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Robert G. Moering

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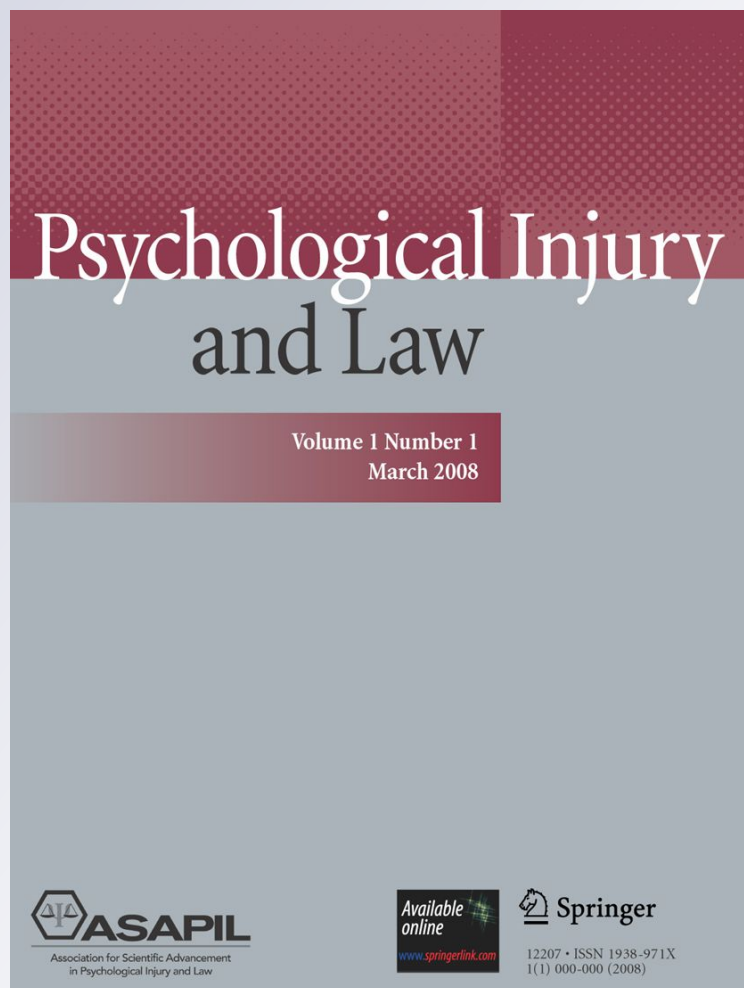
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Military Service Records: Searching for the Truth

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Abstract In conducting Compensation and Pension (C&P) examinations, one of the most significant sources of evidence supporting a veteran's claim for service connection are found in the veteran's service medical records and service personnel records. Although specific numbers are unknown, a majority of mental health providers who conduct C&P examinations are not veterans and have limited knowledge and understanding of the records they are being asked to review. In cases of an initial posttraumatic stress disorder (PTSD) examination, the Federal Register requires C&P examiners to determine if the veteran's claim is consistent with the places, types, and circumstances of the veteran's service. This article reviews specific data within personnel records to help verify those elements. Additionally, perhaps one of the most difficult types of evaluations faced by any C&P examiner is a PTSD claim for personal assault (e.g., military sexual trauma). This article reviews the types of information within the records to help identify specific "Markers" associated with personal trauma.

Keywords PTSD · Disability examinations · Forensic psychology · Third party information · Military psychology · Military records

Compensation and Pension (C&P) examinations are forensic evaluations that require not only a comprehensive psychological evaluation but also a thorough review of all available records. In most cases when a veteran is seen for an initial psychiatric evaluation (i.e., posttraumatic stress disorder (PTSD) or other mental health condition), the examiner is required to provide a medical opinion discussing the nexus, if any, to the veteran's military service. Examiners are asked to opine if the current mental health condition is a result of military service or if that condition is the same as the condition noted within the veteran's service medical records. As such, reviewing a veteran's Veterans Affairs (VA) Claims File (C-file) becomes one of the most significant sources of evidence supporting (or refuting) a veteran's claim for service connection disability benefits. C-file records usually contain service medical records and frequently contain service personnel records (especially in cases where PTSD is the claimed condition). Having a thorough understanding of those records and knowing what information may be gleaned from them becomes fundamental in the ability of the examining provider to answer the associated opinion (i.e., is the condition a result of military service or is it the same as the condition seen while in the military).

Examiner Training and Certification

According to the Disability Examination Management Office (DEMO), as of January 1, 2008, the policy of the Veterans Health Administration (VHA) requires all clinicians designated to perform disability examinations must become certified by DEMO prior to conducting C&P examinations (Department of Veterans Affairs, 2008). Certification is obtained by completing specific web-based training modules and passing the associated post-tests offered through the Talent Management System (<https://www>.

This article and the recommendations or opinions stated herein should in no way be construed to reflect the opinions or beliefs of the US Department of Veterans Affairs. The opinions expressed in this article are the authors' alone.

R. G. Moering (✉)
Department of Veterans Affairs, Veterans Health Administration,
Compensation & Pension Service,
James A. Haley VA Medical Center,
13000 Bruce B Downs Blvd,
Tampa, FL 33613, USA
e-mail: robert.moering@va.gov

tms.va.gov). There are five courses specific to mental health providers in order to conduct the associated specialty examination.

- Initial PTSD
- Review PTSD
- Initial mental disorders
- Review mental disorders
- Traumatic brain injury (TBI)¹

According to the VA's Office of Inspector General (Department of Veterans Affairs, 2008), C&P examination reports vary in performance and quality of examinations between the various Veteran Integrated Service Networks. Given most C&P examiners take a clinical approach, the VHA and the Veterans Benefit Administration (VBA) identified the need to have all providers undergo specialized training to ensure they have an understanding of the C&P process, requirements of the specific examinations, and understanding of the ramifications of their examinations. The VHA and VBA established the need for a training and certification program for all clinicians performing C&P examinations.

Neither the VHA nor the VBA require or offer any type of training with regards to one of the most critical aspects of any forensic psychological examination, reviewing military records contained within the veteran's claims file (C-file). While C&P examiners are unlikely to have difficulty with reviewing or understanding various types of physical health or mental health records, service personnel records are more likely to be misunderstood and subsequently ignored by examiners.

C&P providers do not get training on how to read and understand personnel records and subsequently are prone to taking the veteran "at their word" for details related to military service (e.g., "Special Forces" and "Combat Veteran"). While this approach is useful in fostering a therapeutic alliance and giving the patient the benefit of the doubt, this approach is inappropriate in the forensic setting as it diminishes the examiner's ability to recognize when he or she is being manipulated (Ruff, 2009). C&P examiners should not identify themselves as being the "helpful clinician," rather they should identify themselves as being independent, objective evaluators (see Greenberg & Shuman, 1997 for the distinction between clinical and forensic approaches to psycholegal questions). Although C&P examiners will evaluate both enlisted and officer veterans, the focus of this article will be on enlisted records. However, much of what is offered in this article is applicable to both the enlisted and officer ranks.

¹ Within the mental health field, TBI examinations are completed by psychiatrist or other physician. However, psychologists should be aware of the content within the TBI templates, because they are often asked to help answer questions relating to cognitive deficits associated with a TBI.

Service Personnel Records

The first place to start a thorough examination of Service Personnel Records is the DD Form 214, the overall summary of a veteran's military service. The DD Form 214 lists the veteran's primary and secondary Military Occupational Specialty (MOS), military decorations and awards, type of discharge, last unit of assignment, dates of service (with total prior active service time annotated), total foreign and/or sea service, and military education and training completed.

There are more than 800 different types of jobs available in the various branches of the US Armed Forces. Enlisted jobs in the Army and Marines are known as MOS. Enlisted jobs in the Air Force are known as Air Force Specialty Codes (AFSC) and the term for enlisted jobs in the Navy and Coast Guard is "Rating."

In most cases, the MOS is easily identified on the DD Form 214 as an alphanumeric identifier (e.g., 11B20) and is usually followed by the MOS label (e.g., infantryman); however, DD Form 214s for veterans who separated or retired from the Navy often list the alphanumeric identifier without further explanation (e.g., BM000 or EM000). In these cases, looking at the schooling completed by the veteran may help identify the specific job (e.g., attended electronics school). Refer to Appendix A for a list of links outlining MOS codes and job descriptions.

Upon separation or retirement from the military, each individual is assigned a specific type of discharge identifying the character (nature) of their service. The character of service ranges from honorable to dishonorable. There are five types of military discharges: honorable, general, other than honorable, bad conduct, and dishonorable. An honorable discharge indicates the service member completed his or her duty with admirable personal and professional conduct. A general discharge (under honorable conditions), indicates the service member's performance was satisfactory but they failed to meet all expectations of conduct for military members. To receive a general discharge from the military, there has to be some form of nonjudicial punishment to correct unacceptable military behavior or the service member completed their service with less than honorable circumstances and had some conditions such as an illness, injury, or psychiatric condition (e.g., substance abuse, personality disorders, or other pre-existing axis I conditions). The other than honorable discharge occur when a military member is being discharged for misconduct (e.g., multiple Article 15s) or security reasons (e.g., unable to obtain security clearance). A bad conduct discharge (BCD) is a punishment for a military crime. The BCD is only by an approved sentence of a general or a special court-martial. VA benefits are generally unavailable to veterans with a bad conduct discharge. The most severe punitive discharge is the dishonorable discharge. The dishonorable discharge may only be assigned by a general court-martial and is appropriate

for serious offenses (i.e., felony convictions) calling for dishonorable separation as part of the punishment. Like a convicted felon, veterans with a dishonorable discharge do not receive many privileges (e.g., possession of firearms and voting rights) and are generally unable to receive VA benefits.

