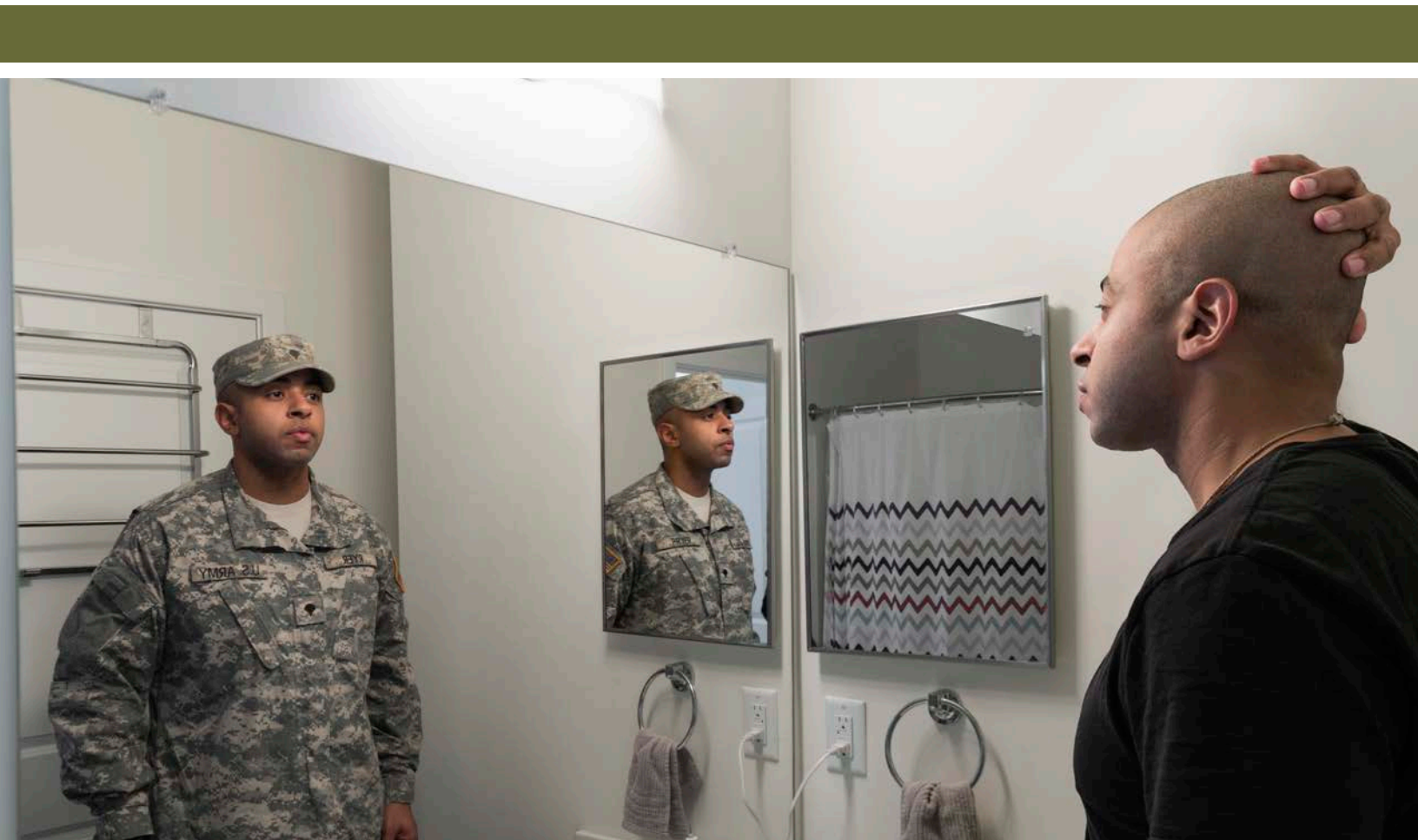


Discharge Status and Public Health: A Snapshot of U.S. Soldiers and Marines Discharged Between 2001 and 2011



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- More than **50,000** Soldiers and Marines received an Other-than-Honorable discharge between 2001 and 2011
- Of those, **3,982** had prior mental health or substance use problems during their service

While an expedient discharge of problematic service members aligns well with the mission to fight and win wars, the consequences passed on to the civilian public health and criminal justice systems have yet to be quantified and largely remain unknown.¹ The Uniform Code of Military Justice (UCMJ) is federal law that defines the military justice system, in which a military commander has substantial control over administrative separations and courts-martial. While minor infractions are typically handled by sanctions such as extra duty, more serious infractions can lead to involuntary separation from the military. These include (1) punitive discharges (e.g., bad-conduct discharge, dishonorable discharge) or (2) administrative discharges (e.g., other-than-honorable discharge).

¹Seamone ER, McGuire J, Sreenivasan S, Clark S, Smee D, Dow D. Moving upstream: why rehabilitative justice in military discharge proceedings serves a public health interest. *Am J Public Health*. 2014;104(10):1805-1811. doi:10.2105/AJPH.2014.302117

Many eligibility requirements for benefits through the Department of Veterans Affairs (VA) are dependent on receiving an honorable or under-honorable-conditions discharge. As such, service members receiving a bad-conduct or other-than-honorable discharge are often ineligible and require further determination of benefits through the VA's evaluation process. Prior work has brought to light the negative impacts of general and undesirable discharges from military service on the individual dating back decades, resulting in recent changes to eligibility requirements for specific behavioral health benefits through two VA programs. The first program was initiated in 2017 to provide emergency mental health services to those with OTH discharges who are in distress. This emergency mental health treatment is available for up to 90 days.

The second program relates to Public Law 115-141 and allows former service members with OTH discharges to receive ongoing mental and behavioral health care if they meet one of two criteria: (1) were on active duty for more than 100 days and served in a combat role, or (2) experienced sexual harassment or sexual assault while serving.² These programs are steps in the right direction. Still, the treatment of Veterans with OTH discharges, who may have behavioral health conditions related to their military service, is potentially passed onto local health care and criminal justice systems. A better understanding of the behavioral health status of Veterans with OTH discharges is necessary to inform future policy and practice.

² Petersen H. Other-than-honorable discharge? *VAntage Point*. May 2019. <https://www.blogs.va.gov/VAntage/60349/other-than-honorable-discharge/>. Accessed September 26, 2019.

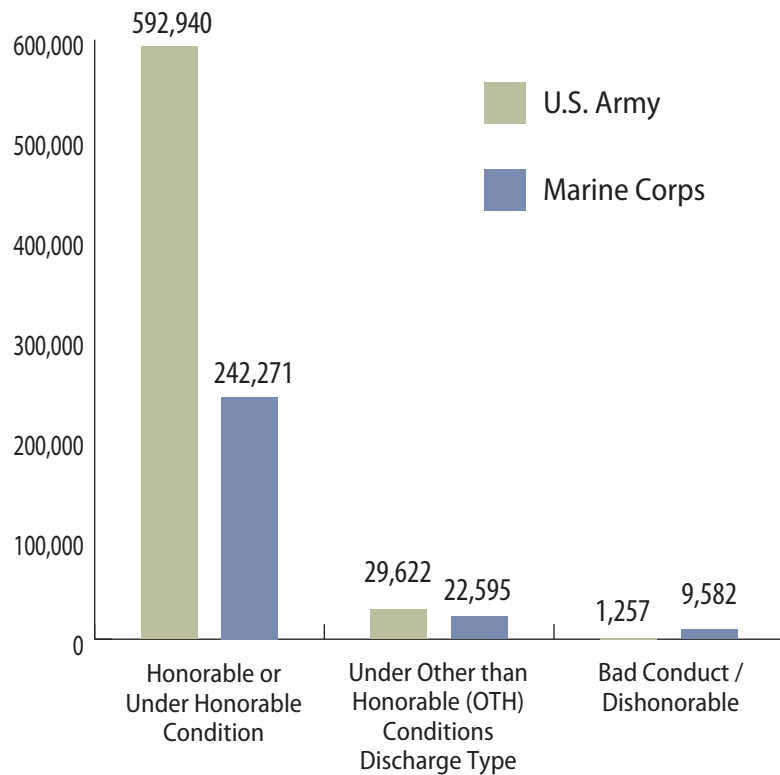


Given this gap in knowledge, this analysis provides a better understanding of the behavioral health status, including mental health and criminal justice involvement, of U.S. Army and Marine Corps service members with OTH discharges between 2001 and 2011.

Discharges

As shown in Figure 1, the vast majority of Soldiers and Marines received an honorable or under honorable condition discharge, however, there are still over 50,000 Soldiers and Marines who received an OTH discharge between 2001 and 2011.

Figure 1. Number of discharges by type and branch of service



Veterans with Other-than-Honorable Discharges

Table 1. Demographics and Receipt of Accession Waiver of US Army and Marine Corps OTH Discharges, 2001-2011

	Army		Marines	
	Frequency	Percent	Frequency	Percent
Sex				
Male	26244	88.6	21749	96.26
Female	3378	11.4	846	3.74
Waiver				
Age	16	0.05	60	0.27
Dependency	239	0.81	846	3.74
Mental	92	0.31	119	0.53
Law	2937	9.91	4263	18.87
Separation	697	2.35	231	1.02
Drug	867	2.93	9263	41.00
Medical	1715	5.79	2591	11.47
Survivor	0	0	0	0
Education	18	0.06	51	0.23
Alien	0	0	8	0.04
Loyalty	100	0.34	1250	5.53
Objector	0	0	0	0
Unique	123	0.42	1297	5.74
Other	15	0.05	36	0.1

Average Length of Service in Years

Army
3.15

Marines
2.86

Table 2. Number of Deployments

	Army		Marines	
	Frequency	Percent	Frequency	Percent
0	25013	84.44	17991	79.62
1	3390	11.44	3595	15.91
2	958	3.23	895	3.96
3+	261	0.89	114	0.5

Ever Deployed

Army
15.56%

Marines
20.37%

Mental Health and Substance Abuse

Despite efforts to decrease stigma related to mental health in the military, there remains an underreporting of behavioral health issues by service members; many help-seeking behaviors come in the form of utilization of chaplains or other non-medical personnel.³ Therefore, mental health diagnosis rates reflect two important points: (1) rates are likely an underrepresentation of actual numbers of service members experiencing mental health issues, and (2) the mental health issues that are reported are likely more severe. Types of discharge by behavioral health diagnosis, both inpatient and outpatient, are shown in Appendix B and Appendix C.

Table 3. Behavioral Health Diagnosis

Behavioral Health Diagnosis	Army				Marines			
	Outpatient		Inpatient		Outpatient		Inpatient	
Any Mental Health	1255	4.24	228	0.77	1170	5.18	173	0.77
PTSD	227	0.77	32	0.11	246	1.09	17	0.08
Anxiety	342	1.15	45	0.15	329	1.46	21	0.09
Depressive	496	1.67	89	0.3	468	2.07	60	0.27
Substance Abuse	1096	3.7	113	0.38	980	4.34	61	0.27

Table 4. Criminal Justice Involvement

Crime	Army		Marines	
	Frequency	Percent	Frequency	Percent
Any	4140	13.98	2590	11.46
Drug	2188	7.39	1182	5.23
Property	1278	4.31	810	3.58
Violent	1132	3.82	638	2.82
Other	2112	7.13	1072	4.74

³ Morgan JK, Hourani LL, Lane ME, Tueller S. Help-seeking behaviors among active-duty military personnel: Utilization of chaplains and other mental health service providers. *J Health Care Chaplain*. 2016;22(3):102-117.

