

# A Review of Initial Entry Training Discharges at Fort Leonard Wood, MO, for Accuracy of Discharge Classification Type: Fiscal Year 2003

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**Objective:** This study examines the extent to which discharges from Initial Entry Training can be adequately characterized by the current policy of a single descriptive category. **Methods:** Service records of each trainee discharged from Fort Leonard Wood in 2003 were examined. Discharged trainee's counseling and outpatient clinic visit records were reviewed for evidence of multiple reasons for discharge. **Results:** Evidence of medical involvement was found by record review in 13% of administrative discharges. Among discharges classified as being for medical or physical conditions that did not exist before service, 17% had clear evidence of preexisting chronic conditions. **Conclusion:** The policy of allowing only one categorization code to describe reasons for an Initial Entry Training discharge frequently resulted in incomplete characterization of factors leading to discharge. Pre-existing medical and mental health conditions were found in a much greater percentage of discharges than indicated by a simple review of discharge codes.

## Introduction

Attrition in Initial Entry Training (IET) is a triservice (Army, Navy/Marine Corps, and Air Force) issue. Multiple studies from the General Accounting Office, Lackland Air Force Base, Naval Health Research Center, and Walter Reed Army Institute of Research make clear that attrition due to all causes, but particularly medical causes, results in significant costs to all services.<sup>1-3</sup> One-third of initial recruits are lost before the end of their first enlistment.<sup>4</sup> Each lost recruit costs the Department of Defense approximately \$35,000 to recruit, access, and train a replacement.<sup>5</sup>

Taking the discharge classifications at face value, one-third of all attrition within the first year of service is attributed to medical conditions, approximately one-third of which are early medical discharges for medical conditions deemed to have existed prior to entering service (EPTS). Roughly 25% of discharges officially classified as being EPTS are attributed to mental disorders,<sup>4</sup> and their impact on morbidity and attrition is significant.<sup>6-8</sup> What is not known, however, is the extent to which medical and mental health problems might play an underlying role in discharges that are officially classified as being nonmedical or administrative.

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Anecdotal information, as well as common sense, indicates that many of the recruits discharged early in service have multiple contributing factors leading to the discharge decision. The military discharge classification system requires, however, that each discharge be attributed to a single, primary reason. Accordingly, the discharge classification is not always fully reflective of the underlying causes of the early discharge. Incomplete or inaccurate discharge classification data hamper progress in accurately estimating the prevalence of dischargeable conditions in at least two ways: (1) by distorting the relative importance of the various attrition causes and (2) by reducing accuracy of prediction models that relate individual characteristics to likelihood of military success.

In the Army, the following are the most common among over 10 different types of IET discharges, described by chapter in Army Regulation 635-200<sup>9</sup>: 5-11 Existed Prior to Service (EPTS); 5-17 Other Mental and Physical (OMP); 11 Entry Level Performance, and Conduct Separation (ELS).

The EPTS category is intended to include discharges during the first 6 months of service for disqualifying pre-existing medical conditions that prevent a soldier from completing enlistment service obligation.<sup>10</sup> This category includes mental health disorders such as affective, psychotic, and anxiety disorders, as well as other mental health disorders with an underlying medical condition. OMP discharges are intended to include certain designated conditions such as enuresis and sleepwalking, as well as other disorders that manifest as disturbances of perception, thinking, emotional control, or behavior, and impair performance of military duties. Primarily, these would be conditions not verifiably existing prior to service. ELS discharges are based on behavioral, conduct, or motivational problems, and include inability, lack of reasonable effort, failure to adapt to military, and minor disciplinary infractions. The primary aim of this study is to determine how these three discharge categories are used, and whether their use fully reflects reasons for discharge among new enlistees.

## Study Objectives

The objective of this study is to assess, for the three most prevalent categories of early military attrition, the extent to which they reflect the full reasons for discharge. In particular, the frequency of coexistence of multiple reasons for discharge is estimated for each of the three major discharge categories. EPTS discharges are examined for possible coexistence of behavioral or other nonmedical considerations, and ELS discharges are reviewed for possible involvement of medical conditions. Finally,

OMP discharges are reviewed for any clear indication of either medical or nonmedical underpinnings.