Performance Reports

Each of the services has their own version of enlisted and Officer Performance Reports (EPR). In each case, the performance reports cover a specified time period, usually no longer than 1 year, and outlines the performance of a service member as well as their primary duties during the specified rating period. Performance reports generally show major accomplishments completed during the specified rating period. For example, a sergeant who was selected as the noncommissioned officer of the quarter is likely to have a comment to this regard or an individual who had significant job performance issues is likely to have one or more comments related to the decline in performance. Additionally, a veteran's participation in some event, which might later be utilized as a PTSD-related stressor (e.g., recovery at an aircraft crash site or assisting with preventing additional death and serious injury at a motor vehicle accident), are more likely be shown as major accomplishments identified in the performance reports (Fig. 1). Additionally, each

performance report covers various areas such as military bearing, conduct, and job performance.

In some cases, the EPRs provide the necessary verification of combat- or noncombat-related stressors when other documentation fails to provide such corroboration. For example, I recently had the opportunity to evaluate a US Air Force veteran whose DD Form 214 showed his AFSC to be "Photographer." There were no combat-related awards listed (e.g., Combat Action Medal, Commendation Medal with "V" Device). In fact, there were no indications on the veteran's DD Form 214 that the veteran served in a combat zone or hostile fire area (e.g., no foreign service noted, no Iraq or Afghanistan Campaign Medal, or other combat-specific awards or notations). Without further documentation, any reasonable C&P examiner would opine there were no indications in the veteran's records to support exposure to hostile military or terrorist actions and this veteran would likely have been denied service-connected benefits secondary to a claim of combat exposure and related disability. However, this veteran's personnel records contained copies of his EPRs (Fig. 2), which contained multiple examples of combat exposure not documented anywhere else. For instance, the location of the unit assigned was "FOB Warrior, Iraq." He was noted to have "Supported 120+ combat (missions) outside-the-wire—efforts resulted in 20 biometric matches against

IV. PROMOTION RECOMMENDATION (Compare this ratee with others of the same grade and AFS)				
Unsatisfactory performer. NOT RECOMMENDED FOR PROMOTION.	Marginal performer - should be monitored closely for increased responsibility. NOT RECOMMENDED FOR PROMOTION AT THIS TIME.	Satisfactory performer. CONSIDER FOR PROMOTION.	Excellent performer. READY FOR PROMOTION.	Exceptional performer. READY FOR IMMEDIATE PROMOTION.
RATER'S RECOMMENDATION 1	2	3	4	5
INDORSER'S RECOMMENDATION 1	2	3	4	5
V. RATER'S COMMENTS _____ performed all his assigned duties in an outstanding manner. _____ dedication to duty, professionalism, personal pride and self-motivation led to his selection as SrA Below-the-Zone in Mar 90. In Feb 90, his quick thinking coupled with his rendering first aid at an off-base major accident scene, were key factors in the prevention of any further injuries or loss of life. _____ was selected as Airman of the Quarter for the First Quarter of 1990 at the 38th Security Police Squadron, Wieschheim AS, GE. Cl re				
Performance feedback was accomplished consistent with the direction in AFR 39-62 (if not accomplished, state the reason).				
PERFORMANCE FEEDBACK WAS ACCOMPLISHED TO RATEE PER 1 MAY 89, AFR 39-62.				
NAME, GRADE, BRANCH OF SERVICE, ORGANIZATION,		DUTY TITLE		DATE
		Law Enforcement Supervisor		25 Jan 91
		SIGNATURE		

Fig. 1 Performance reports. Note: The text in this EPR shows the veteran rendered aid during a major accident, provided first aid, and prevented further loss of life. As such, this statement is sufficient evidence of exposure to an event that might qualify for DSM-IV diagnostic criteria A-1

ENLISTED PERFORMANCE REPORT (AB thru TSgt)			
I. RATEE IDENTIFICATION DATA (Refer to AFI 36-2406 for instructions on completing this form)			
1. NAME, GRADE, BR OF SVC, ORGN, COMMAND AND LOCATION	2. SSN	3. GRADE	4. DAFSC
		TSgt	3N074
5. ORGANIZATION, COMMAND, LOCATION, AND COMPONENT		6. PAS CODE	7. SRID
437th Airlift Wing, Charleston AFB, SC (AMC), w/duty at Combined Joint Task Force (CJTF) Troy, FOB Warrior, Iraq (AD)		CL1LFCWP	1LPCE
8. PERIOD OF REPORT		9. NO. DAYS SUPERVISION	10. REASON FOR REPORT
From: 1 Apr 2008 Thru: 15 Nov 2008		229	CRO
II. JOB DESCRIPTION			
1. DUTY TITLE		2. SIGNIFICANT ADDITIONAL DUTY(S)	
Photographer, Weapons Intelligence Team (WIT) 11 Multi-National Division-North (MND-N)			
3. KEY DUTIES, TASKS, AND RESPONSIBILITIES (Limit text to 4 lines)			
<ul style="list-style-type: none"> - Provides counter-Improvised Explosive Device (IED) collection/Analysis to Multi-Nat'l Corps-Iraq (MNC-I) - Conducts post-mission exploitation/analysis of IED systems, components, enemy tactics and IED cell networks - Oversees collection/submission of Counter-IED (C-IED) biometric evidence for exploitation & compiles intel - Maintains extensive database of anti-Iraqi Forces (AIF) IED activity, tactics, techniques, procedures (TTPs) 			
III. PERFORMANCE ASSESSMENT			
1. PRIMARY/ADDITIONAL DUTIES (For SSgt/TSgt also consider Supervisory, Leadership and Technical Abilities)			
Consider Adapting, Learning, Quality, Timeliness, Professional Growth and Communication Skills (Limit text to 4 lines)			
<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Clearly Exceeds			
<ul style="list-style-type: none"> - Coordinated 30 analytical reports from IED events--ensured 100% Intel captured to study new enemy TTPs - Supported 120+ combat msns outside-the-wire--efforts resulted in 20 biometric matches against bomb makers - Meticulously analyzed & tracked 650 bags of evidence--enabled timely transport to Baghdad for exploitation - Personally responded to 70 combat ops--IEDs, cache, and post blast msns--resulted in critical actionable intel 			
2. STANDARDS, CONDUCT, CHARACTER & MILITARY BEARING (For SSgt/TSgt also consider Enforcement of Standards and Customs & Courtesies)			
Consider Dress & Appearance, Personal/Professional Conduct On/Off Duty (Limit text to 2 lines)			
<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Clearly Exceeds			
<ul style="list-style-type: none"> - Great leader--stepped-up during NCOIC absence; performed duties admirably--transition completely seamless - Maintained 100% accountability of \$3M worth of investigative equipment--used to exploit forensic evidence 			
3. FITNESS (Maintains Air Force Physical Fitness Standards) (For referrals, limit text to 1 line)			
<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Exempt 365-Day Deployment			
4. TRAINING REQUIREMENTS (For SSgt/TSgt also consider PME, Off-duty Education, Technical Growth, Upgrade Training)			
Consider Upgrade, Ancillary, OJT and Readiness (Limit text to 2 lines)			
<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input type="checkbox"/> Above Average <input checked="" type="checkbox"/> Clearly Exceeds			
<ul style="list-style-type: none"> - Completed six wks intensive Weapon's Intelligence/Combat Skills Trng--mastered/honed skills for deployment - Aced over 175 hrs in specialized pre-deployment trng preparing to support hazardous Counter-IED msn in Iraq 			
5. TEAMWORK/FOLLOWERSHIP (For SSgt/TSgt also consider Leadership, Team Accomplishments, Recognition/Reward Others)			
Consider Team Building, Support of Team, Followership (Limit text to 2 lines)			
<input type="checkbox"/> Does Not Meet <input type="checkbox"/> Meets <input checked="" type="checkbox"/> Above Average <input type="checkbox"/> Clearly Exceeds			
<ul style="list-style-type: none"> - Volunteered to teach high-value SSE class--provided vital photographic techniques--over 70 personnel trained - Team player--provided 100 briefings to brigade decision makers--information utilized to build target packages 			
6. OTHER COMMENTS			
Consider Promotion, Future Duty/Assignment/Education Recommendations and Safety, Security & Human Relations (Limit text to 2 lines)			
<ul style="list-style-type: none"> - Processed over 13,000 pieces of forensic evidence--200 latent fingerprints developed--30 insurgents detained - Model of excellence--directly responsible for success of team support to C-IED operations--promote soonest! 			
IV. RATER INFORMATION			
NAME, GRADE, BR OF SVC, ORGN, COMMAND AND LOCATION		DUTY TITLE	DATE
USAF		Operations Superintendent, MND-N WIT	26 Jan 2009
		SSN	SIGNATURE

AF FORM 910, 20080618

PREVIOUS EDITIONS ARE OBSOLETE

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974.

Fig. 2 Enlisted Performance Report for a non-combat specialty indicating combat-related stressors sufficient to meet the requirements established in the Federal Register

bomb makers” and “Personally responded to 70 combat (operations)—IEDs, cache, and post blast (missions)—resulted in critical actionable intel.”

Perhaps the biggest concerns of any forensic evaluator conducting C&P examinations is to make a type I error (i.e., to say a veteran does not have a service-connected condition

when, in fact, they do have a service-connected condition). In a case such as this veteran, the probability of a type I error increases significantly, not only with the examining provider, but also within the VA Regional Office where service-connected decisions are generated.

Service Personnel Records provided in the veteran's C-file oftentimes only contains a multipage record (Enlisted Qualification Record or EQR) that provides a basic summary of a veteran's service. While this summary may be helpful in determining some of background information related to the veteran's military service, the summary form lacks any detail which might help support (or refute) a veteran's claim. For example, the DD Form 214 and the EQR form may indicate service in "Southwest Asia" and the awarding of the Southwest Asia Service Medal (SWASM), but neither of these forms indicates the location of the service within Southwest Asia. According to the Department of Defense, SWASM was established by Executive Order 12754, 12 March 1991. It is awarded to all members of the Armed Forces of the USA serving in Southwest Asia and contiguous waters or airspace there over, on or after 2 August 1990 to 30 November 1995. As such, an individual who had service within the borders of Saudi Arabia or aboard ship in the Red Sea, as well as service within the borders of certain countries (e.g., Oman, Qatar, and Turkey), are authorized to wear the same medal as those service personnel who were engaged in direct combat operations inside of Iraq and Kuwait.

