



**UNITED STATES AIR FORCE  
BOARD FOR CORRECTION OF MILITARY RECORDS**

**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2024-01921

**COUNSEL:** NONE

**HEARING REQUESTED:** NO

**APPLICANT'S REQUEST**

1. His general (under honorable conditions) discharge be upgraded to honorable.
2. His misconduct information be removed from his records.

**APPLICANT'S CONTENTIONS**

His previous undiagnosed mental health issue, Post-Traumatic Stress Disorder (PTSD), is rated at 50 percent service-related disability from the Department of Veterans Affairs (DVA).

In support of his request for a discharge upgrade, the applicant provides a DVA summary of benefits letter dated 4 May 24, and a DD Form 214, *Certificate of Release or Discharge from Active Duty*, dated 13 Nov 89.

The applicant's complete submission is at Exhibit A.

**STATEMENT OF FACTS**

The applicant is a former Air Force airman (E-2).

On 30 Oct 89, the applicant's commander recommended the applicant be discharged from the Air Force, under the provisions of AFR 39-10, *Administrative Separation of Airmen*, paragraph 5-46, paragraph for minor disciplinary infractions. The specific reasons for the action were:

- a. On 28 Feb 89, he received a Letter of Counseling (LOC) for failing to report for duty on time in preparation for a pending exercise.
- b. On 27 Mar 89, he issued a bad check for \$35.00 and received a \$15.00 service charge, totaling \$50.00 owed.

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- [REDACTED]
- c. On 20 Jun 89, AF Form 3070, *Record of Nonjudicial Punishment Proceedings*, indicates on or about 8 Mar 89, he wrongfully and falsely forged his date of birth, weight and height on a military identification card. Also, on or about 30 May 89, he wrongfully possessed two military identification cards knowing it was unauthorized. He received an Article 15 and was reduced in grade to airman basic, along with forfeiture of \$900.00 per month for 2 months, and 30 days correctional custody.
  - d. On 19 Sep 89, he received a Letter of Reprimand (LOR) for failing to show up for squadron mobility processing.
  - e. On 24 Oct 89, he received an LOR and a Memo for Record (MFR) for failing to show up for duty at the appointed place and time and lying about his whereabouts during this time. An unfavorable information file (UIF) was also created.

On 7 Nov 89, the Staff Judge Advocate found no errors or irregularities that would prejudice the rights of the accused.

On 9 Nov 89, the discharge authority directed the applicant be discharged for minor disciplinary infractions, with a general service characterization. Probation and rehabilitation were not offered.

On 13 Nov 89, the applicant received a general (under honorable conditions) discharge. His narrative reason for separation is "Misconduct-Pattern of Minor Disciplinary Infractions" and he was credited with 1 year, 2 months, and 15 days of total active service.

For more information, see the excerpt of the applicant's record at Exhibit B and the advisory at Exhibit D.

## **POST-SERVICE INFORMATION**

On 10 Dec 24, the Board sent the applicant a request for post-service information, including a standard criminal history report from the Federal Bureau of Investigation (FBI); however, he has not replied.

## **APPLICABLE AUTHORITY/GUIDANCE**

On 3 Sep 14, the Secretary of Defense issued a memorandum providing guidance to the Military Department Boards for Correction of Military/Naval Records as they carefully consider each petition regarding discharge upgrade requests by veterans claiming PTSD. In addition, time limits to reconsider decisions will be liberally waived for applications covered by this guidance.

On 25 Aug 17, the Under Secretary of Defense for Personnel and Readiness (USD P&R) issued clarifying guidance to Discharge Review Boards and Boards for Correction of Military/Naval Records considering requests by veterans for modification of their discharges due in whole or in part to mental health conditions [PTSD, Traumatic Brain Injury (TBI), sexual assault, or sexual

[REDACTED]

harassment]. Liberal consideration will be given to veterans petitioning for discharge relief when the application for relief is based in whole or in part on the aforementioned conditions.