Army
6.89%

Marines
8.59%

Had a Mental Health
Diagnosis or Documented
Substance Abuse
While Serving



Criminal Justice Involvement

While there are many programs available for justice-involved Veterans, we know that more than half of justice-involved Veterans have mental health or substance-abuse disorders.⁴ To exacerbate the problem, Veterans with an OTH or dishonorable discharge lose access to the very mental health or substance abuse treatment programs that could reduce their risk of criminal justice involvement. In addition, while it is more pronounced within the Marine Corps, both services had a greater percentage of OTH and bad conduct/dishonorable discharges for service members with a drug related criminal offense compared to those with a violent criminal offense. As noted in the Methods section below, these crime data only include contact with military police, thus, criminal justice incidents are likely underreported.

Conclusions

Taken together, these findings have important implications for both policy and practice. First, it is possible that military experiences exacerbated, or were the impetus for, behavioral health conditions, such as mental health or substance abuse issues. Policymakers should take into consideration perimilitary diagnoses in determining eligibility for behavioral health care and other benefits known to confer protection against negative outcomes (e.g., homelessness, suicide) in Veterans with OTH discharges. Second, the high number of individuals receiving an OTH discharge who received accession waivers, specifically legal and drug waivers, indicates that the use of these types of waivers may be associated with long-term negative sequelae including economic costs related to training and lost productivity and decreased unit morale or cohesion. Finally, although OTH and dishonorable discharges have historically been used as punitive measures, the ramifications of separating service members with documented behavioral health conditions from the military in this way should be considered, particularly given the implications for these Veterans in terms of continued receipt of mental health and substance abuse treatment.

⁴Finlay, A. K., Binswanger, I. A., Smelson, D., Sawh, L., McGuire, J., Rosenthal, J., Blue-Howells, J., Timko, C., Blodgett, J. C., Harris, A. H., Asch, S. M., & Frayne, S. (2015). Sex differences in mental health and substance use disorders and treatment entry among justice-involved Veterans in the Veterans Health Administration. *Medical care*, 53(4 Suppl 1), S105–S111. <https://doi.org/10.1097/MLR.0000000000000271>

Appendix A: Methods



This study, conducted by RTI International at the request of the North Carolina Department of Health and Human Services, provides a behavioral health profile of United States Soldiers and Marines who received an Other-than-Honorable discharge between 2001 and 2011.

Participants and Procedure

The analysis dataset was assembled from DoD records and included all service members who accessed into the U.S. Army or U.S. Marine Corps between 2001 and 2011 (N = 1,184,703 total personnel, N = 812,002 individuals who served in the Army, and N = 362,169 individuals who served in the Marine Corps). There were 10,532 personnel who served in multiple service branches over their military careers and were excluded to simplify analyses. After omitting cases with missing data, the analysis dataset consisted of 773,359 Army soldiers and 332,093 Marines, which comprised 95.2% and 91.8% of the full populations, respectively.

We used merged data from the Career History and Archival Medical Personnel System (CHAMPS), the Defense Manpower Data Center (DMDC), and the Expeditionary Medical Encounter Database (EMED) to obtain an extensive and multifaceted picture of military experience for each service member, including accession and discharge dates, accession and Delayed Entry Program (DEP) waivers, duty station and deployment information, inpatient and outpatient medical visit dates and International Classification of Diseases (9th rev.; ICD-9) diagnostic codes, combat injury records, rank and pay grades, Unit Identification Codes (UICs) over time and enrollment in substance abuse treatment over time, as well as the Centralized Operations Police Suite (COPS) database, which is a military law enforcement reporting and tracking system. The COPS database includes all reports

Appendix A: Methods

made by military police of both violent and nonviolent criminal offenses. All study procedures were approved by RTI International's Committee for the Protection of Human Subjects, the Naval Health Research Center's Institutional Review Board, and the US Army Medical Research and Material Command Office of Research Protections.

Outcome measures. Outcomes were measured as the occurrence of an outpatient or inpatient visit that resulted in a recorded ICD-9 diagnostic code for PTSD (308.x and 309.8x), non-PTSD anxiety disorder (293.84, 300.00-300.02, 300.09, 300.10, 300.2x, 300.3, 300.5, 300.89, 300.9, 308.x, 313.0-313.33, 313.82, 313.83), depressive disorder (293.83, 296.2x, 296.3x, 300.4 and 311.0), or any mental health disorder (290.x, 293.x-302.x, 306.x-319.x, 331.0-331.2, 331.82, 648.4x, V11.0-V11.2, V11.4-V11.9, V15.4x, V40.x, V66.3, V67.3). These diagnosis groups originated from the Clinical Classifications Software (CCS) multilevel diagnoses categories, with some exceptions (V15.82, V62.85, V62.85, V70.1, V70.2, V71.0x, V79.0, V79.2, and V79.9 were excluded from our definition of overall mental health; Healthcare Cost and Utilization Project Clinical Classification Software, 2017). Posttraumatic stress disorder, defined as an anxiety disorder characterized by disturbing mental symptoms lasting longer than a month and precipitated by a traumatic event, is recognized to be a stigmatized disorder (Mittal et. al., 2013). Therefore, following prior examples in the field, we opted for a more inclusive definition to counteract potential underreporting common in administrative data (Crum-Cianflone, Powell, LeardMann, Russell, & Boyko, 2016; LeardMann, Smith, & Ryan, 2010). The definition of non-PTSD anxiety disorders excluded the ICD-9 code for PTSD (309.81).

Substance or alcohol abuse disorders were measured as the occurrence of enrollment in substance abuse treatment or a medical outpatient or inpatient visit at a military medical facility that resulted in a recorded ICD-9 diagnosis of a substance or alcohol abuse disorder. We defined a diagnosis as an inpatient or outpatient visit which listed the ICD-9 codes for substance-abuse disorder (291.x, 292.x, 303.x, 304.x,

Appendix A: Methods

305.x, 357.5, 425.5, 535.3x, 571.0-571.3, 648.3x, 655.5x, 760.71-760.73, 760.75, 779.5, 790.3, 965.0x, 980.x, V65.42). These diagnosis groups originated from the Clinical Classifications Software (CCS) multi-level diagnoses categories.

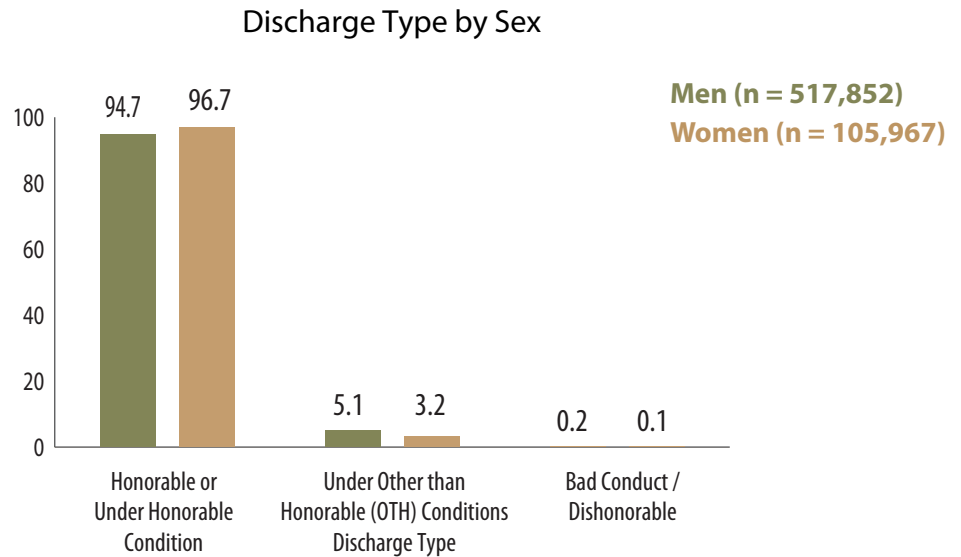
Criminal activity was also examined. Offense codes were not provided in the COPS database; we used keyword searches in the offense description and incident title fields to categorize offenses into National Incident Base Reporting System (NIBRS) categories including violent and drug offenses. This includes only reports made by military police and does not account for contact with the civilian criminal justice system.

All waivers were up-coded to the broadest category; for example, substance-related/drug waivers included enlistment waiver codes FAA through FDF (drug involvement not considered a law violation with alcohol abuse waiver, drug involvement not considered a law violation with marijuana usage waiver, drug involvement not considered a law violation with other drug usage waiver, and drug involvement not considered a law violation with drug and alcohol test positive waiver).

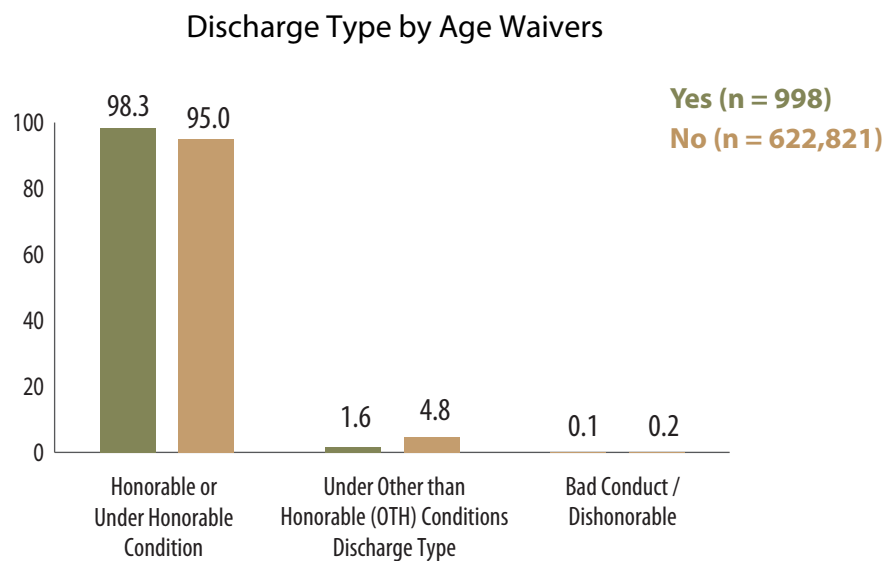


Appendix B: Comparisons across Discharge Types, Army*

Male Soldiers were more likely to receive an OTH discharge than female Soldiers.