In other words, a veteran who is authorized to wear the SWASM may or may not have had any exposure to combat or any exposure to a combat environment. In cases where a veteran is claiming PTSD as a result of "fear of hostile military or terrorist activity" and the SWASM is used as "proof" of exposure, neither the DD Form 214 nor EQR form adequately answers the basic question from the Federal Register (i.e., consistent with the places, types, and circumstances of the veteran's service). A "cook" on the battlefield in Kuwait and a "cook" on the USS Enterprise both earn the SWASM, but to identify their experiences as similar might result in a type II error (i.e., identifying a veteran as having PTSD when in fact they do not).

In all cases where neither the DD Form 214 or the EQR show direct combat operations (i.e., combat-related medals, badges, or ribbons), it is my opinion that the VA Regional Office should obtain and provide copies of the veteran's performance reports. These records are more likely to contain information to support (or refute) a veteran's claim as well as answer the basic question whether or not the veteran's claim is consistent with the places, types, and circumstances of their military service. The EQR is broken down into multiple sections to assist the examiner in determining facts specific to a veteran's claim. These details can be extremely helpful especially in cases involving personal trauma (i.e., noncombat-related claims) as well as combat-related

traumas. The EQR has a record of past assignments, which includes the effective date of the assignment, primary MOS, principle duty, and specific organization assigned. In some cases, Vietnam veterans have been noted to make claims of working in one MOS while their DD Form 214 shows primary duties in another MOS during the period they were stationed in Vietnam. The EQR identifies the primary assignment, which may or may not support the veteran's claim (Fig. 3).

At times, there have been discrepancies between what is listed on the DD Form 214 and what the veteran says. The EQR contains a section listing awards and decorations, which can be reviewed to help clear up any noted discrepancies. If the award is listed in the EQR, then the benefit of the doubt goes to the veteran; however, there are rare exceptions. Several years ago when reviewing a C-file, there were two sets of EQRs within the C-file. The Regional Office conceded the veteran's claim for a combat stressor based on the copy of the EQR submitted by the veteran that showed he was awarded the "Army Commendation Medal with V" device. When the other copy of the same form was reviewed (the original copy obtained by the Regional Office), the form did not have the medal listed under the awards and decorations section. Further investigation of the C-file helped clarify the discrepancy. The veteran submitted a multipaged statement in support of his claim. His statement was handwritten. The writing in the multipaged statement was very consistent with the handwritten addition of the "Army Commendation Medal with V" device on the EQR. Additionally, all of the awards and decorations identified on the EQR were typed into the form with the exception of the added award showing valor in combat and the date of the awards were listed in order by date of award except the Army Commendation with "V" device which was listed at the bottom of the list and dated after several other awards listed above. While these forms were often handwritten and just as frequently the forms contained typed and handwritten entries, the discrepancies noted between the two forms, nearly identical handwriting, and lack of the award being listed on the DD Form 214 was enough to raise suspicion. The discrepancies were identified within the report and left for the Regional Office to manage.

Promotions and reductions in grade are noted on the EQR. In cases where a reduction in grade is noted, the C&P examiner should query the veteran why they were reduced in rank. In some cases, the promotion may have been a "temporary battle-field promotion" and the reduction in grade was an inevitable process and not indicative of a disciplinary action, but in most cases the reduction is likely to be a result of disciplinary action against the veteran (e.g., Article 15 or court-martial). In terms of listing units of assignment, when a veteran is unaware of the exact date of a personal trauma, but they are able to recall being stationed at a specific base or with a specific military unit, the EQR

RECORD OF ASSIGNMENTS						
EFFECTIVE DATE	DUTY MOS	PRINCIPAL DUTY	ORGANIZATION AND STATION OR THEATER	BP CONDUCT Yr/Mo	EP Yr/Mo	REASON
9Sep:63	006.00	Basic Combat Tng	CoB2dEnistTngRegtUSATC Ft Gordon Ga	Exc	Exc	PCS
16Nov:63	006.00	Adv Indiv Tng	CoC1En1TngRegtEngrUSATC Ft LW Mo	Exc	Exc	PCS
2Feb:64	121.10	Combat Engr	Co A 8th Engr Bn USARPAC	Exc	Exc	SEP
6Feb:65	121.10	Combat Engr	Co A 8th Engr Bn USARPAC	Exc	Exc	PCS
28Mar:65	006.00	Student Adv Indiv Tng	Stu Co F USAFSCS Fort Gordon Ga	Exc	Exc	PCS
23Apr:65	31J20	TT Equipment Rpmn	CoC11stSigEnistAD Fort Hood Texas	Exc	Exc	CR
3Nov:65	31J20	TT Equipment Rpmn	542dSigCo(FS&M) Fort Hood Texas	Good	Exc	CR
23Nov:65	31J20	TT Equipment Rpmn	542dSigCo(FS&M) Fort Hood Texas	Exc	Exc	CR
28Feb:66	31J20	TT Equipment Rpmn	542dSigCo(FS&M) Fort Hood Texas	Good	Exc	PCS
29Apr:66	31J20	TT Equipment Rpmn	CoC11stSigEnistAD Fort Hood Texas	Exc	Exc	PCS
9Jun:67	31J20	TT Equipment Rpmn	Co A 69th Sig Bn USARPAC	Exc	Exc	PCS
2Aug:68	31J20	TT Equipment Rpmn	HPG CMS Bde Fort Lee Va	Exc	Exc	PCS
27Dec:68	31J20	TT Equipment Rpmn	416th Signal Co Fort Lee Va	Exc	Exc	PCS
17Feb:69	-	Casual	Enroute to USASTRATCOM-EUR (Italy)	-	-	-
10Mar:69	31J20	TT Equipment Rpmn	USASTRATCOM Facility Leghorn (CC WDR3AA)	-	-	-
-	-	-	CC Leghorn, Italy	-	-	-
-	-	-	HQ USASTRATCOM-EUR Sig Gp/Med (CC W1XM AA 00) Leghorn, Italy	Exc	Exc	GOM
22Sep:69	31J20	TT Equip Rpmn	HQ USASTRATCOM-EurSigGp/Med(CC W1XMAA 02) Leghorn, Italy	-	-	-
-	-	-	USASTRATCOM Facility Leghorn (CC WDR3AA 02) Leghorn, Italy	Exc	Exc	PCS
19Dec:69	31J20	TT Equip Rpmn	USASTRATCOM-EUR SIGNAL OPERATIONS CO (W1XM A1 B) (RDSG)	Exc	Exc	PCS
23Jun:71	31J20	TT Equip rpmn	Enroute to Comps	-	-	-
14Feb:72	-	Casual	Enroute to Comps	-	-	-
27Aug:72	31B20	Sr Fld Rad Mech	C Co 2d Bn 50th Inf 2AD Ft Hood, Tx	Exc	Exc	PCS
3AUG:72	-	CASUAL	ENROUTE TO FT. DETRICK	-	-	-
Aug:72	31J20	TT Equip Rpmn	USASTRATCOM ECTC Ft Detrick MD	7212	7310	REG
731101	31J20	TT Equip Rpmn	USACC-ECTC, Fort Detrick, MD	-	-	GDY
740301	31J20	Sr TT Equip Rpmn	USACC-ECTC, Fort Detrick, MD	-	-	-

3

Fig. 3 Enlisted Qualification Record. Note: The first column provides the timeline for each of the listed events. The veteran's principle duty assignment is listed in the third column. The principle duty assignment may be different from the Duty MOS identified in the second column.

helps narrow down the timeframe of reported trauma. Identifying the time frame of a traumatic event helps to compare data across multiple records for markers associated with a traumatic event (see below).

Certain military awards are always associated with combat, while other awards may or may not be associated with combat service. Some military awards are easy to associate with combat service (e.g., Medal of Honor, Silver Star, and the Purple Heart); other awards are often either missed as being combat-related or may be awarded for either combat or noncombat service. For example, the Distinguished Flying Cross may be awarded for "heroism or extraordinary achievement while participating in an aerial flight." As such, the award is not necessarily a "combat award," but it does reflect significant accomplishment by an individual and, in my experience, is usually associated with combat operations. Additionally, typical noncombat awards may become "combat" related by the addition of the "V" device, which stands for "Valor" (e.g., Army Commendation Medal with "V"). In addition, each of the services offers other medals, badges, or ribbons indicating combat experiences (e.g., Combat Medic Badge, Combat Action Ribbon, Combat Action Medal, and

This difference is typically noted when a veteran has one MOS but performs the duties of another MOS. The fourth column provides the unit of assignment and location of duty. USARPAC (United States Army Pacific) was frequently used to identify service in Vietnam

Combat Infantry Badge). Any veteran claiming to have engaged in direct combat operations, but does not have one of the recognized combat awards, should be questioned in terms of the accuracy and honesty of their claimed stressor given the VA Office of Inspector General's (OIG) Annual Report to Congress in 2007. According to the [OIG \(2007\)](#), there were a number of substantiated cases of malingered PTSD cases where an individual claimed combat-related PTSD, but there were no records substantiating the claim.

Claims of Unavailable Records

Because the VA relies heavily on documentation of stressors (combat and noncombat) to establish service-connected disability for PTSD, military personnel records are uniquely important towards supporting or discrediting the veteran's claim. Unfortunately, some veterans claim they participated in covert missions, "Black Ops," or other classified mission without any evidence in the personnel or medical records. One of the common explanations of missing objective date has been the claim of missing records, classified records,

and “My records were destroyed in a fire.” Given the financial benefit as well as potential medical benefits associated with a service-connected disability, it is not surprising some veterans attempt to malingering PTSD and claim their records were destroyed, classified, or otherwise missing.