### Methods

All discharged IET soldiers at Fort Leonard Wood (FLW) are processed at the Military Personnel Office under the installation Adjutant General, where a research assistant extracted data from records of trainees who were discharged from October 1, 2002 until September 31, 2003. Extracted data included detailed information on initial medical screening prior to enlistment, as well as unit counseling statements, medical visits, mental health consultations, and other such activities during training. A counseling statement is written documentation generated each time a trainee is counseled for a behavioral or performance issue and includes information on the nature and extent of the problem, as well as on any suggested punitive or corrective action. We also collected medical care utilization data on all discharged trainees from the FLW Medical Department Activity (MEDDAC) Ambulatory Data System database maintained by the Patient Administration Division. Finally, date of beginning duty was collected to allow calculation of rates per person time for outcomes of interest.

This study attempted to assess how well the discharge categories generally discriminate between the nature of problems experienced during training. The frequencies of counseling statements, mental status evaluations, and ambulatory medical visits and diagnoses were analyzed by discharge type. Mental status evaluations found in the discharge records were performed by MEDDAC mental health providers under command direction. Mental health clinical records were not available for review in this study. Rates of counseling statements and medical visits per 100 person-days were calculated to take into consideration variations in time in service for each discharge type.

Counseling statements were reviewed and categorized by discharge type. Statements including performance issues (such as fitness test failures, not qualifying with a weapon, or not meeting weight standards), conduct and motivation problems (such as disrespect for drill sergeants or failure to obey a lawful order) were classified as "Administrative." Those including frequent and/or recurrent medical problems and doctor visits, and pregnancy issues were classified as "Medical." Finally, those including mention of mental illness, depression, suicide, illicit drugs, and substance abuse problems were classified as "Mental health."

Medical utilization data were quantified by discharge type in terms of medical and mental health visits, people visits, and visits per person. Finally, we described frequency of unique (first occurrence of a diagnosis) general medical and mental health diagnosis groups across discharge type. The aim was to capture all medical conditions observed in each individual while excluding multiple visits for the same condition. Mental health diagnoses deemed likely to have existed before enlistment (i.e., unlikely to have developed in the short time between enlistment and discharge) included affective, anxiety, and depressive disorders. Notably not included were adjustment disorders, which may be due to the stress of military life and combat training.

We also conducted an in-depth individual record review of random samples of the three discharge types (EPTS, OMP, and ELS). Two professional researchers independently reviewed the

paperwork on these discharges, looking for evidence of medical involvement in the OMP and ELS discharges (the latter is largely administrative in nature) and for evidence of behavioral and other nonmedical issues possibly playing a role in the OMP and EPTS (the latter is largely medical in nature) discharges. The information reviewed for this analysis consisted of written reports of counseling visits and mental status evaluations.

### Results

#### Summary of All Discharge Records

The distribution of all discharges that occurred during the 12-month study is shown in Table I. A total of 2,889 soldiers was discharged from FLW during fiscal year (FY) 2003, including 2,427 (84% of total) within the top three discharge categories (EPTS, OMP, and ELS).

Table II provides an overview of recorded events experienced by the study subjects, separated by discharge type. It is clear that the discharge categories discriminate somewhat according to the problems experienced by the subjects during training. For example, those discharged for behavioral, conduct, or motivational reasons (ELS) were much more likely to have had multiple counseling visits than those discharged under the other two major categories—over 40% of ELS discharges had four or more counseling visits, versus only 0.2% among EPTS and 0.3% among OMP.

