the separation was endorsed by The Surgeon General.

The applicant contends good service, including a combat tour. The applicant provided numerous third-party character references to support the contention.

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.

The applicant contends an upgrade of the discharge would allow veterans benefits. Eligibility for veteran's benefits 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.

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? **No.** The Board determined that the applicant's discharge was not based on misconduct. Rather, the applicant was discharged for a personality disorder that warranted a change, in part, because the applicant was diagnosed with Anxiety NOS and OCPD. The applicant was separated with a discharge characterized as Honorable; therefore, no relief is warranted.

(2) Did the condition exist or experience occur during military service? **N/A.**

(3) Does the condition or experience actually excuse or mitigate the discharge? **N/A.**

(4) Does the condition or experience outweigh the discharge? **N/A.**

b. Response to Contention(s):

(1) The applicant contends the narrative reason for separation needs changed. The Board considered this contention and determined the applicant's narrative reason should change based on evidence provided by the applicant. Therefore, the Board determined that the narrative reason should change to Condition, Not a Disability in accordance with AR 635-200 (Active Duty Enlisted Administrative Separations), Chapter 5-14 based on the applicant's diagnosis of Anxiety Disorder NOS.

(2) The applicant contends the SPD code should be changed. The Board considered this contention and determined that the SPD code should change to JFV to align with the new narrative reason of Condition, Not a Disability in accordance with AR 635-5-1 (Separation Program Designator Codes) Table 2-3.

(3) The applicant requests a reentry eligibility (RE) code change. The Board considered this contention and voted to maintain the RE-code to a RE-3, which is a waivable code, based on the need for the applicant's BH conditions to be evaluated prior to any reentry into military service. Recruiters can best advise a former service member as to the Army's needs at the time and are required to process waivers of reentry eligibility (RE) codes, if appropriate.

(4) The applicant contends the separation was improper because there was no personality disorder and the applicant's anxiety was a result of Lyme disease. The Board considered this contention during proceedings, but ultimately did not address the contention due to the applicant already having an Honorable discharge and the narrative reason/SPD code being changed based on medical evidence provided by the applicant.

(5) The applicant contends counseling and a letter reprimand show the separation was based on an isolated incident and the separation fails to adhere to DOD and Army policy regarding diagnosing physician's qualifications and peer or higher-level mental health professional corroboration. The Board considered this contention during proceedings, but ultimately did not address the contention due to the applicant already having an Honorable

discharge and the narrative reason/SPD code being changed based on medical evidence provided by the applicant.

(6) The applicant contends good service, including a combat tour. The Board considered this contention during proceedings, but ultimately did not address the contention due to the applicant already having an Honorable discharge and the narrative reason/SPD code being changed based on medical evidence provided by the applicant.

(7) The applicant contends that the Command violated DoDI 1332.14, paragraph 3(a) and 8(c) because the Command failed to appropriately counsel the applicant regarding the "observed behavior of sufficient deficiencies to support" separation as the only counseling in the applicant's record notifies the applicant that the applicant was being processed for separation. The Board considered this contention during proceedings, but ultimately did not address the contention due to the applicant already having an Honorable discharge and the narrative reason/SPD code being changed based on medical evidence provided by the applicant.

(8) The applicant contends an upgrade would allow veterans benefits, to include educational benefits through the GI Bill. The Board considered this contention and determined that eligibility for Veteran's benefits, to include educational benefits under the Post-9/11 or Montgomery GI Bill, healthcare or VA loans, 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 that the discharge is inaccurate based on the applicant's evidence showing no evidence of OCPD. Therefore, the Board voted to change the applicants narrative reason to Condition, Not a Disability, with a correspondering SPD code of JFV, in accordance with AR 635-200 (Active Duty Enlisted Administrative Separations), Chapter 5-14. The applicant's RE code of RE-3 will not change based on the need for the applicant's Anxiety Disorder NOS to be evaluated prior to any reentry into military service. 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, no further relief is available.

(2) The Board voted to change the applicant's narrative reason for discharge based on the evidence provided by the applicant that the applicant's OCPD was misdiagnosed.

(3) The RE code will not change as the Board determined that the applicant's BH conditions needing evaluation prior to any reentry into 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:** Condition, Not a Disability/JFV

ARMY DISCHARGE REVIEW BOARD CASE REPORT AND DIRECTIVE

AR20210001517

d. Change RE Code to: No Change

e. Change Authority to: No Change

Authenticating Official:

5/2/2024



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