

Serving Those Who Served: Renegotiating Support and Benefits for U.S. Military Veterans with Less than Honorable Discharges

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KEY TAKEAWAYS

- More than 1 in 7 veterans discharged between 2002 and 2013 received a less than “Honorable” discharge.
- Servicemembers with behavioral or mental health challenges, ethnoracial minorities, members of the LGBTQ community, and women are at the greatest risk for receiving a less than “Honorable” discharge.
- Veterans may experience lifelong negative consequences associated with their discharge that affect their health and increase their risk of homelessness and suicide.
- The Department of Defense (DoD), civilian employers, and community healthcare providers must take steps to address the health needs of veterans and reduce their risk of homelessness and suicide.

Approximately 1 in 7 veterans were discharged from the military under less than “Honorable” conditions between 2002 and 2013.¹ A less than “Honorable” discharge refers to any of the administrative or punitive discharge types that are not considered “Honorable” (described below). It is often accompanied with lifelong consequences.

Veterans with less than “Honorable” discharges face elevated risk for behavioral and mental health challenges and homelessness and substantial barriers to healthcare access. Further, they experience bias and stigma related to their discharge. Despite these elevated risks, veterans with less than “Honorable” discharges are not eligible for many Veterans Affairs (VA) health benefits. This brief summarizes the different discharge types and how the discharge type affects veteran health, identifies veterans who are at risk of receiving a less than “Honorable” discharge, and makes policy recommendations for the Department of Defense (DoD), civilian employers, and community healthcare providers.

Hundreds of Thousands of Veterans Leave Service with an Administrative Separation or Punitive Discharge

Most veterans receive an “Honorable discharge” – indicating they did their job, followed the rules, and obeyed the law. But others leave service with a “General,” “Other than

Honorable,” “Bad Conduct,” or “Dishonorable” discharge. These less than “Honorable” discharges are categorized as administrative or punitive.

Administrative discharges, including “General” and “Other than Honorable” accounted for more than 14% of all discharges and 93% of all less than “Honorable” discharges between 2002 and 2013.¹ “General” and “Other than Honorable” discharges are determined at the discretion of the chain of command. A servicemember’s chain of command is typically someone who has a higher rank and is responsible for handing down orders. Within this hierarchy, the chain of command is a servicemember’s first point-of-contact for questions or concerns and is regarded as the ultimate authority. Unlike punitive discharges, including “Bad Conduct” and “Dishonorable,” servicemembers receiving an administrative separation are not given the same due process protections that they would be afforded under the more formal and severe punitive discharges.² This also means that the discretion of the chain of command may be unfavorable toward a servicemember due to favoritism or bias. Currently, these discharge types are a gray area lacking clarity on what kinds of behaviors would ultimately lead to a “General” or “Other than Honorable” discharge type but are often preceded by nonjudicial punishments, such as reduction in rank, fines of 2/3 month’s basic pay, and assignment of extra days of duty. Administrative discharges are not considered to be as severe as punitive discharges and are generally regarded as like being fired.

Punitive discharges, including “Bad Conduct” and “Dishonorable” discharges, are typically due to a violation of the Uniform Code of Military Justice (UCMJ), the military’s justice system. Punitive discharges are referred to as receiving “bad paper” and are viewed unfavorably. This discharge type accounts for only about 1% of all discharges.¹ These violations can range from security violations, disobeying orders, arrest and conviction for civilian crimes, substance use cases, or assault. “Bad conduct” discharges can also be given for adultery, driving under the influence of drugs or alcohol, or disorderly conduct. “Dishonorable” discharges are a result of egregious offenses, including murder, fraud, and treason. These types of discharges are very rare (representing only 0.1% of all discharges).¹

Discharges are indicated on the servicemember’s DD-214 form, or discharge paperwork. Discharge paperwork is often used to verify benefit eligibility, included in hiring paperwork, and even used to gain membership to veteran organizations such as Veterans of Foreign Wars (VFW) and American Legion. Discharge paperwork can help veterans access home loans, educational benefits, healthcare, and be eligible for hiring preferences, but not if they received a less than “Honorable” discharge. A discharge type of this caliber hinders their ability to receive veteran benefits or reenlist in the service. Lack of familiarity with the various discharge types may result in employers unfairly lumping together administrative discharges with punitive discharges. Although the circumstances surrounding an administrative discharge may not disqualify the veteran from employment, civilian employers often regard these discharges the same way they would felonies.