TABLE I

FLW CHARACTERIZATION OF IET DISCHARGES BY ARMY REGULATION (AR) CHAPTER: OCTOBER 2002–SEPTEMBER 2003

AR Chapter	Definition	Count	Percent
5-11	EPTS	870	30.1
5-17	OMP	862	29.8
11	ELS	695	24.1
All others		462	16.0
Total		2,889	100.0

TABLE II

FREQUENCY OF COUNSELING STATEMENTS, MEDICAL VISITS, AND MENTAL STATUS EVALUATIONS BY DISCHARGE TYPE

	ELS (%)	EPTS (%)	OMP (%)
Total discharges	695 (24.1)	870 (30.1)	862 (29.8)
0 counseling	1 (0.1)	824 (94.7)	3 (0.3)
1-3 counseling	392 (56.4)	44 (5.1)	856 (99.3)
4-9 counseling	275 (39.6)	2 (0.2)	1 (0.1)
10+ counseling	27 (3.9)	0 (0.0)	2 (0.2)
Counseling per 100 person-days	4.9	0.1	3.4
0 acute medical	112 (16.1)	74 (8.5)	167 (19.4)
1-4 acute medical	190 (27.3)	221 (25.4)	305 (35.4)
5-9 acute medical	175 (25.2)	314 (36.1)	223 (25.9)
10+ acute medical	218 (31.4)	261 (30.0)	167 (19.4)
Medical Visits per 100 person-days	7.9	12.5	9.3
Mental status evaluation (number, % with any such)	30 (3.0)	5 (0.5)	820 (81.4)

Acute medical visits, surprisingly, were distributed fairly similarly by discharge type. More than 30% of the ELS discharge group had 10 or more acute medical visits, roughly the same as among those discharged under EPTS. Those discharged under OMP had generally fewer acute medical visits than those in the other two groups. These results are at least suggestive of possible medical coexistence in a sizeable portion of the administrative discharges.

However, while the numbers of acute medical visits by category are similar, the rates per 100 person-days show that the medical visits among EPTS subjects were more condensed in time than those among the other discharge groups. This is consistent with the existence of an acute and persistent medical problem that may have led to discharge. Conversely, the acute medical visits among ELS discharges were spread more over time, as evidenced by the lower rate per 100 person-days. Interestingly, the rate per 100 person-days in the OMP group is between the other two groups, even though the numbers of visits per person is clearly the lowest of the three groups. This is related to the observation that the OMP subjects would seem to be discharged later in service than EPTS, and earlier than ELS subjects.

Finally, it is clear that mental health status evaluations were quite common in the OMP group, with over 80% of these subjects having had such a visit. The comparatively very low analogous percentages in the EPTS group makes apparent that the OMP category is being used for most of the discharges involving a mental health disorder.

Table III provides further detail on the nature of counseling visits (administrative, medical, or mental) by discharge type. As expected, the vast majority (96.0%) of counseling statements in ELS discharges were administrative in nature. It was noted above that only a small percentage of EPTS discharges had

counseling visits of any type, and consistent with expectations, the majority (80.8%) of these counseling statements were medical in nature. Finally, evidence of coexistence in reason for discharge was greatest in OMP discharge counseling statements, where 61.7% were related to mental health and 33.9% were administrative in nature.

Table IV further details the utilization of acute mental health and other medical care visits per individual by discharge type. These results include multiple diagnoses per patient, but only count each occurrence of a particular diagnosis within a category, such as mental disorder, one time per patient. Overall, the most common categories for medical visits were musculoskeletal conditions, injuries, or poisoning, and respiratory conditions—all quite common among new enlistees. It is seen that the numbers of visits per subject for this category were quite similar across the discharge groups. In stark contrast, medical visits involving mental disorders were much more common among the OMP discharges (1.34 distinct conditions per subject) than among EPTS (0.13 per subject) or ELS (0.18 per subject).