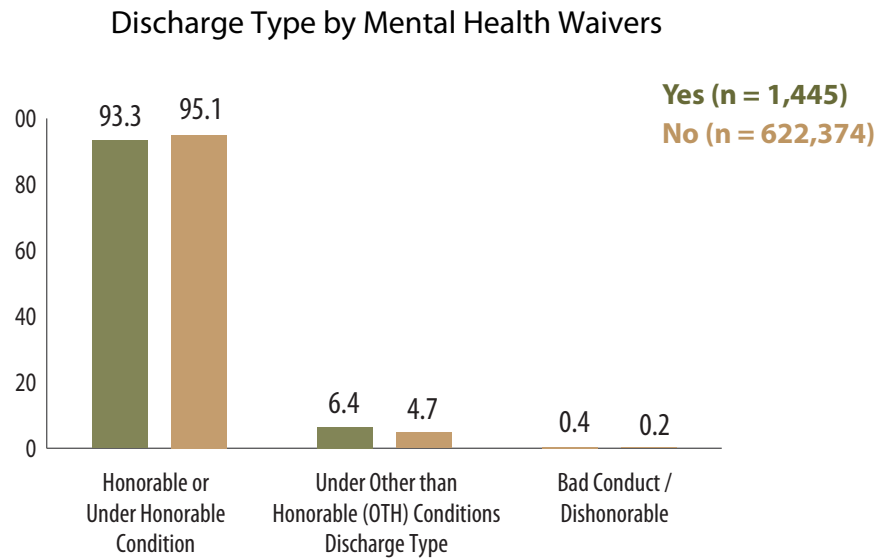
Soldiers who had received age waivers were less likely to receive an OTH discharge than those who had not.



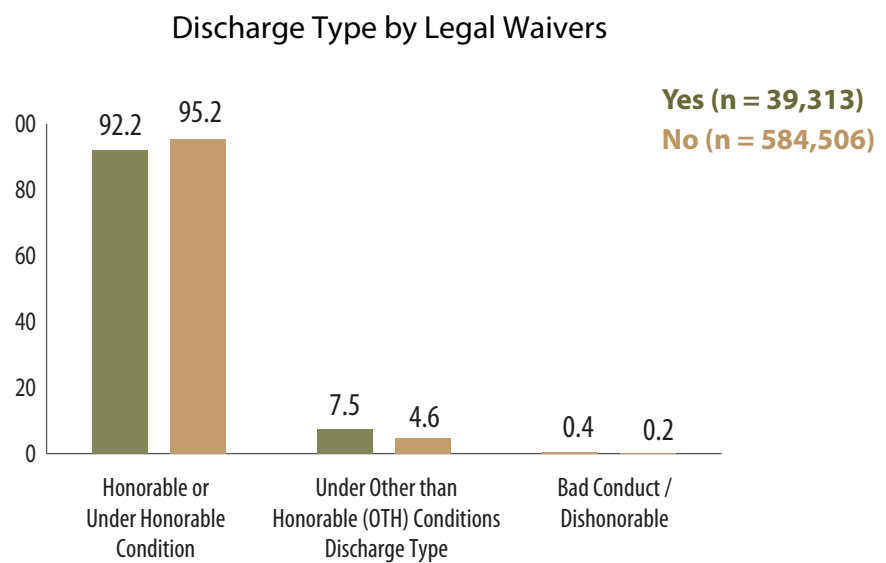
Appendix B: Comparisons across Discharge Types

Army

Soldiers who had received mental health waivers were more likely to receive an OTH discharge than those who had not.



Soldiers with legal waivers were more likely to receive an OTH discharge than those without legal waivers.

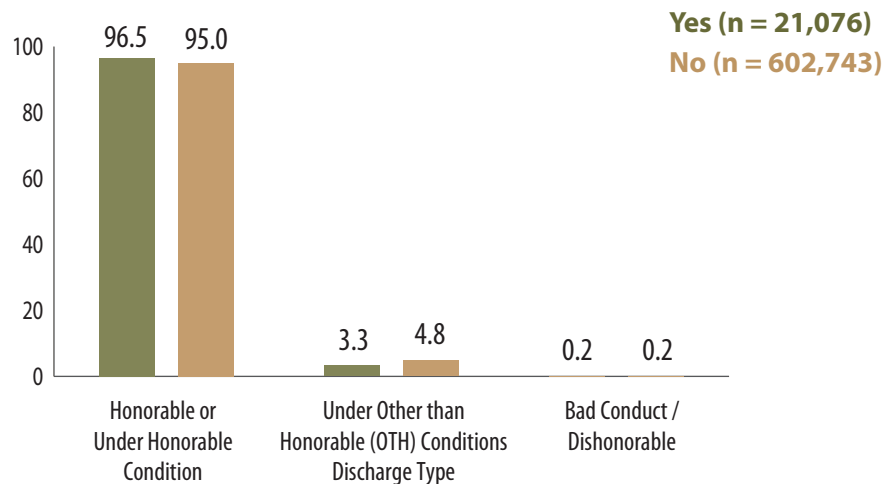


Appendix B: Comparisons across Discharge Types

Army

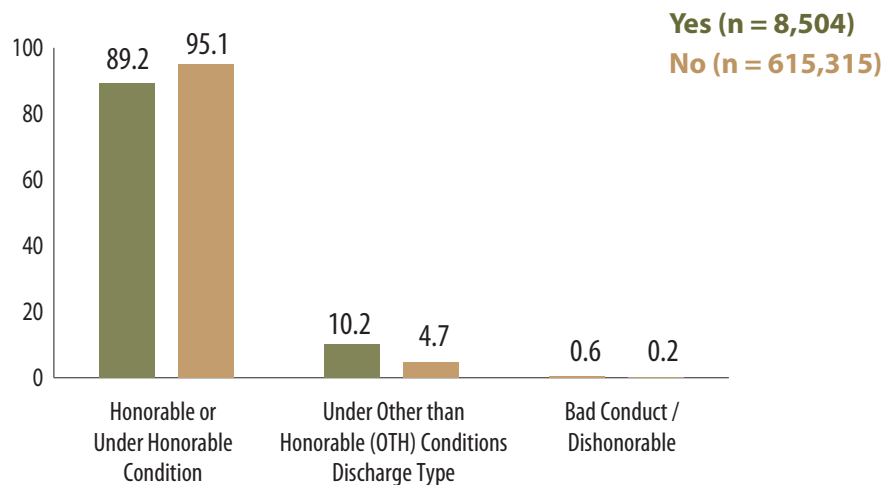
Soldiers who had received a separation waiver were less likely to receive an OTH discharge than those without a separation waiver.

Discharge Type by Separation Waiver



Soldiers who had received a drug waiver were more than twice as likely to be discharged under OTH conditions, and three times as likely to receive a dishonorable discharge, than those who had not received a drug waiver.

Discharge Type by Drug Waiver

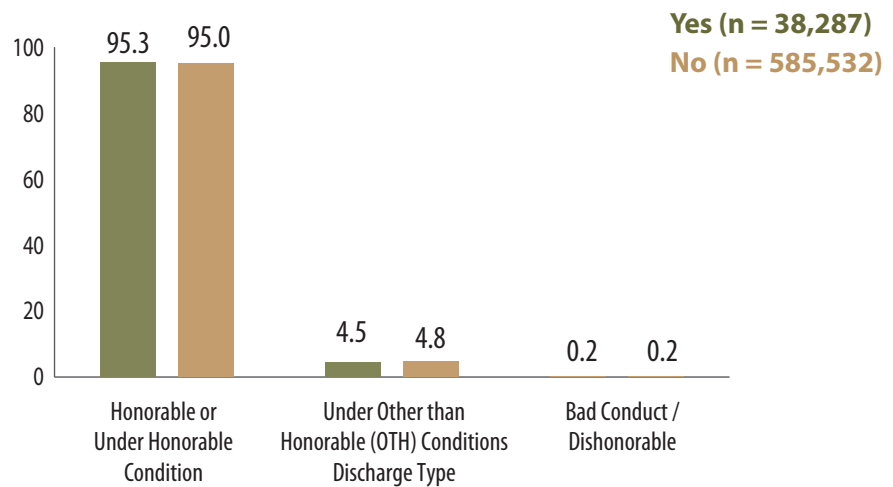


Appendix B:
Comparisons across
Discharge Types

Army

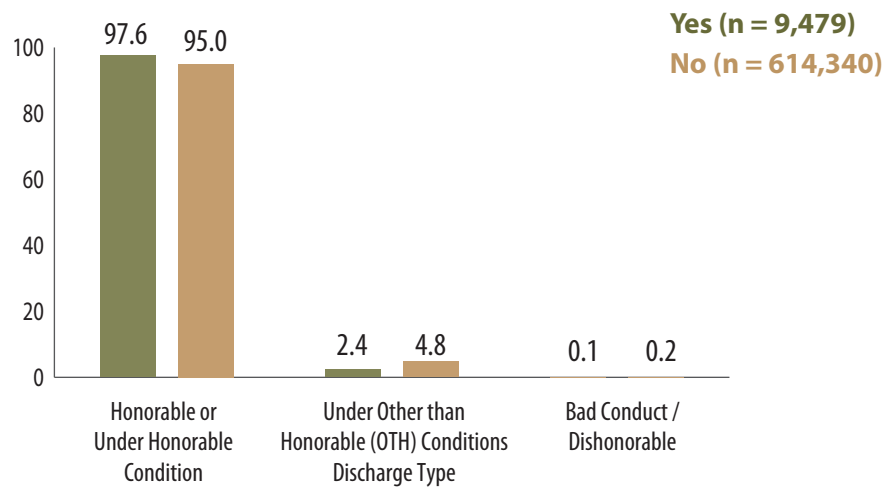
Soldiers with a medical waiver were less likely to receive an OTH discharge than those who did not.

Discharge Type by Medical Waiver



Soldiers who had an outpatient PTSD diagnosis while in the military were only half as likely to receive an OTH or dishonorable discharge as those without.