Negative Consequences of Discharge Type Last a Lifetime

The negative consequences associated with less than “Honorable” discharge types are greater than simply losing eligibility for VA health benefits. The consequences range in severity and can last a lifetime. For example, veterans with “General” discharges are still eligible for VA health benefits, but they are no longer eligible to receive education benefits from the G.I. Bill. Veterans with “General” discharges are also ineligible to

count their time served on active duty towards federal retirement requirements. Despite remaining eligible for health benefits, “General” discharges may present barriers to veterans accessing healthcare. These veterans often lack clarity regarding which VA benefits they are eligible to access, which leads to delayed care, or worse, not seeking care at all. Even with the more benign “General” discharge, veterans may also have hindered employment opportunities due to bias or stigma associated with their discharge. This increases their risk for homelessness and limits their access to employer-sponsored health insurance. These consequences are so prevalent that servicemembers receiving “General” discharges are required to sign a document that states “I understand that I may expect to encounter substantial prejudice in civilian life.”²

Veterans with “Other than Honorable” discharges are ineligible for VA health benefits. However, veterans may be able to access some VA benefits through the ‘Character of Discharge’ review process. When veterans apply for VA benefits, the VA reviews their service record to determine if their service was “honorable for VA purposes.” On average, this review process takes up to 1,200 days to complete.¹ This nearly three-year process is a significant administrative barrier for veterans to overcome, and it can be a source of substantial stress that contributes to ongoing health problems and lead to significant delays in care. In addition, veterans with complex cases may need legal assistance in gathering the necessary documentation for the review or support with filing an appeal, leading to mounting financial burdens.

Punitive discharges carry additional consequences. Veterans with “Bad Conduct” discharges lose their rank, forfeit their pay, and lose their veteran benefits. Veterans with “Dishonorable” discharges are disqualified from federal employment opportunities, are ineligible to participate in benefit programs like federal unemployment or receive federal student loans. These consequences long outlast their prison sentencing and follow the veteran for a lifetime.

Who is at the Greatest Risk of Receiving a Less than Honorable Discharge?

Several groups of veterans are at risk of receiving a less than “Honorable” discharge, including servicemembers with behavioral or mental health challenges, ethnoracial minorities, members of the LGBTQ community, and women.

Many servicemembers who receive these discharges are typically dealing with behavioral or mental health challenges. For example, some military members use drugs or alcohol to cope with Post-Traumatic Stress Disorder (PTSD).³ Servicemembers who receive multiple Driving Under the Influence (DUI) charges are often struggling with substance use disorders. Mental health disorders can cause servicemembers to consistently be late or miss duty, which could result in a charge of disobeying a lawful order. At the discretion of the chain of command, a servicemember may be referred to treatment or they may be recommended for an administrative separation or reported to the military’s justice system. This means that many servicemembers are unable to receive needed treatment. In instances when servicemembers are offered the opportunity to receive substance use treatment, they risk being considered a rehabilitation failure if there is a subsequent alcohol or drug-related offense at any time during the 12-month period following completion of a program. Although relapse is a normal part of recovery, rehabilitation failures are processed for separation of service.

Ethnoracial minority veterans are also disproportionately represented among less than “Honorable” discharges compared to their White veteran counterparts.⁴ Black veterans are twice as likely to receive a “General” discharge and 1.5 times as likely to receive an “Other than Honorable” discharge compared to White veterans.⁴ These disparities may be attributed to the racial inequities present in the military’s criminal justice system. From 2006 to 2015, across the Air Force, Navy, Marine Corps, and Army, Black servicemembers were between 1.3 times and 2.6 times more likely to receive disciplinary action than White servicemembers.⁵

Historically, members of the LGBTQ community were given less than “Honorable” discharges due to their sexual orientation. Under the military’s official “Don’t Ask, Don’t Tell” policy that was in effect from 1994 to 2011, the military barred those who were openly gay or bisexual from service. Under this policy, servicemembers who disclosed that they engaged in “homosexual conduct” or were investigated based upon “credible evidence” and found to engage in homosexual behaviors were to be discharged.⁶ Despite reversal of the “Don’t Ask, Don’t Tell” policy in 2011, thousands of veterans are still awaiting their discharge upgrades, hindering their access to care and exasperating stigma that they may face as members of a marginalized community.⁷