Veterans awarded service connection for PTSD may be eligible for lifelong, tax-free compensation ranging from approximately \$1,500–35,000 per year (Veterans Compensation Benefits Rate Tables—Effective 12/1/09). According to the OIG (2005), a survey of 2,100 veterans who were service connected for PTSD at a rate of at least 50%, approximately 25% of those veterans were misdiagnosed and not entitled to benefits. The financial implication of erroneously awarding service-connected benefits was estimated at \$19.8 billion over the lifetime of all veterans service connected for PTSD. Frueh et al. (2005) concluded 41% of veterans failed to have objective data within archival records to support the claims. Of the records reviewed, 5% of the veterans had never served in Vietnam.

Destroyed Personnel Records (1973 Fire)

Although many veterans claim their service records were destroyed in the July 1973 fire at the National Personnel Records Center in Missouri, research has indicated that the only records affected by the fire were US Army personnel who were discharged between November 1912 and January 1960 and United States Air Force (USAF) personnel who were discharged from September 1947 to January 1964 (Stender & Walker, 1974). In addition, research further suggests that 94% of those records have been reconstructed. The fire did not affect records of military personnel serving in combat in Vietnam (McNally, 2003).

“Special Forces”

While veterans may claim that their “Special Forces” service was intentionally left off of their DD Form 214 in order to protect “national security” or their service personnel records were “falsified” to conceal their participation with the Special Forces Community, there have been no known instances where the government has falsified military personnel records to conceal participation in Special Forces (Burkett & Whitley, 1998 and Burkett & Frueh, 2002). While specific operations have been classified, identifying an individual as being a member of a Special Forces or documenting the training received to become Special Forces has never been classified information. Any veteran who has been a member of one of the military’s elite fighting forces has gone through extensive training.

In qualifying for Special Forces in any branch of the military, candidates are put through some of the most mentally

challenging and physically demanding training in the world. While each of the branches lists basic physical fitness requirements (e.g., 1,000-m swim with fins in under 20 min, 60 sit-ups within 2 min, 70 push-ups within 2 min, and 4-mile run within 30 min), to be competitive for selection into the basic qualifying courses candidates usually exceed posted minimum requirements. Each branch differs in the process of becoming a member of Special Forces, but they all share the requirement for extensive and very specialized training. Understanding how to identify service-specific specialized training can help the C&P examiner to include deserving veterans whose special service would not be easily recognized as well as to uncover fraudulent claims for individuals attempting to misuse the C&P systems.

Army

Soldiers attend an initial training course (Special Forces Assessment and Selection; SFAS) for upwards of 30 days where they are trained in a number of subjects (e.g., leadership, tactical skills, physical fitness, ability to cope with stress). Every prospective Special Forces Soldier must successfully complete the SFAS course. Upon completion of SFAS, soldiers go through three phases of training. Phase 1 training consists of courses such as advanced map reading, land navigation, patrolling, special operations tactics, and survival air operations. Upon completion of phase 1, the soldier begins phase 2, which is known as the MOS qualification phase. In this phase, the soldier will be assigned to one of the subspecialties within Special Forces. The different MOS classifications include: SF detachment commander, SF weapons sergeant, SF engineer sergeant, SF medical sergeant, or SF communications sergeant. Upon completion of phase 2, each Special Forces soldier completes the Collective Training Qualification Course, which is a field training exercise that integrates both specialty and common skills training into operating detachments. In addition, all Special Forces soldiers attend either a 4- or 6-week language school where they learn one of a number of languages (e.g., Arabic, Russian, Korean, Spanish, and French) and they attend Survive, Evade, Resist, Escape (SERE) school.

Marine Corps

Marine Corps Force Reconnaissance (Force Recon) Marines are specialized in all tactical areas of warfare. Force Recon Marines train with other Special Operations forces, such as Navy SEALs, Army Special Forces, and Air Force Pararescue, in order to master all skill sets. Similar to all other occupational specialties within the Marine Corps, Force Recon trains versatile specialists rather than specialists in individual areas of combat.

Marines attend a number of training programs to become Force Recon Marines. All Force Recon Marines attend common courses to include SERE training, Combat Driver Course, Basic Airborne Course, Demolitions, Amphibious Operations, Special Operations Training Group, and High-Risk Personnel Course. If a marine chooses, he may attend additional specialized training. Training programs include such courses as Army Ranger School, Army Pathfinder Course, Jump Master School, and Scout Sniper. Force Recon Marines complete a 6-month Special Operations Training program that emphasizes “black operations.”

Navy

Before becoming Navy SEALs, candidates are put through some of the most mentally challenging and physically demanding training in the world. Basic Underwater Demolition/SEAL training (BUD/S) is designed to find and develop men of the strongest character who give everything they have to accomplish their mission and support the men on their team. Training begins at the Naval Special Warfare Preparatory School (NSWPS) lasts for 2 months. The goal of the NSWPS is to improve the candidates’ physical readiness for the rigorous activity they will face at BUD/S. For those sailors who make it through the prep school, they attend the 3-week BUD/S course where they are introduced to some of the most difficult and physically challenging training. This part of training is prepares the sailors for their first-phase training, which last for 7 weeks. First phase is the primary conditioning phase with the goal of developing the sailor in physical training, water competency, and mental tenacity while building teamwork. Those surviving the first phase enter the second phase, which last for 7 weeks. In the second phase, they begin to learn underwater skills that will separate them from other special operations forces. The third phase is 7 weeks long and is designed to teach basic weapons, demolitions, land navigation, patrolling, rappelling, marksmanship, and small-unit tactics. Once these phases have been successfully completed, each member goes through SEAL Qualification Training, which teaches the core tactical knowledge they will need to join a SEAL platoon. The training includes weapons training, small-unit tactics, land navigation, demolitions, cold weather training, medical skills, and maritime operations. Before graduating, students also attend SERE training and qualify in both static-line and freefall parachute operations.

Air Force

Air Force Special Forces are known as either Para-Jumpers (PJs) or Combat Controller Technicians (CCTs). PJs are

responsible for providing emergency and life-saving services to airmen, soldiers, and civilians in both peacetime and combat environments. When a plane goes down in the jungle or ocean, PJs are there to find and save the pilots and crew. CCTs are Federal Aviation Administration (FAA)-certified air traffic controllers and responsible for conducting all types of missions behind enemy lines while setting air fields, and calling in fire support, while working jointly with Army Special Forces, Navy SEALs, and other units.

Both PJs and CCTs attend basic courses offered through other services. These courses include Army Airborne School, Army Combat Divers School, Basic Survival School, and Army Free-Fall Parachutist School. Those who go on to become PJs attend a Special Operations Combat Medic Course and the Pararescue Recovery Specialist Course. Additionally, to become a CCT, a Combat Control Orientation Course, Combat Control Operator Course, and Combat Control School are required.

DD Form 214

Every DD Form 214 has a block to identify a veteran’s primary and secondary specialty (i.e., MOS). Currently, the Army assigns all Special Forces Soldiers a MOS field beginning with the number 18 (e.g., 18B: Special Operations Weapons Sergeant or 18D: Special Operations Medical Specialist). Prior to the designation of the “18 Field,” soldiers were given a separate identifier on their primary MOS. For example, if a soldier was an infantryman (11B40) then the “S” identifier was added to the MOS (11B40S). Force Recon Marines carry one of the following MOS identifiers 0321, 0323, 0324, and 0326. Previously, the United States Marine Corps used 8651, 8652, 8653, and 8654. Sailors are assigned Navy Enlisted Classification (Navy’s version of the MOS) of 5326 Combatant Swimmer (SEAL). Airmen in the USAF who work as PJs are assigned the AFSC (Air Force’s version of the MOS) of 1T2X1 and those who work as CCTs are assigned the AFSC of 1C2X1.

In every one of these career fields, regardless of branch of service, the extensive training these soldiers, sailors, and marines receive will be listed and easily identifiable on the members DD Form 214 as well as in their service personnel records. Even veterans who served in one of the Special Forces units during the Vietnam era would also have the training received recorded on their DD Form 214 as well as within the service personnel records.

For example, a Special Forces soldier from the Vietnam era (Fig. 4) may have courses listed on the DD Form 214 or within their service personnel records such as Pathfinder

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME		2. SEX M	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH	YEAR	MONTH	DAY
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-RA		6. GRADE, RATE OR RANK SFC	7. PAY GRADE E-7	8. DATE OF RANK	YEAR	MONTH	DAY
9. SELECTIVE SERVICE NUMBER DNA		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE DNA		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE			
12. TYPE OF SEPARATION DISCHARGE		13. STATION OR INSTALLATION AT WHICH EFFECTED FT GULICK, CZ		14. EFFECTIVE DATE YEAR 78 MONTH 09 DAY 21			
15. AUTHORITY AND REASON		16. TYPE OF CERTIFICATE ISSUED DD FORM 256-A		17. REENLISTMENT CODE			
18. CHARACTER OF SERVICE HONORABLE		19. TYPE OF CERTIFICATE ISSUED DNA		20. REENLISTMENT CODE			
21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co C, 3d Bn, 7th SFGA, Ft Gulick, CZ		22. COMMAND TO WHICH TRANSFERRED DNA		23. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR 72 MONTH 04 DAY 21			
24. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR MONTH DAY DNA		25. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) FT BRAGG, NC		26. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 72 04 21			
27. PRIMARY SPECIALTY NUMBER AND TITLE 11B4S Infantryman AWD:720801 EES: P-133		28. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		29. RECORD OF SERVICE			
30. SECONDARY SPECIALTY NUMBER AND TITLE 11C4S Indirect Fire Infantryman AWD:720421 EES:		31. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NA		32. RECORD OF SERVICE			
33. INDOCHINA OR KOREA SERVICE SINCE AUGUST 8, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Vietnam 700318-710313		34. TIME LOST (Preceding Two Yrs) NONE		35. DAYS ACCRUED LEAVE PAID NA		36. SERVICE MEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> NONE	
37. DISABILITY SEVERANCE PAY NONE		38. DISABILITY SEVERANCE PAY DIA		39. PERSONNEL SECURITY INVESTIGATION Type Top Secret		40. DATE COMPLETED 14 JUN 78	
41. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM/VSM/RVNCMw60 Dev/OS Svc Bars (2)/Prcht Bdg/ARCOM(2d OLC)/AM/BSM/CIB/Pfdr Bdg/Master Prcht Bdg/RVN Civil Act/RVN Cross of Gall/GCMDL(2d Awd 780420)							
42. REMARKS LAST REENLISTMENT BONUS PAID:UNK TOTAL AMOUNT OF BONUS RECEIVED ON OR AFTER 1 OCTOBER 1949:UNK LAST OVERSEAS ASSIGNMENT PERFORMED: PANAMA FORMAL IN SERVICE TRAINING COURSES COMPLETED ON THIS PERIOD OF SERVICE: Ft Benning, GA-Pfdr Sch-5 wks-72 Ft Bragg, NC-Jumpmaster Crs-2 wks-72 " " " " -AirMvtOps Crs-2 wks-74 " " " " -Mil Free Fall-4 wks-75 Blowing Rock, NC-Ski Sch-1 wk-72 TUSA-NCO Acad-4 wks-73 USAF SOS-USAF AGOPNS-1 wk-73 Ft Eustis, VA-Air Trans Crs-2 wks-74 USAFS-ANCOES Crs-10 wks-76 Individual requests a copy of the DD Form 214.							
43. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) SEE ITEM 8c.				44. SIGNATURE OF PERSON BEING SEPARATED			
45. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER 1LT, INF.				46. SIGNATURE OF OFFICER AUTHORIZED TO SIGN			