Discharge Type by PTSD–Outpatient

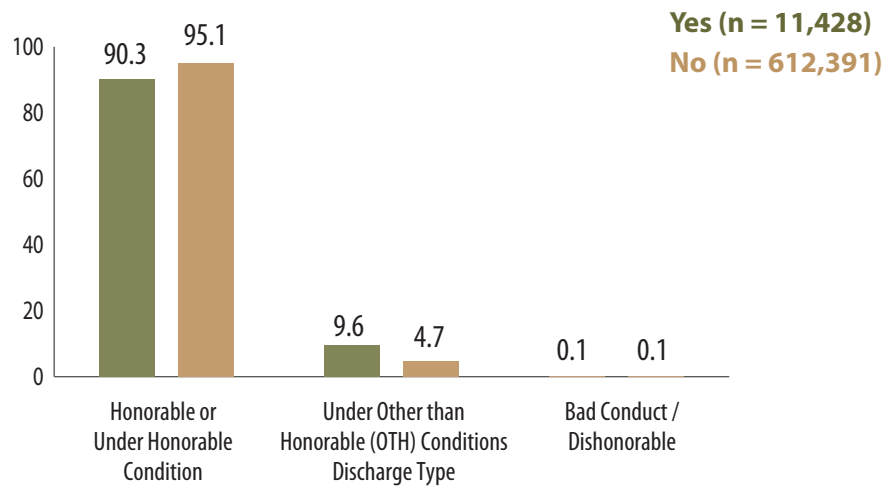


Appendix B:
Comparisons across
Discharge Types

Army

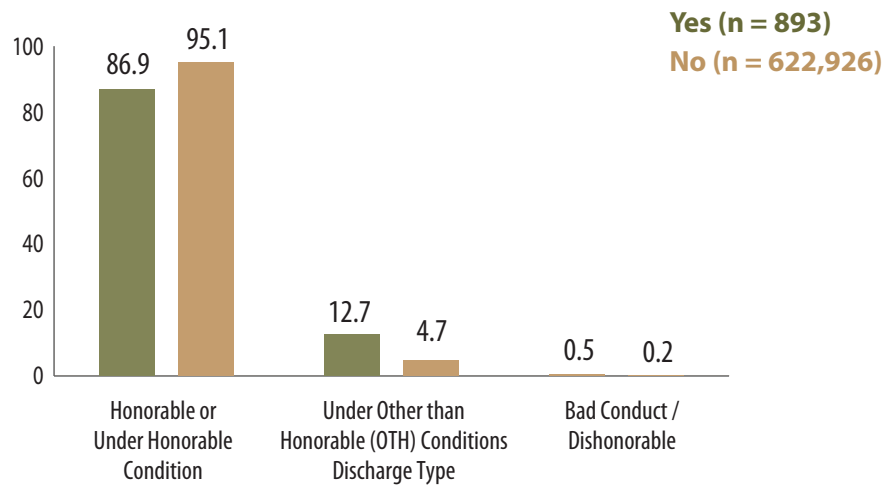
Soldiers with an outpatient substance abuse diagnosis were more than twice as likely to receive an OTH discharge than those without.

Discharge Type by Substance Abuse—Outpatient



Soldiers with an inpatient substance abuse diagnosis received an OTH discharge at nearly three times the rate of those without, and were more than twice as likely to receive a dishonorable discharge.

Discharge Type by Substance Abuse—Inpatient

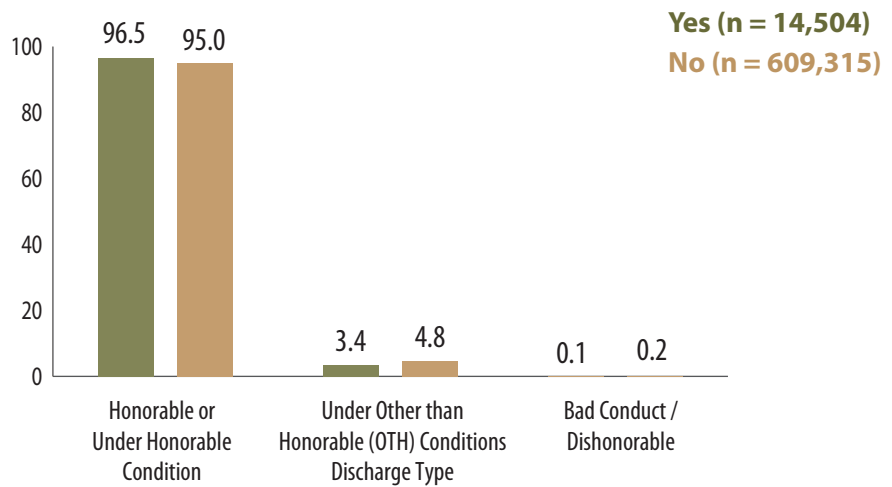


Appendix B:
Comparisons across
Discharge Types

Army

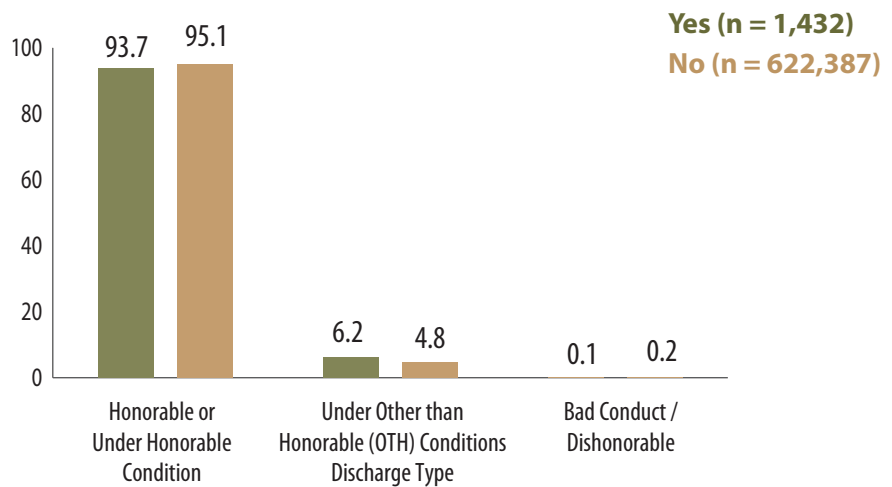
Soldiers with an outpatient depressive disorder diagnosis were less likely to receive an OTH or dishonorable discharge than those without.

Discharge Type by Depressive–Outpatient



Soldiers with an inpatient depressive disorder diagnosis were more likely to receive an OTH discharge than those without.

Discharge Type by Depressive–Inpatient

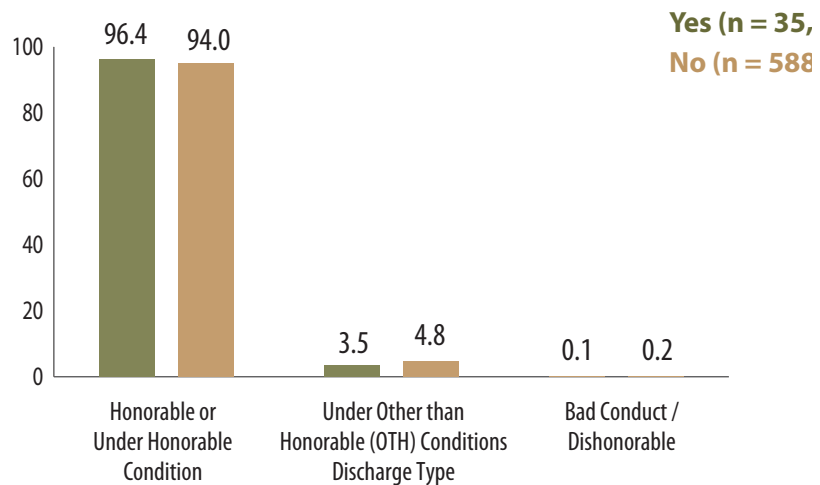


Appendix B:
Comparisons across
Discharge Types

Army

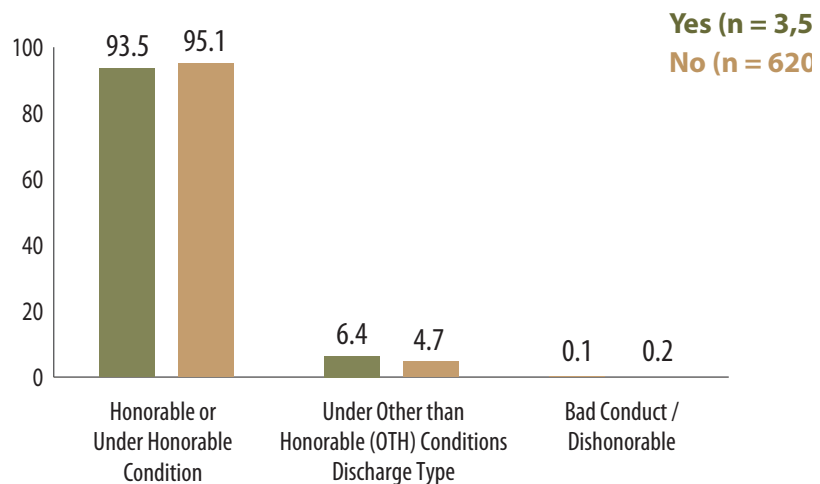
Soldiers with other outpatient mental health diagnoses were less likely to receive an OTH discharge than those without.

Discharge Type by Mental Health–Outpatient



However, Soldiers with other inpatient mental health diagnoses were more likely to be discharged under OTH conditions.

Discharge Type by Mental Health–Inpatient

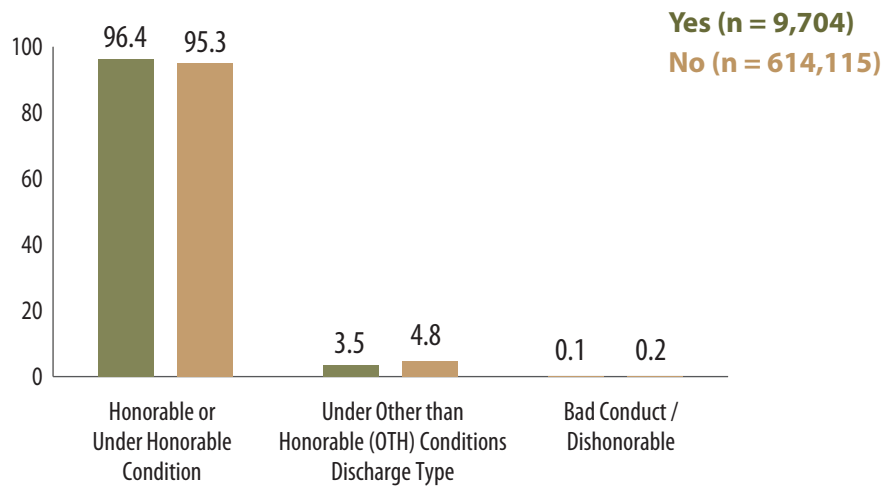


Appendix B:
Comparisons across
Discharge Types

Army

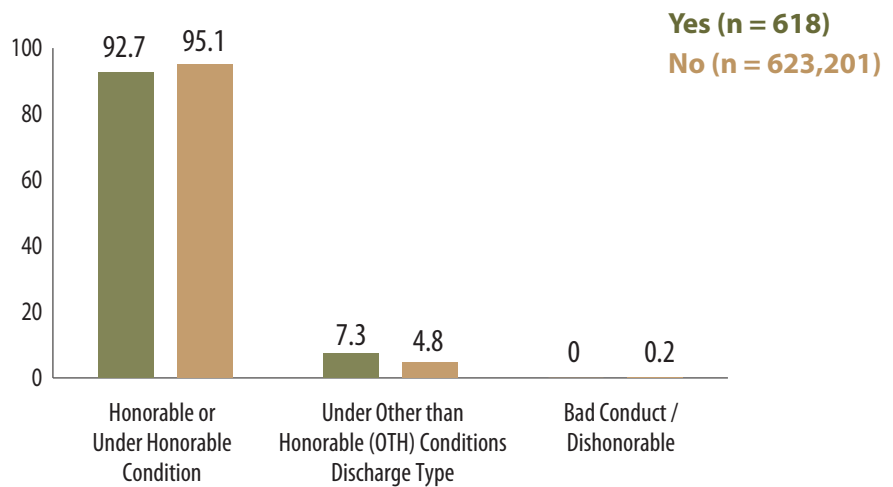
Soldiers with an outpatient anxiety disorder diagnosis were less likely to receive OTH discharges than those without.