Women suffering from Military Sexual Trauma (MST) have wrongfully been given “General” or “Other than Honorable” discharges at the discretion of their chain of command. Women often do not disclose that they experienced MST due to fears of retaliation, stigma, and mistrust in the military justice system. If a woman does not feel safe to report her experience of sexual assault or harassment, her chain of command may miss the context surrounding her behavioral changes and will not have the opportunity to provide her with support. For example, MST is associated with PTSD, depression, and substance use, all of which can negatively affect a servicemember’s job performance and ultimately lead to administrative separation.⁸ Although veterans with “Other than Honorable” discharges are still eligible to receive treatment for conditions related to MST, they are likely unaware of their eligibility and hesitant to receive treatment through the VA, leaving many woman veterans with unmet healthcare needs.

How Can We Better Serve Those Who Have Served Us?

There are several steps that can be taken to address the health needs of veterans who received a less than “Honorable” discharge. Recent legislation has expanded access to mental health care for veterans with punitive discharges, but these efforts are not enough to ensure that veterans who need this care have access. Despite the policy change, the average wait time for veteran mental health care appointments exceeds 30 days, leaving vulnerable veterans without care. Below we offer calls to action for the Department of Defense (DoD), civilian employers, and community providers to work towards promoting veteran health, and reducing veteran homelessness and suicide.

The discretionary nature of administrative discharges allows a servicemember’s discharge type to be susceptible to the politics of interpersonal relationships, preferences, and beliefs held within the chain of command. Leadership responsible for determining discharge types should be required to participate in programs aimed at helping them identify servicemembers who are exhibiting symptoms of mental or behavioral health problems, as well as trainings designed to address racism, unconscious bias, and prejudice. Additionally, unambiguous guidelines should be shared with both leadership and servicemembers so that expectations are clear on how administrative discharges will be determined. Regulations with vague language like “may result in consequences” or “dependent on the Chain of Command” may discourage

servicemembers from disclosing information about their struggles. Clear policies regarding the determination of discharge types would limit the potential for biases inherent in discretion and could lead to servicemembers reaching out for support before their job performance suffers. These changes may enable earlier interventions, limit the influence of favoritism or bias, and reduce the number of servicemembers who receive a discharge less than “Honorable.”

The DoD should also administer exit counseling for servicemembers who receive a less than “Honorable” discharge. Exit counseling should clearly outline benefits eligibility, provide instructions for how to initiate the ‘Character of Discharge’ review process, and include contact information for veteran resources like peer support groups and nonprofit organizations offering counseling services. Providing exit counseling to servicemembers with less than “Honorable” discharges could prevent unnecessary delays or gaps in healthcare and connect vulnerable veterans with the support they need.

Finally, the DoD must be more transparent in providing updated data on Military Justice proceedings and discharge status. Most reports related to military discharge are authored by nonprofit organizations after filing Freedom of Information Act (FOIA) requests for data. Greater transparency may help identify why rates of servicemembers receiving less than “Honorable” discharges have remained high over the last two decades and point to opportunities to improve servicemember health and mission readiness.

Veterans with less than “Honorable” discharges may be concerned about how their discharge will be evaluated by civilian employers during the hiring process. Veterans must consent to their discharge paperwork being released during their background check because the DD-214 is not public record. However, if a veteran is applying for a position and seeking veteran hiring preference, they are required to submit their discharge paperwork during the hiring process. For best practice, civilian employers should not consider discharge type in the hiring process. By not considering discharge type, employers can hire talented veterans that they may have otherwise dismissed. This change would promote financial wellbeing for veterans, reduce veteran uninsured rates, and reduce the risk of homelessness.

Veterans with less than “Honorable” discharges are either ineligible to receive VA health benefits altogether or have limited access to mental healthcare. This results in many veterans needing to seek care from community providers. Community providers often lack familiarity with the unique health needs of veterans. Community providers must implement a screening tool that can identify patients with service-connected disabilities, MST, depression, substance or alcohol use disorders, PTSD, and homelessness. Developing military and veteran cultural competency is critical to ensuring veterans feel safe and comfortable seeking care from providers within their civilian community. The VA Office of Mental Health Services and Suicide Prevention has provided online resources for community providers who serve veterans which can be found at <https://www.mentalhealth.va.gov/communityproviders/>.

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