Table V further details the nature of clinic visits involving mental health disorders by discharge type. In this analysis, multiple visits per individual are counted, although only one per individual for any specific diagnosis. It is seen that adjustment disorder is the most common mental health disorder regardless of reason for later discharge. However, the percentage of individuals experiencing such visits differs dramatically by discharge group. In particular, those discharged under the OMP category had an average of 0.62 visits per person for manifestations of adjustment disorder, as compared to only 0.10 and 0.05 visits per person among the ELS and EPTS groups, respectively. The mental health disorder categories in Table V are not mutually exclusive, but the majority of the comorbidity included adjustment disorder and either anxiety or depressive disorders. There was relatively little comorbidity excluding adjustment disorders (results not shown). It is further clear that mental health clinic visits for all of the specific and potentially dischargeable disorders, to include affective, anxiety, and depressive, were much more common among the OMP group (0.55 visits per person) than among the other two discharge groups (each 0.06 visits per person). These findings suggest that over 50% of the

TABLE III

## CATEGORIES OF COUNSELING RECORDS BY DISCHARGE TYPE

Category	ELS	%	EPTS	%	OMP	%
Administrative	1649	96.0	6	11.5	430	33.9
Medical	41	2.4	42	80.8	55	4.3
Mental	27	1.6	4	7.7	782	61.7
Total	1,717		52		1,267	

TABLE IV

MEDICAL VISITS BY DIAGNOSTIC GROUP<sup>a</sup> BY DISCHARGE TYPE

Diagnostic Group	ELS (n = 695)	Rate per Person	EPTS (n = 870)	Rate per Person	OMP (n = 862)	Rate per Person
Musculoskeletal	919	1.32	1,095	1.26	765	0.89
Injury, poisoning	571	0.82	554	0.64	458	0.53
Respiratory	514	0.74	718	0.83	421	0.49
Other	499	0.72	601	0.69	500	0.58
Mental disorder	124	0.18	117	0.13	1161	1.35
Unspecified	222	0.32	433	0.50	334	0.39
Nervous	289	0.42	330	0.38	306	0.36
Digestive	123	0.18	156	0.18	148	0.17
Pregnancy	4	0.01	12	0.01	4	0.00
Total	3,265	4.70	4,016	4.62	4,097	4.75

<sup>a</sup> Only one visit per person is counted for any specific medical condition, but there maybe multiple visits per person within any given diagnostic category.

TABLE V  
MENTAL HEALTH VISITS BY DIAGNOSTIC GROUP<sup>a</sup> BY DISCHARGE TYPE

Diagnostic Group	ELS (n = 695)	Rate per Person	EPTS (n = 870)	Rate per Person	OMP (n = 862)	Rate per Person
Affective (296)	4	0.01	11	0.01	158	0.18
Anxiety (300)	26	0.04	31	0.27	193	0.22
Adjustment (309)	70	0.10	39	0.04	541	0.63
Depressive (311)	9	0.01	7	0.01	125	0.15
Other (290–319)	15	0.02	29	0.03	144	0.17
Total	124	0.18	117	0.13	1161	1.35

<sup>a</sup> Only one visit per person is counted for any specific medical condition, but there maybe multiple visits per person within any given diagnostic category.

TABLE VI  
CLEAR EVIDENCE OF COEXISTENCE OF MULTIPLE REASONS FOR DISCHARGE FROM COUNSELING RECORDS, BY DISCHARGE TYPE

	ELS (11)	%	EPTS	%	OMP (5–17)	%
Total reviewed cases	70	100.0	87	100.0	86	100.0
Medical coexistence <sup>a</sup>	9	12.9	NA		15	17.4
Administrative coexistence	NA		0	0.0	9	10.5

<sup>a</sup> Excluding electronic records of medical visits.

OMP discharge category is potentially dischargeable and that OMP is being used for most discharges related to mental health disorders.

#### Detailed Review of Randomly Sampled Records

The above results suggest that pre-existing medical and mental health conditions play a role in some of the discharges classified as being due to administrative issues or new onset medical or mental health conditions. To confirm these findings, we reviewed detailed records from random samples of discharges of each of the three major types. These records consisted mostly of counseling visits, but also included outpatient medical records and mental health evaluations (Table VI).

It should be noted that coexistence estimates from this detailed review are based only on events specifically linked to the discharge. Notably not included were electronic records of medical and mental health visits, since these do not include mention of relation to later discharge. Accordingly, medical and mental health coexistence estimates in this section should be considered to represent clear evidence of coexistence, while the estimates from earlier analyses can be considered as suggestive evidence.