DD FORM 214 1 NOV 72 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. THIS IS AN IMPORTANT RECORD SAFEGUARD IT. REPORT OF SEPARATION FROM ACTIVE DUTY 1.

Fig. 4 DD Form 214. Note: MOS listed as 11C4S with the "S" signifying "Special Forces." The form also shows the award of Republic of Vietnam Civil Action Medal (RVN Civ Act), which was awarded to Special Forces members during Vietnam

School (PFDR Sch), Jumpmaster, Military Free Fall, Psychological Operations (PsyOps), Jungle Operations, and Air Movement Operations (AirMvtOps). Special Forces veterans are likely to have a number of badges, awards, or decorations that distinguishes them from non-Special Forces. For example, Army Special Forces Soldiers in

Vietnam were awarded the Vietnam Honor Medal, which was awarded by the South Vietnamese Government for assisting in the formation and organization of the Vietnamese military and who actively participated in cadre training of Vietnamese units, which was the primary goal of Army Special Forces in Vietnam (Fig. 5).

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA/SF		3. SOCIAL SECURITY NO.																																					
4. a. GRADE, RATE, OR RANK LTC		4. b. PAY GRADE O5		5. DATE OF BIRTH (YYYYMMDD) Year 0000 Month 00 Day 00																																					
7. a. PLACE OF ENTRY INTO ACTIVE DUTY RICHMOND, VA		7. b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)																																							
8. a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USAOMS WASHINGTON DC AS		8. b. STATION WHERE SEPARATED FORT GEORGE G. MEADE, MD 20755-5073																																							
9. COMMAND TO WHICH TRANSFERRED NA		10. SGLI COVERAGE		None Amount: \$ 200,000.00																																					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 18A/00 SPECIAL FORCES-14 YRS-2 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE																																							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Year(s)</th> <th>Month(s)</th> <th>Day(s)</th> </tr> </thead> <tbody> <tr> <td>a. Date entered AD This Period</td> <td>1981</td> <td>05</td> <td>07</td> </tr> <tr> <td>b. Separation Date This Period</td> <td>1995</td> <td>06</td> <td>30</td> </tr> <tr> <td>c. Net Active Service This Period</td> <td>0014</td> <td>01</td> <td>24</td> </tr> <tr> <td>d. Total Prior Active Service</td> <td>0012</td> <td>10</td> <td>20</td> </tr> <tr> <td>e. Total Prior Inactive Service</td> <td>0000</td> <td>00</td> <td>00</td> </tr> <tr> <td>f. Foreign Service</td> <td>0001</td> <td>02</td> <td>20</td> </tr> <tr> <td>g. Sea Service</td> <td>0000</td> <td>00</td> <td>00</td> </tr> <tr> <td>h. Effective Date of Pay Grade</td> <td>1993</td> <td>01</td> <td>01</td> </tr> </tbody> </table>					Year(s)	Month(s)	Day(s)	a. Date entered AD This Period	1981	05	07	b. Separation Date This Period	1995	06	30	c. Net Active Service This Period	0014	01	24	d. Total Prior Active Service	0012	10	20	e. Total Prior Inactive Service	0000	00	00	f. Foreign Service	0001	02	20	g. Sea Service	0000	00	00	h. Effective Date of Pay Grade	1993	01	01
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g. Sea Service	0000	00	00																																						
h. Effective Date of Pay Grade	1993	01	01																																						
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) LEGION OF MERIT//BRONZE STAR MEDAL (2ND AWARD)//DEFENSE MERITORIOUS SERVICE MEDAL//MERITORIOUS SERVICE MEDAL (4TH AWARD)//AIR MEDAL//ARMY COMMENDATION MEDAL (5TH AWARD)//ARMY ACHIEVEMENT MEDAL//JOINT MERITORIOUS UNIT AWARD (2ND AWARD)//ARMY GOOD CONDUCT MEDAL (3RD AWARD)//NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//ARMED FORCES//CONT IN BLOCK 18.																																									
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) INF OFF ADVANCED, 28 WEEKS, 1981//PSYCH OPERATIONS, 9 WEEKS, 1988//CMD GEN STAFF COLL, 56 WEEKS, 1990//CANADIAN AIRBORNE CRS, 1 WEEKS, 1983//BTMS, 1 WEEKS, 1984//INFANTRY COMPANY AMPHIBIOUS TNG CRS, 1 WEEKS, 1984//HONDURIAN AIRBORNE CRS, 1 WEEKS, 1985//FACULTY DEV CRS, 3 WEEKS, 1986//JOINT PSYCHOLOGICAL OP CRS, 1 WEEKS, 1986//DYNAMICS OF//CONT IN BLOCK 18.																																									
15. a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		15. b. HIGH SCHOOL GRADUATE OR EQUIVALENT		16. DAYS ACCRUED LEAVE PAID																																					
Yes No X		Yes No X		NONE																																					
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION																																									
Yes X No																																									
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//CONT FROM BLOCK 13: EXPEDITIONARY MEDAL//VIETNAM SERVICE MEDAL (3RD AWARD)//ARMED FORCES RESERVE MEDAL//NONCOMMISSIONED OFFICER'S PROFESSIONAL DEVELOPMENT RIBBON WITH NUMERAL 3//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (3RD AWARD)//REPUBLIC OF VIETNAM GALLANTRY CROSS UNIT CITATION WITH PALM//REPUBLIC OF VIETNAM CIVIL ACTIONS MEDAL UNIT CITATION//REPUBLIC OF VIETNAM CAMPAIGN MEDAL//VIETNAM ARMED FORCES HONOR MEDAL//COMBAT INFANTRYMAN BADGE//MASTER PARACHUTIST BADGE WITH COMBAT DISTINGUISHING DEVICE, 1 BRONZE SERVICE STAR (BSS)//PATHFINDER BADGE//SPECIAL FORCES TAB//SCUBA DIVER BADGE//OVERSEAS SERVICE BAR (2ND AWARD)//CONT FROM BLOCK 14: INTERNATIONAL TERRORISM CRS, 1 WEEKS, 1987//JOINT PSYH OP STAFF PLAN CRS, 2 WEEKS, 1988//JOINT SPECIAL OF PLANNING CRS, 1 WEEKS, 1988//PERSONNEL MGMT FOR EXECUTIVES, 2 WEEKS, 1993//NOTHING FOLLOWS																																									
19. a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)		19. b. NEAREST RELATIVE (Name and address - include Zip Code)																																							
20. MEMBER REQUESTS COPY 4 BE SENT TO		21. DIR OF VET. AFFAIRS		22. OFFICIAL AUTHORIZED (Typed name, grade, title)																																					
X Yes No		X Yes No																																							
21. SIGNATURE OF MEMBER BEING SEPARATED																																									

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RETIREMENT		24. CHARACTER OF SERVICE (include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-100, PARA 4-13		26. SEPARATION CODE RBD	
27. REENTRY CODE NA			
28. NARRATIVE REASON FOR SEPARATION SUFFICIENT SERVICE FOR RETIREMENT			
29. DATES OF TIME LOST DURING THIS PERIOD NONE			
30. MEMBER REQUESTS COPY 4 Initials			

DD Form 214-AUTOMATED, NOV 88 Previous editions are obsolete. MEMBER - 4

Fig. 5 Certification of Release or Discharge from Active Duty. Note: MOS listed as 18A, which is the current identifying code for Army Special Forces. The form also shows the award of the CIB and Master Parachute Badge with Combat Distinguishing Device

Military Acronyms

The military, perhaps more than any other organization, depends heavily on the use of acronyms, which help shorten radio transmissions and ease transfer of information. There are thousands of acronyms and specialized military terms utilized by the various services. While some of these acronyms are easily recognized by even the most layperson (e.g.,

MASH, Sgt, RPG, and AWOL), invariably most individuals (including career military members) come across acronyms that are not easily understood or recognized (e.g., LALO, MAW, or RAO). In addition, veterans are likely to use phonetic pronunciations of the acronyms in their explanation of events (e.g., “telling their story”).

For example, a veteran might tell you “We were on a lurp when we got hit.” In this case, the term “lurp” is the

phonetic pronunciation for LRRP (Long Range Reconnaissance Patrol). Understanding “military speak” helps the C&P evaluator to not only establish rapport with the veteran (people like it when you speak their language), but it also helps with the overall process of the examination and with understanding the veteran’s story.