Discharge Type by Anxiety–Outpatient



However, Soldiers with inpatient anxiety disorder diagnoses were more likely to be discharged under OTH conditions than those without.

Discharge Type by Anxiety–Inpatient

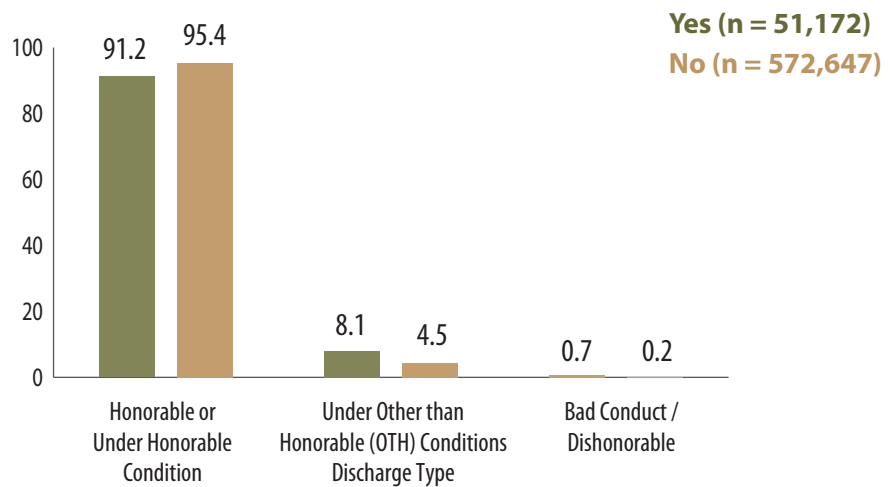


Appendix B:
Comparisons across
Discharge Types

Army

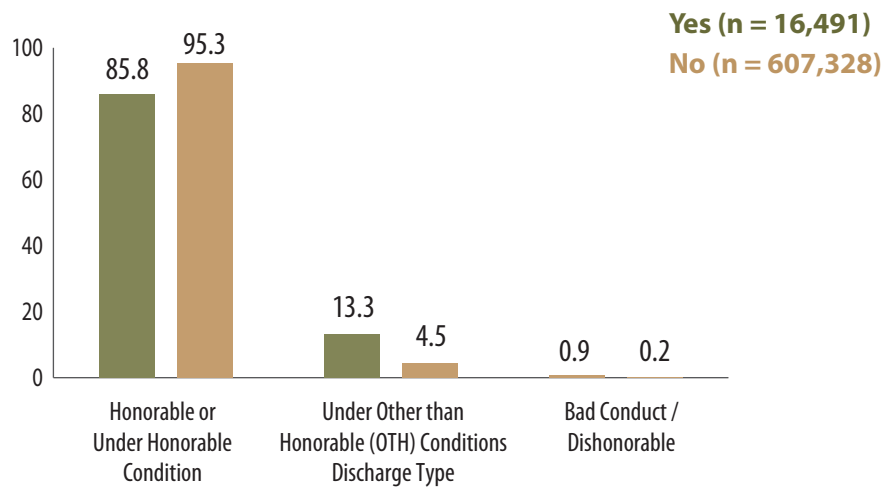
Soldiers with any crime documented by military police were more likely to receive OTH and dishonorable discharges than those without.

Discharge Type by Any Crime



Soldiers with documented drug crimes were three times as likely to receive an OTH discharge and more than four times more likely to receive a dishonorable discharge than those without.

Discharge Type by Drug Crime

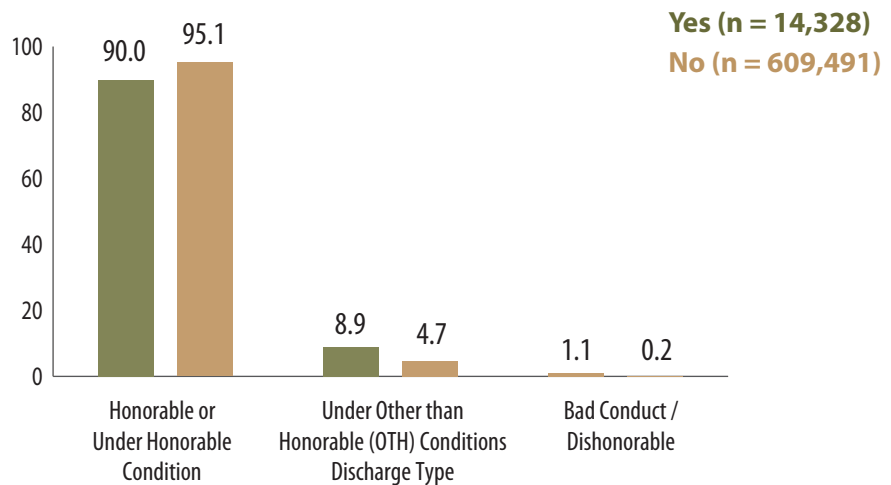


Appendix B:
Comparisons across
Discharge Types

Army

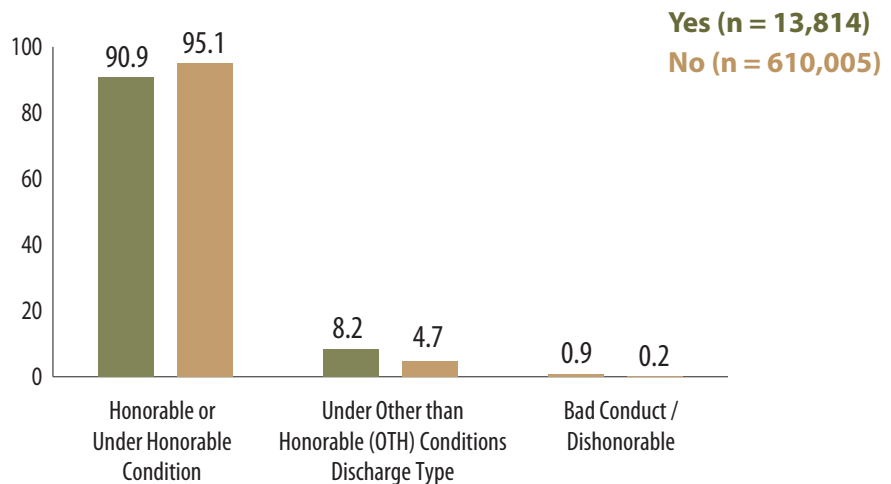
Soldiers with documented property crimes were more likely to receive an OTH discharge and more than five times as likely to receive a dishonorable discharge than those without.

Discharge Type by Property Crime



Soldiers with documented violent crimes were more likely to receive an OTH discharge and more than four times as likely to receive a dishonorable discharge than those without.

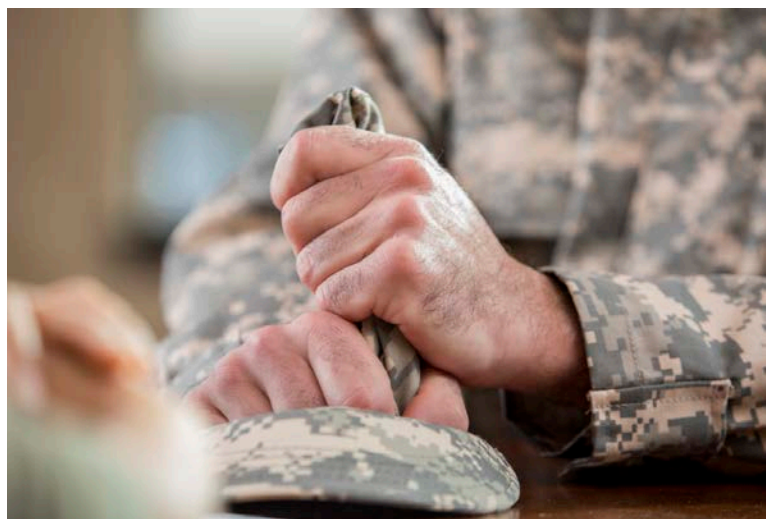
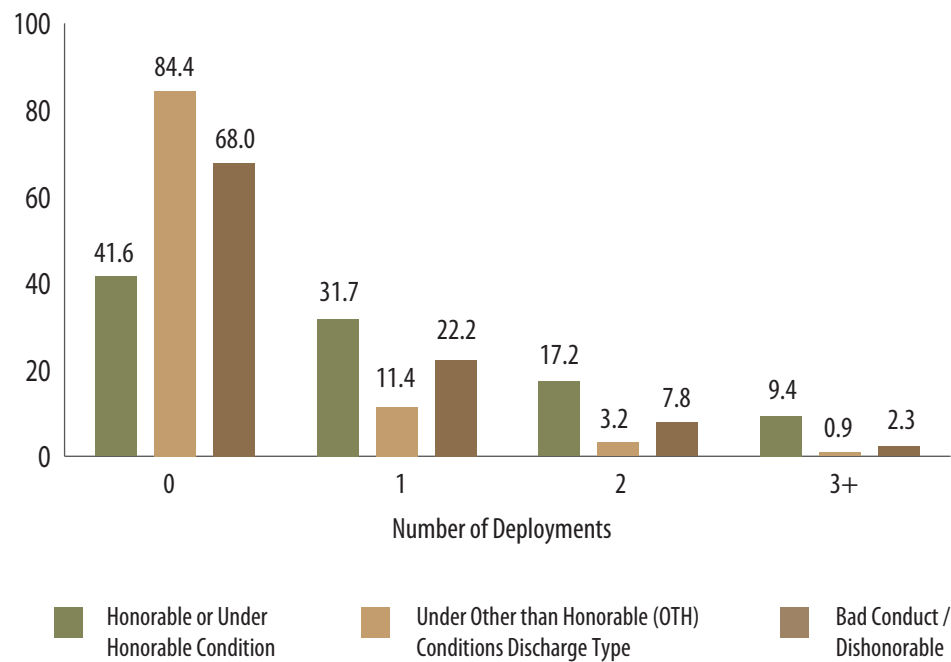
Discharge Type by Violent Crime