Review of the sample of ELS discharge records found that roughly 13% (9 of 70) of these administrative discharges had clear evidence of medical (including mental health) coexistence. No clear evidence of administrative coexistence was found in any of the 87 randomly selected EPTS records. OMP records revealed the highest percentage of clear evidence of medical (17.4%) and administrative (10.5%) coexistence in the 86 randomly selected records.

## Discussion

#### EPTS Discharges

The three most commonly used discharge categories were found to be fairly consistent overall with subject experiences

during training. In particular, those discharged for medical conditions that EPTS were found to have had relatively very high numbers of ambulatory clinic visits during training, with the highest medical utilization rate compared to the other categories. There was little or no indication of large-scale behavioral problems among the EPTS discharge group as evidenced by the relatively low frequency of mental health counseling visits, mental status evaluations, and counseling statements. Detailed review of a random sample of records confirmed that there was little or no evidence among these individuals of coexisting behavioral or other administrative problems underlying the EPTS discharges.

#### ELS Discharges

Those subjects who were discharged under ELS were found to have the highest counseling rate compared to other categories, with a large proportion of these individuals having multiple such records. The vast majority (96%) of these counseling statements were found to be administrative in nature as opposed to medical or mental. Again, this was consistent with the nature of the stated cause of discharge. There was, however, some suggestive evidence of extensive medical coexistence, with more than 30% of these discharges having experienced four or more medical visits during IET. Detailed record reviews of a sample of these individuals confirmed this overall finding, with approximately 13% of these individuals showing strong evidence of a coexisting medical condition related to discharge.

#### OMP Discharges

Finally, it appears that the discharge category OMP is the primary mechanism with which new enlistees with mental health disorders are discharged. This is evidenced in this study by the observation that over 80% of these individuals experienced at least one mental health visit. Moreover, review by specific diagnosis revealed that more than half of these individuals had a mental health visit for a chronic disorder that would

likely have existed before service, namely affective, anxiety, and depressive disorders. The detailed record review of a sample of OMP discharges revealed 17% with clear evidence of medical or mental health coexistence.

This study has several limitations. The available data depended on duty activity records of subjects before discharge. It is not clear which, or what percentage of the available records was the result of attempts to document problems after the discharge decision was made. Also, this study was conducted over a 1-year period, whereas discharge classification schemes may fluctuate over larger periods of time. As a descriptive case series, this study lacked a comparison group of successful IET graduates to compare frequency of counseling and health care utilization and specifically mental health diagnoses. The lack of information about behavioral health practices at FLW makes it difficult to know how and when soldiers are referred to mental health or recommended for OMP versus EPTS discharge. We did not consider variations by IET course or by demographic characteristics such as age, gender, and race between groups, which may affect discharge characterization. The generalizability of these results to other IET sites is unknown because of possible variations in personnel and health care practices over time and between training sites.

In summary, it appears that subjects discharged for a pre-existing medical condition can generally be considered to have the documented condition. As mentioned in the background section of this report, approximately one-third of all IET discharges are officially classified as being EPTS, and 25% of the total EPTS are attributed to mental disorders. However, these may not represent the totality of discharges attributable to pre-existing conditions. Over 50% of those discharged under OMP had at least suggestive evidence of mental health involvement, with roughly 17% having clear evidence. Likewise, as much as 30% of those discharged under ELS were found to have possible coexistence of medical or mental health conditions, with roughly 13% having clear evidence. Relying simply on existing databases to estimate prevalence of EPTS conditions among discharges, and mental health disorders specifically, may significantly underestimate the burden of disease. The extent to which medical and mental health factors are involved in early enlistee discharges will be dramatically underestimated when based on any

of the standard, existing discharge databases. The use of multiple databases, and occasionally record reviews, while labor intensive, may assist in more accurate measuring of the burden of pre-existing disease as related to attrition in IET.

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