Military Occupational Specialty

The Federal Register requires C&P examiners to determine if the veteran’s claim is consistent with the places, types, and circumstances of the veteran’s service. Understanding the veteran’s job in the military allows examiners to determine if the veteran’s claims meet this burden.

Within the Army and Marine Corps, each person is assigned a primary job called MOS. The Navy and Coast Guard refer to their jobs as Ratings. Within the Air Force, the jobs are referred to as AFSC. In some cases, veterans may have secondary jobs, which would also be listed on the DD Form 214. Traditionally, some jobs within the military have been specifically classified as being combat-related (e.g., infantry, tank crewman) while other jobs were classified as support or noncombat (e.g., supply, administration, motor transportation); however, regardless of classification, anyone assigned to a combat zone (e.g., Vietnam, Iraq, or Afghanistan) had the potential to be exposed to hostile military actions (e.g., guerilla warfare, IEDs, mortar, and rocket attacks on bases and in “safe areas” or “green zones”).

In some cases, a veteran’s MOS is ambiguous and can be misleading to the uniformed provider. For example, a recent case involved a recently separated Army veteran who had a primary MOS on his DD Form 214 as “Aviation Operation Specialist.” When he was seen by the PTSD treatment team, he described his MOS as “I was a door gunner. When I went to Iraq and Afghanistan I flew in over 200 missions as a door gunner and engaged the enemy a lot. I know I was responsible for killing a lot of people.” The treatment note specifically identified and opined that the veteran’s “extensive work as in Aviation Operations where his job was working as a door gunner and having to engage in combat operations is the cause of his PTSD.” The veteran’s claimed duties within his MOS were inconsistent with the published duties identified in Army’s MOS guidebook, which included the following: “Processes cross-country and local flight clearances, including examination for conformance with flight rules and regulations. Prepares and maintains cross-country kits. Checks accuracy of flight plans. Coordinates flight plans with all related agencies. Maintains flight information on inbound and outbound flights. Monitors, with the proper agencies, overdue flights...Maintains current file on aircraft flying regulations and navigation

information...Knows terminology used in air navigation and is aware of air traffic control advisory radio procedures. Encodes, decodes and posts notices to airmen. Interprets and posts teletype weather reports.” In addition, further review of this veteran’s personnel records indicated that he was never on flying status (flight status comes with extra pay and requires routine flight physicals) and his service medical records contained a postdeployment questionnaire that indicated he denied ever being engaged in direct combat or discharging his weapon. Although the postdeployment questionnaires contain some items that service members may not wish to answer in the affirmative given the stigma potentially associated with a positive response (e.g., having nightmares or experiencing fear), there would be no stigma attached to answering in the affirmative to a question related to having engaged in combat, especially given the military bravado associated with combat.

VHA Medical Records

Effective July 12, 2010, the Department of Veterans Affairs (2010) amended the regulations governing service connection for PTSD by “liberalizing” the evidence required to establish an in-service stressor. No longer would veterans be required to submit corroborating evidence provide the claim for PTSD was related to “fear of hostile military or terrorist activity.” Prior to July 12, 2010, veterans without verifiable combat service (e.g., Combat Infantry Badge, Purple Heart, or Medals for Valor), were required to submit evidence supporting the claim of combat-related trauma.

In many cases, veterans submitted personal statements to the VA Regional Office outlining the details of their stressor (s) or they were seen by VHA mental health providers where they were asked to describe their combat-related traumas. All VHA medical records (including remote data) should be viewed for evidence associated with the veteran’s claims. In some cases, the veteran’s own reported history can be contradictory or inconsistent. For example, one veteran was noted to have initially told his psychiatrist that he was personally responsible for having killed two people during a firefight when his convoy was attacked by the North Vietnamese Army. A couple of years later when he was re-evaluated by another mental health provider, he reported having killed 10 people during the firefight and yet another year later he reported having killed 25 people during that same firefight. When asked about this firefight during the process of the C&P examination (post the 7/2010 rule change), he reported that he was so scared and terrified during the attack that he urinated on himself and cowered behind a truck out of fear for his life. When this veteran’s C-file was reviewed, he was noted to have filed for service connection three times. Two of the applications were

submitted prior to the 2010 rule change and one was submitted 2 months after the rule change. In both of the pre-2010 applications, the veteran provided details and rather graphic accounts of his having engaged in multiple fire-fights and having killed Vietcong as well as “women and children.” He reported having killed North Vietnamese soldiers (two in one letter and 10 in the subsequent claim) during a firefight when his convoy was attacked. In the third application for service-connected PTSD (post-2010 rule change), the veteran’s application merely stated, “I wish to open a claim for PTSD secondary to my fear of hostile military or terrorist activity.” Based entirely on this statement, the veteran was afforded a third C&P evaluation for PTSD. While no veteran should ever be wrongly denied service-connected disability when, in fact, there is truly a service-connected disability, it is the opinion of this author that the VA must limit the number of “bites of the apple.” Increasingly, the VA has received negative press for the increasingly long periods that it takes to adjudicate a veteran’s claim (Rose, 2011). According to the VBA Office of Performance Analysis & Integrity (2011), the number of C&P entitlement examinations increased from 571,060 (36.4% of those cases being over 125 days old without adjudication) in October 2010 to 855,862 (60.4% of those cases being over 125 days old without adjudication) in October 2011. When C&P examiners are required to examine veterans, who have been denied benefits after two examinations, the overall number of C&P entitlement examinations increase and the percentage of veterans having to wait more than 125 days to have their claim adjudicated increases.

In other cases, veterans have reported to VHA mental health providers that they were “diagnosed with PTSD” at some other VHA hospital (or private facility) and the veteran is subsequently treated for “PTSD” without conducting a formal assessment. In many instances, the veteran is taken at his word by VA clinicians rather than applying good clinical judgment and re-evaluating the veteran. All too often, there have been veterans treated by VHA mental health providers for PTSD (or other mental health conditions) based entirely on the veteran’s self-reported history of having been treated for the condition at some other clinic (VHA or private provider). Subsequent medical records perpetuate the diagnosis and then the veteran introduces these VHA medical records as corroborating evidence in support of their claim.

In some cases, a review of the VHA medical records indicated veterans have been seen through the mental health clinic and treated for depression secondary to multiple environmental stressors (e.g., unemployment, bankruptcy, child on drugs and incarcerated, etc.) for several years and several intake evaluations all note the veteran served in Vietnam (or other combat zone such as Southwest Asia) without mention of PTSD or PTSD-related symptoms. After years of treatment for depression and a number of negative

primary care PTSD Screenings (Prins et al., 2003), the VHA progress notes suddenly contain a diagnosis of PTSD with no formal assessment of PTSD. Many times, a review of the veteran’s C-file records will show the veteran applied for PTSD service connection around the date their VHA medical records show the diagnosis of PTSD.

In many of these cases, veterans have multiple “negative PTSD Screenings.” The PTSD Screening asks four questions to assess for the need to refer the veteran for possible mental health services. Each “yes” reply to a question is assigned a score of 1. If the total score is equal to 3 or 4, the screening is considered “positive” and should be addressed by the treating clinician. The PTSD Screening consists of the following:

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:

Have had any nightmares about it or thought about it when you did not want to?

Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Were constantly on guard, watchful, or easily startled?

Felt numb or detached from others, activities, or your surroundings?

During the C&P clinical evaluation when the veteran is asked about remission of PTSD-related symptoms and they deny ever having had remission of any of the endorsed symptoms and there are VHA medical records showing multiple PTSD Screening with a score of 0, the inconsistency between the veteran’s self-reported symptoms and available medical records raises the proverbial “Red Flag.”

Personal Trauma

From the point of view of records corroboration, a claim for PTSD secondary to personal trauma is perhaps the most difficult type of examination for mental health examiners. Assault victims are very often frightened about coming forward and finding corroboration for their claims requiring special care to provide the most comprehensive examination possible. In these cases, the examiner is frequently asked to make the following opinion, “Opinion #1: Please review the veteran’s entire claims file and medical records and provide an opinion as to whether it is at least as likely as not that the veteran’s records support the occurrence of a military personal trauma/sexual assault.” Personal assaults may be classified as a nonsexual trauma (e.g., physical assault, domestic battery, robbery, and etc.) or sexual trauma (e.g., rape, stalking, and sexual harassment).

The courts have determined that the veteran’s lay testimony alone (often referred to as “he said, she said” cases) is

not sufficient to establish the occurrence of a noncombat personal assault and the veteran's lay testimony must be corroborated by "credible supporting evidence" (Moreau v. Brown, 1996 and Doran v. Brown, 1994). According to 38 CFR 3.304(f)(4), in cases of a noncombat personal assaults, corroborating evidence may come from other sources besides the veteran's service records. In Patton v. West (1999), the courts determine there must be credible evidence to support the veteran's assertion that the stressful event occurred. The Federal Circuit held that under 38 C.F.R. § 3.304(f)(5), medical opinion evidence may be submitted for use in determining whether the occurrence of a stressor is corroborated. The Federal Circuit concluded that the Federal Regulations allows veterans claiming PTSD from an in-service personal assault to submit evidence other than in-service medical records to corroborate the occurrence of a stressor, to include medical opinion evidence. In Menegassi v. Shinseki (2011), the US Court of Appeals for the Federal Circuit upheld the Board of Veterans' Appeals 2008 decision denying service connection to a veteran claiming PTSD secondary to a reported sexual assault. Although the veteran was evaluated by a mental health professional, who opined the veteran suffered from PTSD secondary to an in-service personal assault, the Board of Veterans' Appeals determined there was no evidence of a sexual assault in the veteran's service medical or personnel records or any other records contemporaneous to the veteran's service. The Veterans Court stated that an opinion by a mental health professional based on a postservice examination of the veteran cannot be used to establish the occurrence of a stressor.