Appendix B:
Comparisons across
Discharge Types

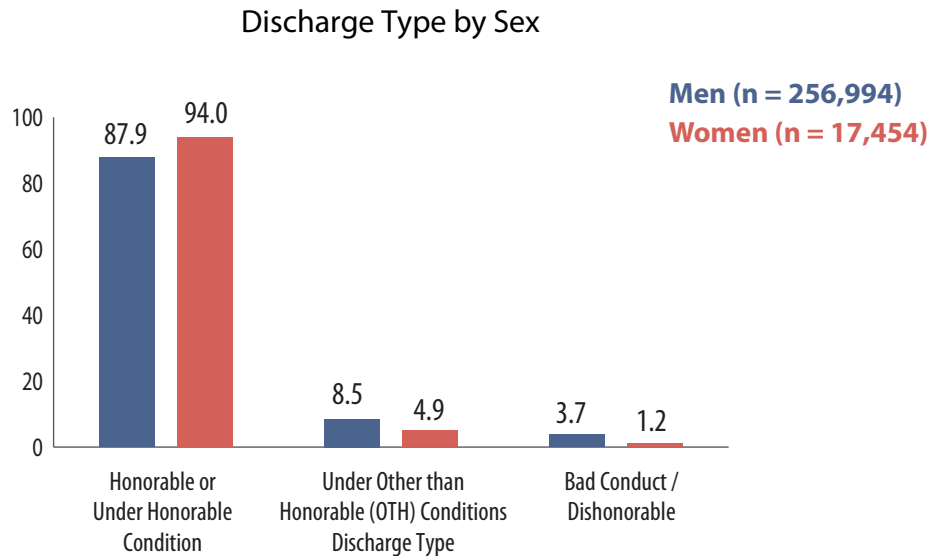
Army

Number of Deployments by Discharge Type

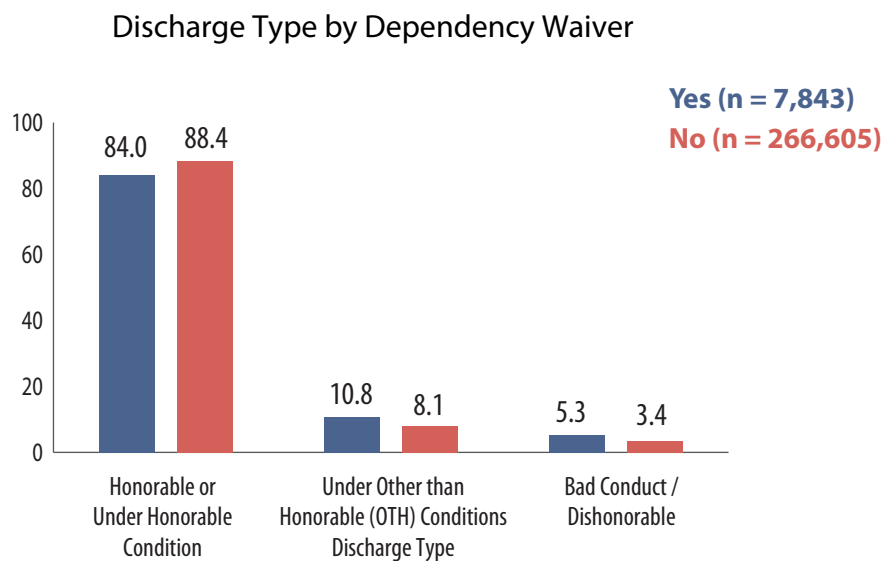


Appendix C: Comparisons Across Discharge Types, Marines*

Male Marines were more likely to receive OTH discharges and were three times as likely to receive bad conduct or dishonorable discharges than female Marines.



Marines who had received dependency waivers were more likely to receive OTH and dishonorable discharges than those who had not.

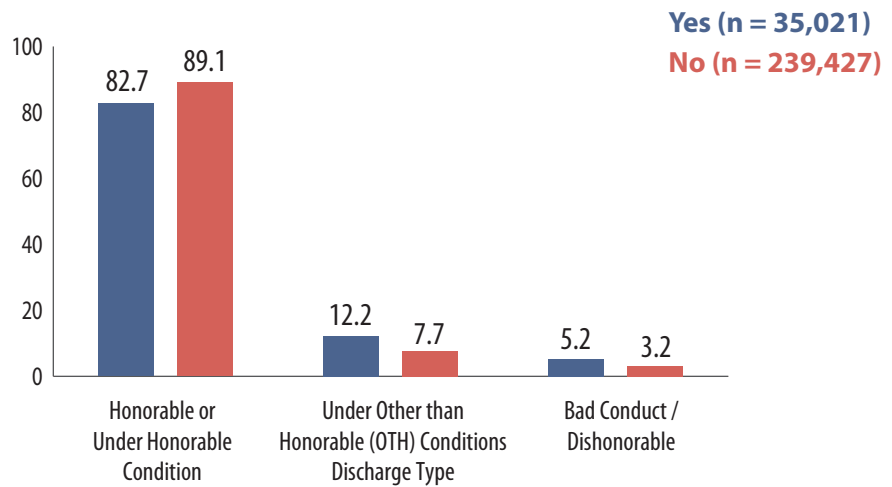


Appendix C:
Comparisons Across
Discharge Types

Marines

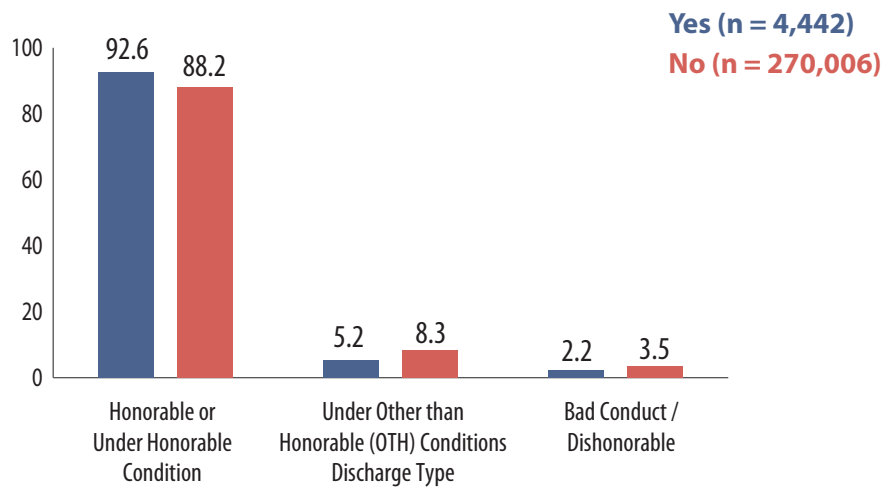
Marines who had received legal waivers were more likely to receive OTH and dishonorable discharges than those who had not.

Discharge Type by Legal Waivers



Marines who had received separation waivers were less likely to receive OTH and dishonorable discharges than those who had not.

Discharge Type by Separation Waiver

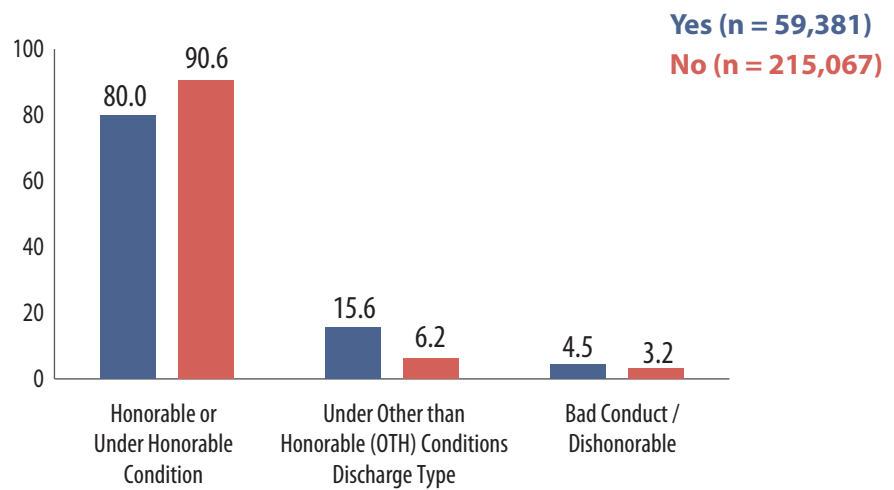


Appendix C:
Comparisons Across
Discharge Types

Marines

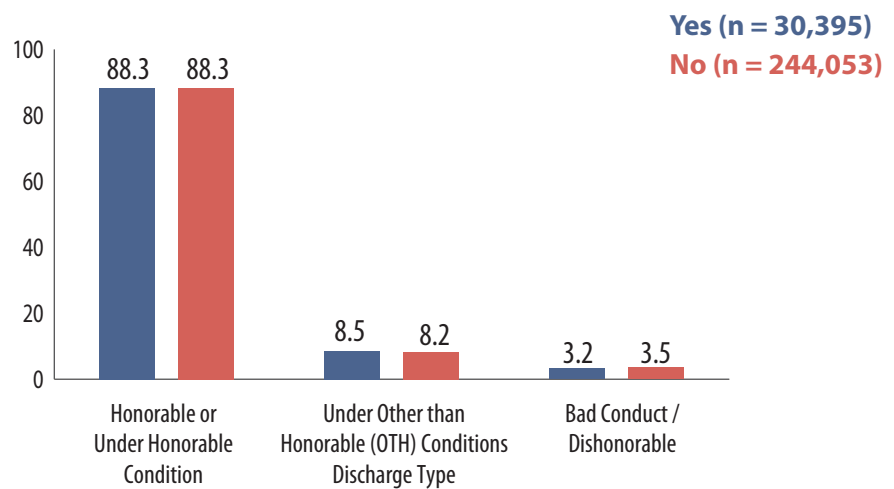
Marines who had received a drug waiver were more than two and a half times as likely to receive OTH discharges, and more likely to receive dishonorable discharges, than those who had not.

Discharge Type by Drug Waiver



Marines who had received medical waivers were equally likely to receive honorable discharges, but were slightly more likely to receive OTH, and slightly less likely to receive dishonorable discharges, than those who had not.

Discharge Type by Medical Waiver

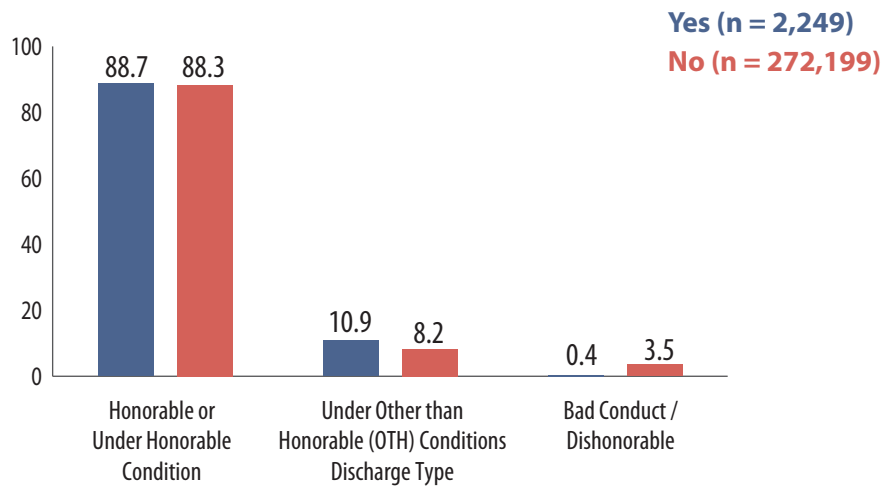


Appendix C:
Comparisons Across
Discharge Types

Marines

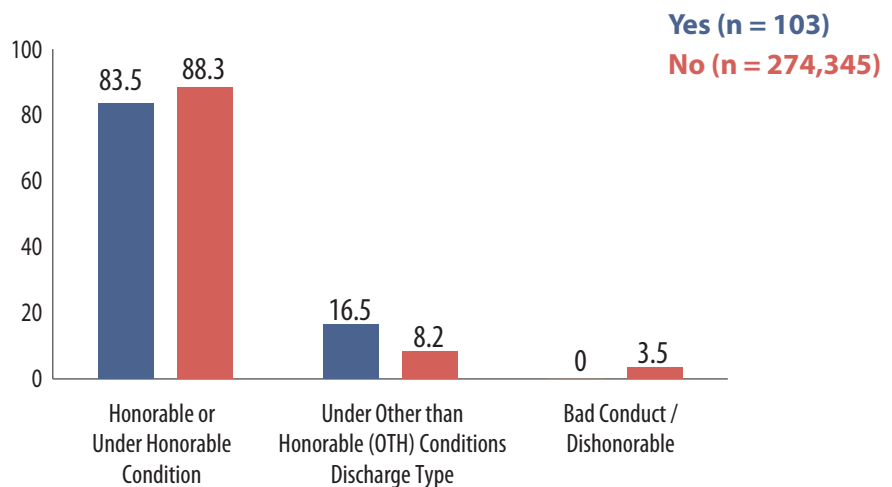
Marines with an outpatient PTSD diagnosis were slightly more likely to receive honorable discharges, more likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient PTSD diagnosis.

Discharge Type by PTSD–Outpatient



Marines with an inpatient PTSD diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient PTSD diagnosis.

Discharge Type by PTSD–Inpatient



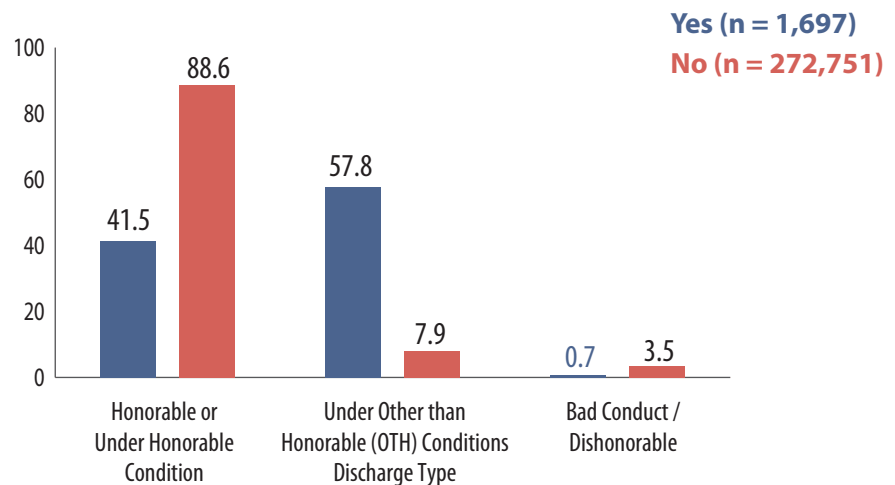
Appendix C: Comparisons Across Discharge Types

Marines

Only 41.5% of Marines with a documented outpatient substance abuse disorder received honorable or general under honorable discharges.

Marines with outpatient substance abuse diagnoses were less than half as likely to receive honorable or under honorable conditions discharges and were more than seven times as likely to receive an OTH discharge as those without.

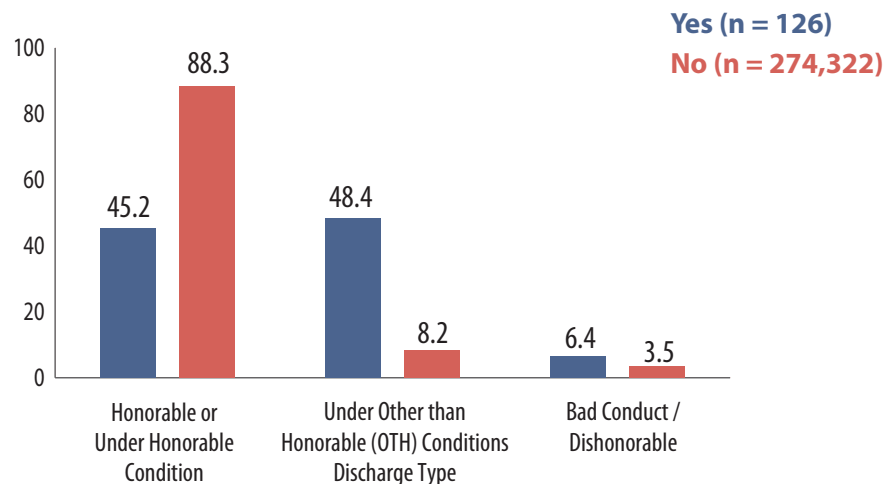
Discharge Type by Substance Abuse—Outpatient



Only 45.2% of Marines with a documented inpatient substance abuse disorder received honorable or general under honorable discharges.

Marines with inpatient substance abuse diagnoses were about half as likely to receive honorable or under honorable conditions discharges and were almost six times as likely to receive an OTH discharge as those without. Marines with inpatient substance abuse diagnoses were also much more likely to receive bad conduct or dishonorable discharges.

Discharge Type by Substance Abuse—Inpatient

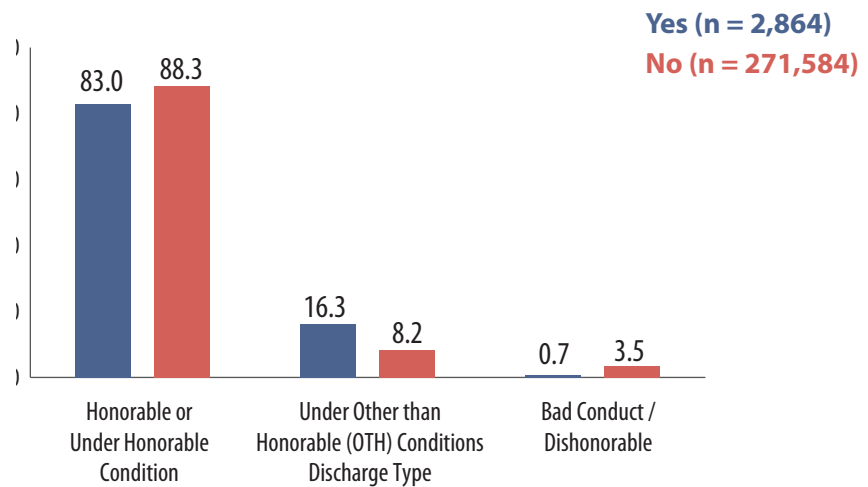


Appendix C: Comparisons Across Discharge Types

Marines

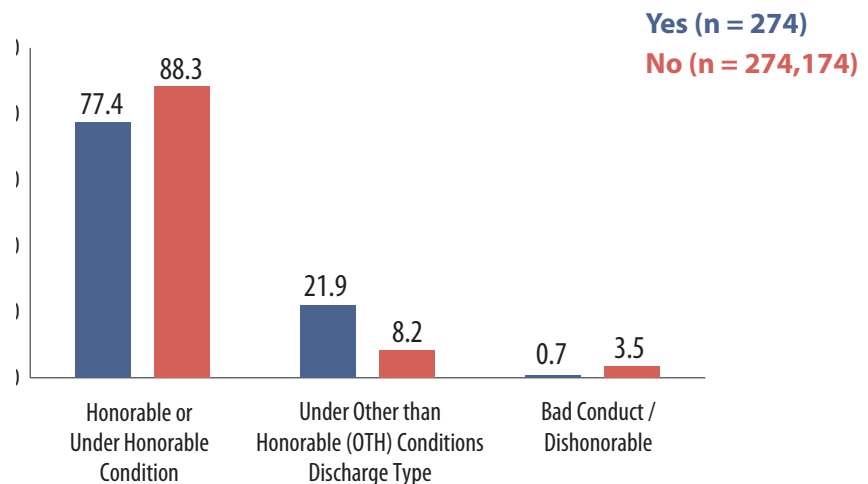
Marines with an outpatient depressive disorder diagnosis were less likely to receive honorable discharges, about twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient depressive disorder diagnosis.

Discharge Type by Depressive–Outpatient



Marines with an inpatient depressive disorder diagnosis were less likely to receive honorable discharges, more than two and half times as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient depressive disorder diagnosis.

Discharge Type by Depressive–Inpatient

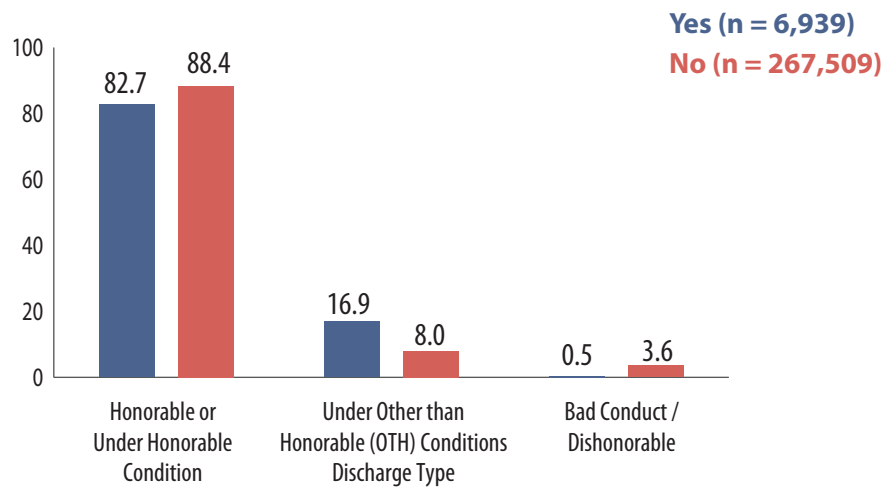


Appendix C: Comparisons Across Discharge Types

Marines

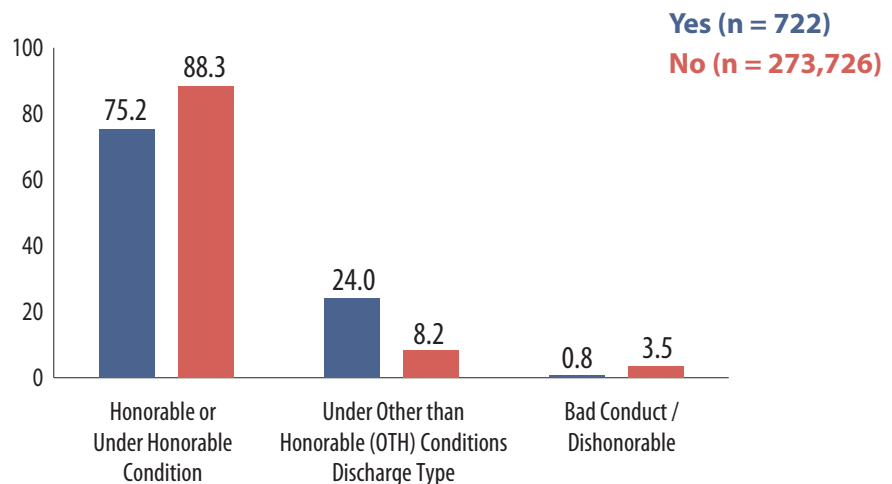
Marines with an outpatient mental health disorder diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient mental health disorder diagnosis.