Since neither veteran's lay statement alone is insufficient evidence to establish the occurrence of the trauma nor a medical opinion based on a postservice examination of a veteran is insufficient evidence to substantiate the occurrence of a personal trauma, additional evidence must be obtained from the veteran's C-file records (i.e., service medical records, military personnel records, police reports, witness statements, or Court Martial records). C&P examiners are required to look for "Markers" of personal trauma. Markers are clues within the records which show a change in behavior, health, or other functioning that, when combined lead an examiner to conclude some event in the veteran's life around the time of the noted changes were responsible for those changes. Examples include (but are not limited to):

- visits to a medical or counseling clinic or dispensary without a specific diagnosis or specific ailment
- use of pregnancy tests or tests for sexually transmitted diseases around the time of the incident
- sudden requests that the veteran's military occupational series or duty assignment be changed without other justification

- changes in performance and performance evaluations
- increased or decreased use of prescription medications
- increased use of over-the-counter medications
- evidence of substance abuse, such as alcohol or drugs
- increased disregard for military or civilian authority
- obsessive behavior such as overeating or undereating
- increased interest in tests for HIV or sexually transmitted diseases
- unexplained economic or social behavior changes
- treatment for physical injuries around the time of the claimed trauma, but not reported as a result of the trauma, and/or
- the breakup of a primary relationship.

Service Medical Records

Evidence of a personal trauma may be noted within the veteran's service medical records. Annotations in the records indicating the veteran was seen by mental health around the time of the reported trauma, requests by the veteran for specific tests (e.g., venereal disease, pregnancy testing, or HIV) around the time of the reported sexual trauma, or evidence of increased use of alcohol (e.g., referred to or attended substance abuse counseling) are all example of "Markers" with the veteran's service medical records that support the occurrence of a trauma. Historically, mental health treatment was avoided by most veterans given the stigma associated with mental health treatment. As such, it is important to review the service medical records for additional evidence that may be hidden within the various progress notes. For example, a veteran complaining to a primary care provider they were having shortness of breath, chest pains, and sweating might be experiencing symptoms of anxiety. It is important to review the entire service medical record for such symptoms.

When documented symptoms associated with various psychiatric disorders are determined to have no known etiology, those symptoms should be considered as possible "Markers." However, when a symptom is noted to have an underlying medical diagnosis (e.g., shortness of breath associated with asthma), then the symptom may not be an indicator of an underlying psychiatric condition. However, some conditions may have medical explanations but psychiatric implications. For example, a service member is seen in the medical clinic and diagnosed with "gastritis." Symptoms of gastritis may include: nausea or recurrent upset stomach, abdominal pain, vomiting, indigestion, and loss of appetite. While each of these symptoms might be caused by gastritis, they may also be associated with anxiety.

When a veteran has one entry in the service medical records indicating complaints of symptoms associated with gastritis, that single entry alone might not meet an

examiner's threshold for a "Marker" of personal trauma given the prevalence rate of 13.6 for individuals between the ages of 15 and 44 years (Cullen, Hall, & Golosinskiy, 2006). However, an individual who is seen multiple times in 1 year for gastritis might indicate an abnormal incidence rate for gastritis, which might be a "Marker" for personal trauma. A significant increase in the number of visits to the medical clinics for "upset stomach" or "headaches" with unknown etiology might provide evidence of somatic symptoms associated with an underlying anxiety disorder. The underlying issue for the C&P examiner is to determine if the somatic symptoms reported are secondary to the claimed stressor or if they are an unrelated symptom. For example, if an individual is seen in January 1973 for migraine headaches and the personal assault was reported to be in March 1975, then the headaches should not be considered evidence of a personal assault unless the frequency of visits to the doctor for headaches significantly increases or the service medical records show the veteran complained of an increase in frequency of headaches during routine visits with their provider.

While mental health treatment notes are frequently not contained in the service medical records, there are sometimes annotations indicating "Seen in Mental Health." When these types of comments are noted in the service medical records after the veteran's claimed stressor, this annotation should be considered as evidence supporting the personal assault (i.e., the benefit of doubt is always given to the veteran).

If there are no specific mental health treatment notes, no annotations the veteran was seen by mental health or referred to mental health by a primary care provider and the Report of Medical History form at the time of discharge was negative for any complaints of psychiatric symptoms, then the service medical records should be considered negative for any supporting evidence of the occurrence of a personal trauma.

With the advancement in technology and the use of electronic medical records, it is easier to verify utilization of mental health services. While individual mental health treatment notes do not show up within the VA medical record system, Department of Defense outpatient encounters are available through the "Report" tab within CPRS. The encounter report does include the name of the clinic where the serviceman was seen and the diagnosis associated with the visit. When mental health encounter forms are noted to begin after the claimed stressor, this should be considered as supporting evidence of the occurrence of a personal trauma.

Personnel Records

Service personnel records may indicate behavioral changes secondary to a personal trauma. An individual who

consistently received excellent performance reports and was routinely awarded commendations for outstanding performance prior to the reported personal trauma suddenly begins to earn average ratings for performance might be a "Marker" for personal trauma. However, an individual who continues to receive excellent ratings and is continuously given meritorious awards for superior performance would not be said to have evidence in their records of a personal trauma. For example, the "Evaluation of Performance" in Fig. 6 shows the veteran obtained the highest possible ratings on his evaluations. The veteran's C-file contained several other EPR showing consistently high rating up to and including this one. The veteran reported being sexually assaulted while in the military. The service medical records were negative for any indicators of sexual trauma; however, the veteran's very next EPR indicated a significant drop in ratings (Fig. 7). This type of drop in performance ratings is consistent with a change in behaviors associated with trauma exposure (e.g., Military Sexual Trauma; MST).

C&P evaluators should review enlisted performance reports for evidence of a decline in job performance. While it is helpful to review the content specific and overall ratings within the performance reports, more information is likely to be obtained from comments made within the reports. For example, an individual who claims to have had difficulty with co-workers or supervisors after the claimed stressor are unlikely to have comments in their performance evaluations indicating "well liked and respected by peers and supervisors, is the go-to guy in his unit" or "she is a very pleasant, outgoing airman who works well with her customers, peers, and supervisors. She can be trusted to handle even the most stressful customers with tact, professionalism, and military bearing. Superb." However, an individual who has comments after identified date of the personal trauma such as "Needs to improve his relationships with both peers and supervisors" or "Has been counseled a number of times to leave his personal life at home" has evidence in the records showing a change of behavior that might be associated with a personal trauma.

When the veteran's personnel records show a history of disciplinary actions following a reported trauma, the disciplinary action might be considered evidence of the occurrence of a personal assault. The occurrence of one disciplinary action (i.e., one Article 15 or one letter of counseling) after the reported trauma provides less weight to supporting a personal trauma versus an individual who has multiple disciplinary actions after the reported trauma. While the exact prevalence rate of nonjudicial punishment (i.e., Article 15, NJP, Office Hours, Captain's Mast) is unknown, it is relatively common within the services. As such, a single incident of nonjudicial punishment may or may not indicate evidence of a personal trauma.

III. EVALUATION OF PERFORMANCE			
1. HOW WELL DOES RATEE PERFORM ASSIGNED DUTIES? <i>(Consider quality, quantity, and timeliness of duties performed)</i>			
<input type="checkbox"/> Inefficient. An unprofessional performer.	<input type="checkbox"/> Good performer. Performs routine duties satisfactorily.	<input type="checkbox"/> Excellent performer. Consistently produces high quality work.	<input checked="" type="checkbox"/> The exception. Absolutely superior in all areas.
2. HOW MUCH DOES RATEE KNOW ABOUT PRIMARY DUTIES? <i>(Consider whether ratee has technical expertise and is able to apply the knowledge)</i>			
<input type="checkbox"/> Does not have the basic knowledge necessary to perform duties.	<input type="checkbox"/> Has adequate technical knowledge to satisfactorily perform duties.	<input type="checkbox"/> Extensive knowledge of all primary duties and related positions.	<input checked="" type="checkbox"/> Excels in knowledge of all related positions. Mastered all duties.
3. HOW WELL DOES RATEE COMPLY WITH STANDARDS? <i>(Consider dress and appearance, weight and fitness, customs, and courtesies)</i>			
<input type="checkbox"/> Fails to meet minimum standards.	<input type="checkbox"/> Meets Air Force standards.	<input type="checkbox"/> Sets the example for others to follow.	<input checked="" type="checkbox"/> Exemplifies top military standards.
4. HOW IS RATEE'S CONDUCT ON/OFF DUTY? <i>(Consider financial responsibility, respect for authority, support for organizational activities, and maintenance of government facilities)</i>			
<input type="checkbox"/> Unacceptable.	<input type="checkbox"/> Acceptable.	<input type="checkbox"/> Sets the example for others.	<input checked="" type="checkbox"/> Exemplifies the standard of conduct.
5. HOW WELL DOES RATEE SUPERVISE/LEAD? <i>(Consider how well member sets and enforces standards, displays initiative and self-confidence, provides guidance and feedback, and fosters teamwork)</i>			
<input type="checkbox"/> Ineffective.	<input type="checkbox"/> Effective. Obtains satisfactory results.	<input type="checkbox"/> Highly effective.	<input checked="" type="checkbox"/> Exceptionally effective leader.
6. HOW WELL DOES RATEE COMPLY WITH INDIVIDUAL TRAINING REQUIREMENTS? <i>(Consider upgrade training, professional military education, proficiency/qualification, and contingency)</i>			
<input type="checkbox"/> Does not comply with minimum training requirements.	<input type="checkbox"/> Complies with most training requirements.	<input type="checkbox"/> Complies with all training requirements.	<input checked="" type="checkbox"/> Consistently exceeds all training requirements.
7. HOW WELL DOES RATEE COMMUNICATE WITH OTHERS? <i>(Consider ratee's verbal and written skills)</i>			
<input type="checkbox"/> Unable to express thoughts clearly. Lacks organization.	<input type="checkbox"/> Organizes and expresses thoughts satisfactorily.	<input type="checkbox"/> Consistently able to organize and express ideas clearly and concisely.	<input checked="" type="checkbox"/> Highly skilled writer and communicator.