Discharge Type by Mental Health—Outpatient



Marines with an inpatient mental health disorder diagnosis were less likely to receive honorable discharges, nearly three times as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient mental health disorder diagnosis.

Discharge Type by Mental Health—Inpatient



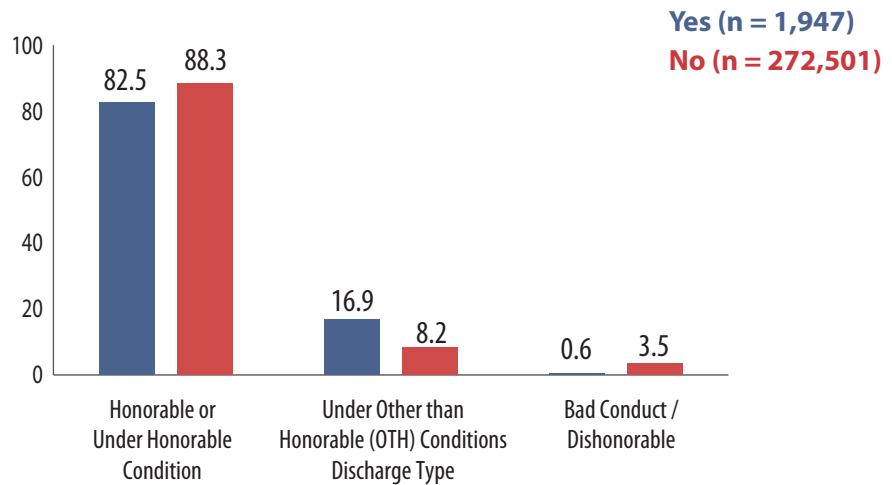
Nearly one quarter of Marines with inpatient mental health diagnoses did not receive honorable or under honorable conditions discharges.

Appendix C:
Comparisons Across
Discharge Types

Marines

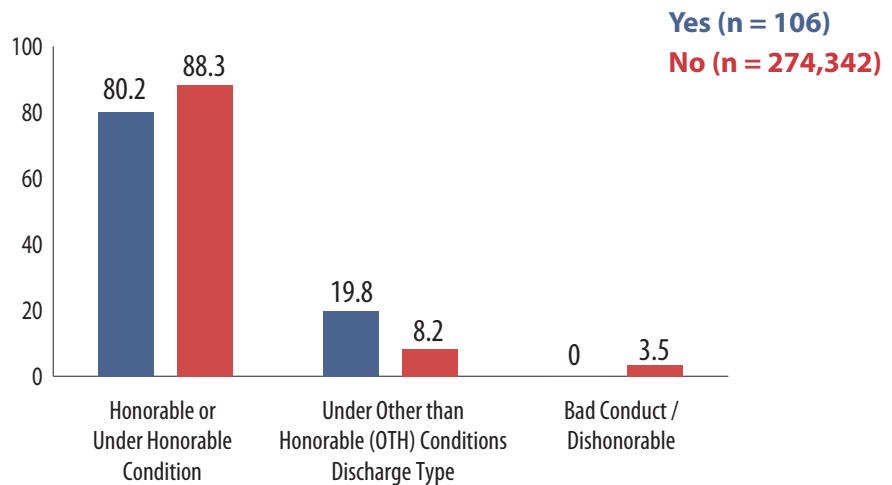
Marines with an outpatient anxiety disorder diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an outpatient anxiety disorder diagnosis.

Discharge Type by Anxiety–Outpatient



Discharge Type by Anxiety–Inpatient

Marines with an inpatient anxiety disorder diagnosis were less likely to receive honorable discharges, more than twice as likely to receive OTH discharges, and much less likely to receive dishonorable discharges than those who did not have an inpatient anxiety disorder diagnosis.

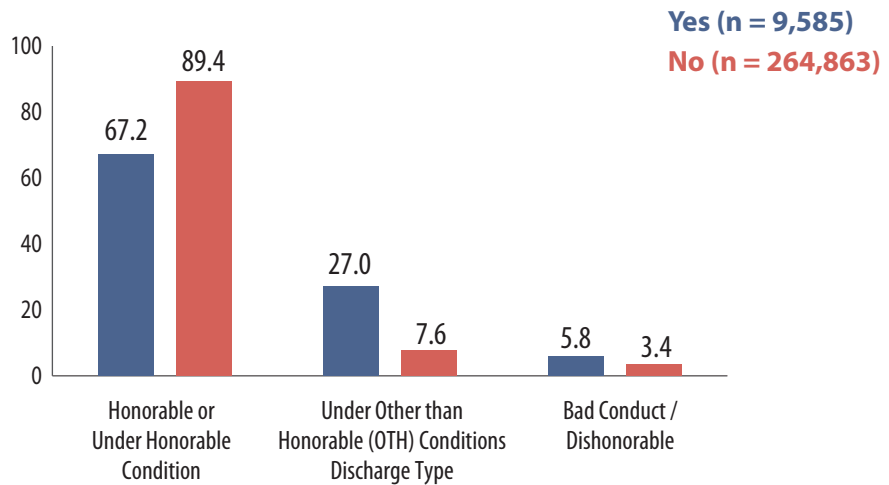


Appendix C:
Comparisons Across
Discharge Types

Marines

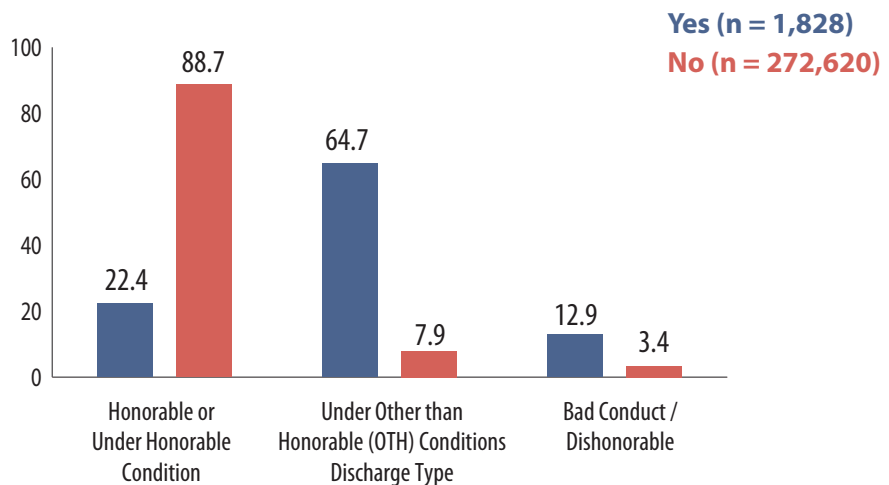
Marines with any crime documented by military police were more than three and a half times as likely to receive OTH discharges, and more likely to receive dishonorable discharges, than those without.

Discharge Type by Any Crime



Discharge Type by Drug Crime

Less than one quarter of Marines with a documented drug crime received honorable or general under honorable discharges. Marines with documented drug crimes were more than eight times as likely to receive an OTH discharge and almost four times more likely to receive a dishonorable discharge than those without.

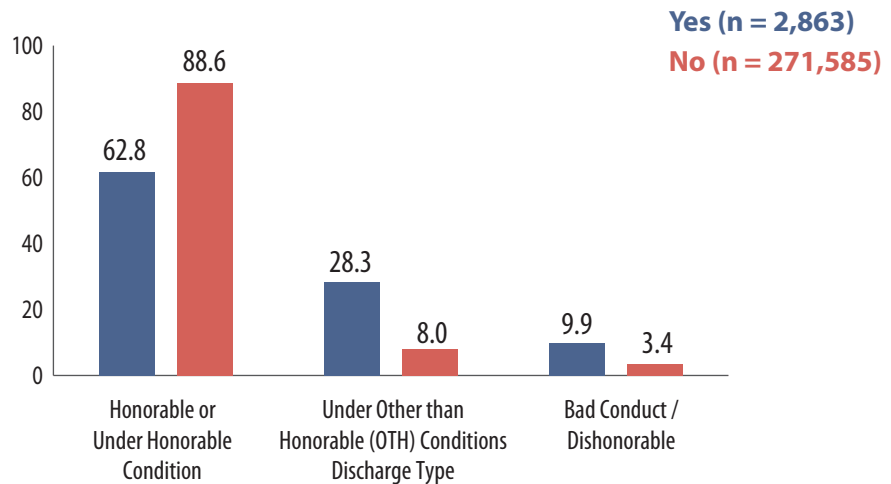


Appendix C:
Comparisons Across
Discharge Types

Marines

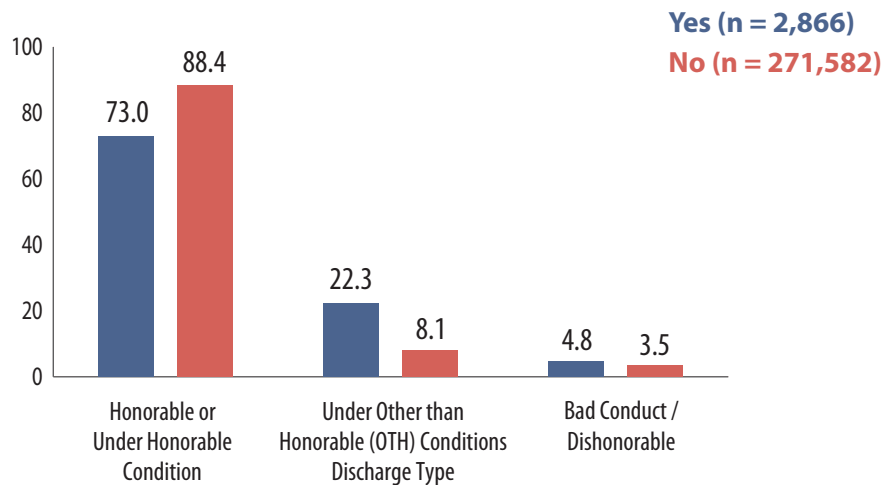
Marines with documented property crimes were more than three and a half times as likely to receive an OTH discharge and almost three times more likely to receive a dishonorable discharge than those without.

Discharge Type by Property Crime



Marines with documented violent crimes were 2.75x as likely to receive an OTH discharge and more likely to receive a dishonorable discharge than those without.

Discharge Type by Violent Crime



Appendix C:
Comparisons Across
Discharge Types

Marines