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Fig. 6 Evaluation of performance. Note: This EPR shows ratings in the highest possible block across all dimensions rated

In such cases, the examiner should review the details of the nonjudicial punishment (i.e., what happened and why were they punished) as the underlying reason might provide insight. For example, an individual who received “Office Hours” for repeated failure to maintain his barracks room in an orderly fashion might just be naturally a “messy person” and the failure to keep his room clean is less likely to be a marker for trauma. However, an individual who receives NJP for disrespect towards a noncommissioned officer might have been displaying anger and resentment, which could be evidence of a personal trauma.

Service personnel records may contain letters of counseling regarding a number of conduct-related issues (e.g., not showing up for work on time, failure to pay bills, disregard for authority, and disheveled appearance), which might also indicate the occurrence of a personal trauma; however, again, the presence of one letter of counseling does not, in and of itself, prove the occurrence of a personal trauma given the fact that a significant number of servicemen receive a letter of counseling at some point in their military career. When there are a significant number of letters of counseling within the

records, then those letters of counseling may be considered a “Marker” for a personal trauma.

When the records show a history of disciplinary action prior to the veteran’s reported trauma, the disciplinary actions themselves should not be utilized as a “Marker” for personal trauma unless the frequency of disciplinary actions increases significantly following the reported trauma. For example, several years ago, I evaluated a veteran claiming sexual assault. He was in the Army for a total of 4 years. In the first 3 years of his service, he received a total of three Company Grade Article 15s for disrespecting his noncommissioned officer in charge. During the last year of his military service, he received three additional Field Grade Article 15s for disrespecting his commanding officer (once) and AWOL (twice). In this case, the existence of nonjudicial punishment by itself did not necessarily indicate a personal trauma given the three disciplinary actions prior to the date of the sexual assault, but the increase in disciplinary actions and the reasons for the disciplinary actions indicated the possibility of his having experienced some personal trauma.

Sometimes, the claimed personal assault was decades ago and the veteran’s timeline of the assault is less clear. For

III. EVALUATION OF PERFORMANCE			
1. HOW WELL DOES RATEE PERFORM ASSIGNED DUTIES? <i>(Consider quality, quantity, and timeliness of duties performed)</i>			
<input type="checkbox"/> Inefficient. An unprofessional performer.	<input type="checkbox"/> Good performer. Performs routine duties satisfactorily.	<input checked="" type="checkbox"/> Excellent performer. Consistently produces high quality work.	<input type="checkbox"/> The exception. Absolutely superior in all areas.
2. HOW MUCH DOES RATEE KNOW ABOUT PRIMARY DUTIES? <i>(Consider whether ratee has technical expertise and is able to apply the knowledge)</i>			
<input type="checkbox"/> Does not have the basic knowledge necessary to perform duties.	<input type="checkbox"/> Has adequate technical knowledge to satisfactorily perform duties.	<input type="checkbox"/> Extensive knowledge of all primary duties and related positions.	<input checked="" type="checkbox"/> Excels in knowledge of all related positions. Mastered all duties.
3. HOW WELL DOES RATEE COMPLY WITH STANDARDS? <i>(Consider dress and appearance, weight and fitness, customs, and courtesies)</i>			
<input type="checkbox"/> Fails to meet minimum standards.	<input checked="" type="checkbox"/> Meets Air Force standards.	<input type="checkbox"/> Sets the example for others to follow.	<input type="checkbox"/> Exemplifies top military standards.
4. HOW IS RATEE'S CONDUCT ON/OFF DUTY? <i>(Consider financial responsibility, respect for authority, support for organizational activities, and maintenance of government facilities)</i>			
<input type="checkbox"/> Unacceptable.	<input checked="" type="checkbox"/> Acceptable.	<input type="checkbox"/> Sets the example for others.	<input type="checkbox"/> Exemplifies the standard of conduct.
5. HOW WELL DOES RATEE SUPERVISE/LEAD? <i>(Consider how well member sets and enforces standards, displays initiative and self-confidence, provides guidance and feedback, and fosters teamwork)</i>			
<input type="checkbox"/> Ineffective.	<input checked="" type="checkbox"/> Effective. Obtains satisfactory results.	<input type="checkbox"/> Highly effective.	<input type="checkbox"/> Exceptionally effective leader.
6. HOW WELL DOES RATEE COMPLY WITH INDIVIDUAL TRAINING REQUIREMENTS? <i>(Consider upgrade training, professional military education, proficiency/qualification, and contingency)</i>			
<input type="checkbox"/> Does not comply with minimum training requirements.	<input type="checkbox"/> Complies with most training requirements.	<input checked="" type="checkbox"/> Complies with all training requirements.	<input type="checkbox"/> Consistently exceeds all training requirements.
7. HOW WELL DOES RATEE COMMUNICATE WITH OTHERS? <i>(Consider ratee's verbal and written skills)</i>			
<input type="checkbox"/> Unable to express thoughts clearly. Lacks organization.	<input type="checkbox"/> Organizes and expresses thoughts satisfactorily.	<input type="checkbox"/> Consistently able to organize and express ideas clearly and concisely.	<input checked="" type="checkbox"/> Highly skilled writer and communicator.

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Fig. 7 Enlisted Performance Report. Note: This EPR shows the significant decline in the ratings following the claimed personal trauma. The veteran was also discharged from the military shortly after this rating

example, the veteran might report “I’m not sure of exactly when I was raped, but I know it was sometime shortly after I got to Germany.” When looking for evidence in support of the claimed stressor, in a case such as this, the service personnel records should be utilized to figure out the date the veteran was assigned to Germany. This provides the examiner with a starting point for searching the service medical records and personnel records for “Markers” of a personal trauma. Again, in such a case, the benefit of the doubt go to the veteran and all entries made on or after their date of arrival to the duty station associated with the trauma should be considered and reviewed for available “Markers.”

Other Records

Lay statements from family members (e.g., mother, father, and sibling) indicating the veteran told them about the personal assault immediately afterwards may be considered to be corroborating evidence. Additionally, letters from the veteran’s roommate at the time of the personal assault or letters from fellow service members who know the veteran

at the time of the personal assault may be considered to be corroborating evidence. However, a lay statement from a spouse or child who did not know the veteran at the time of the personal assault should not be considered as supporting evidence, because they could not intelligently testify to behavioral changes as a result of the claimed stressor.

Occasionally, the C-file will contain police reports or court-martial records of the offender. While these types of records provide significant evidence for the claimed stressor, they should not be considered “100% proof” that a personal assault trauma occurred. For example, in one case, a female veteran was claiming PTSD secondary to physical and sexual abuse perpetrated by her husband. The C-file contained multiple police records and court documents indicating the veteran claimed she killed her husband out of self-defense, because he was physically assaulting her at the time. She was convicted of second-degree murder by a jury of her peers who rejected the self-defense claim. While the case is certainly far more complicated than what was just described, when taking into account all of the available evidence in the veteran’s service medical records showing she went to mental health only after she was arrested and on

the advice of her attorney, service personnel records, police reports, court records, and 15 years of prison records, there was significant doubt regarding the veteran's claim of physical and sexual assault. However, it has been my experience that the overwhelming majority of the time when there are police or court records those records provides significant corroborating evidence of the claimed stressor.

Another source of information that may be useful in undergirding claims of PTSD secondary to military sexual assault or, even more so, sexual harassment, of female service members are the official Department of Defense research reports of military sexual harassment and assault documenting the high frequency of such events (e.g. see Bastian, Lancaster, & Reyst, 1996; Martindale 1990). Linking these findings to the abundant research (see Avina & O'Donohue, 2002; Fitzgerald 1993) on the mental disorder consequences of sexual harassment can assist the VBA rater in assessing the high likelihood of the veteran's claim and developing a compassionate understanding of the effect on the victim.

While VHA medical records often begin years after military service, they frequently contain important information that might assist any examiner in answering the opinion whether or not the veteran experienced a personal trauma while in the military or descriptions of their "combat stressor." For several years, the VHA has utilized "Clinical Reminders" to help identify veterans who might need additional services (e.g., PTSD, Depression). One of these clinical reminders relates to MST. Veterans are asked if they have experienced an MST. When a veteran is claiming MST, searching the VHA records for reference to the MST screenings often provides insight into the claim. For example, one veteran consistently refused to answer the question if he had ever experienced a MST. Compare the refusal to answer the question to another veteran who consistently denied MST in clinical reminders as well as multiple mental health treatment notes. Such additional evidence within the VHA medical records can assist C&P examiners determines the likelihood of the veteran having experienced a MST.

Conclusion

A wealth of information pertaining to the veteran's military service is available within the veteran's C-file. While the majority of veterans encountered are likely to provide accurate details and accounts of their military service, unfortunately there are those veterans who are inclined to either fabricate or exaggerate military accomplishments. Only through a careful and complete review of the military personnel records, service medical records, and additional supporting documents within the C-file can an evaluator make

an informed and well-reasoned opinion regarding the veteran's claim. In order for a diagnosis to be considered service connected, there must be evidence within the records to substantiate the veteran's claims. Self-reported histories alone are insufficient in establishing personal trauma (and in some cases combat-related trauma) as there must be objective evidence within the records.

Appendix A: Links

Listing of Army MOS: <http://usmilitary.about.com/od/enlistedjobs/tp/armyenlistedjobs.htm>

Listing of Marine Corps MOS: <http://usmilitary.about.com/od/enlistedjo2/a/marinejobs.htm>

Listing of Naval Ratings: <http://usmilitary.about.com/od/enlistedjob1/a/navyjobs.htm>

Listing of Air Force AFSC: <http://usmilitary.about.com/od/airforceenlistedjobs/a/afjobs.htm>

Listing of Coast Guard Ratings: <http://usmilitary.about.com/od/cgjoin1/blcgjobs.htm>

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