Under Consideration of Mitigating Factors, it is noted that PTSD is not a likely cause of premeditated misconduct. Correction Boards will exercise caution in weighing evidence of mitigation in all cases of misconduct by carefully considering the likely causal relationship of symptoms to the misconduct. Liberal consideration does not mandate an upgrade. Relief may be appropriate, however, for minor misconduct commonly associated with the aforementioned mental health conditions and some significant misconduct sufficiently justified or outweighed by the facts and circumstances.

Boards are directed to consider the following main questions when assessing requests due to mental health conditions including PTSD, TBI, sexual assault, or sexual harassment:

- a. Did the veteran have a condition or experience that may excuse or mitigate the discharge?
- b. Did that condition exist/experience occur during military service?
- c. Does that condition or experience actually excuse or mitigate the discharge?
- d. Does that condition or experience outweigh the discharge?

On 25 Jul 18, the Under Secretary of Defense for Personnel and Readiness issued supplemental guidance, known as the Wilkie Memo, to military corrections boards in determining whether relief is warranted based on equity, injustice, or clemency. These standards authorize the board to grant relief in order to ensure fundamental fairness. Clemency refers to relief specifically granted from a criminal sentence and is a part of the broad authority Boards have to ensure fundamental fairness. This guidance applies to more than clemency from sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. Each case will be assessed on its own merits. The relative weight of each principle and whether the principle supports relief in a particular case, are within the sound discretion of each Board. In determining whether to grant relief on the basis of equity, an injustice, or clemency grounds, the Board should refer to paragraphs 6 and 7 of the Wilkie Memo.

On 10 Dec 24, the Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit C).

Department of the Air Force Instruction (DAFI) 36-3211, *Military Separations*, describes the authorized service characterizations.

**Honorable.** The quality of the airman's service generally has met Department of the Air Force standards of acceptable conduct and performance of duty or when a member's service is otherwise so meritorious that any other characterization would be inappropriate.

[REDACTED]

**General (Under Honorable Conditions).** If an airman's service has been honest and faithful, this characterization is warranted when significant negative aspects of the airman's conduct or performance of duty outweigh positive aspects of the member's military record.

## **AIR FORCE EVALUATION**

The AFRBA Psychological Advisor completed a review of all available records and found no evidence the applicant's mental health condition had a direct impact or was a contributing factor to any of his misconduct resulting in his discharge. There is no evidence or records to corroborate the applicant's contention he had undiagnosed PTSD during service. There is no evidence or records he experienced any traumatic events during his time in service or he developed PTSD from his traumatic experience during service. He did endorse during his separation physical examination he had trouble sleeping, depression or excessive worry, and nervous trouble of any sort but the cause for these problems or symptoms were not identified. It is possible these symptoms were indicative of PTSD, but these symptoms could also be part of another mental health condition as many conditions share similar symptoms or he did not have a mental health condition. Experiencing symptoms does not suggest he met the criteria for a mental disorder diagnosis. There is no evidence he experienced common symptoms of PTSD such as avoidance, nightmares, hypervigilance, exaggerated startled response, flashbacks, etc. Experiencing symptoms also does not suggest they caused his misconduct and discharge. The applicant had submitted a response to his discharge action at the time of service. He explained he did not show up for squadron mobility on 8 Sep 89 because he thought he was given the day off and he failed to show up for duty on 20 Oct 89 because he was up all night with his sick child and had to take his son to the hospital. He lied about being in the hospital because he was afraid as he was already late to work. None of the explanations he provided demonstrated his misconduct was caused by his mental health condition. He did not provide an explanation for his other misconducts of issuing a bad check, wrongfully and falsely forging a military identification card and wrongful possession of two false military identification cards. There is no evidence his mental health condition including PTSD caused these other misconducts especially forging a military identification and possession of false military identifications as these misconducts appeared to be purposeful and deliberate. There is no evidence or records he had a mental health condition including PTSD impairing his judgment at the time of any of his misconduct. It is acknowledged the applicant had received service connection presumably for PTSD from an unidentified traumatic event from the DVA about 35 years after his discharge from the Air Force. It appeared he had a delayed onset of PTSD causing him to receive this diagnosis for service connection and compensation purposes decades after his discharge. Delayed onset of PTSD is not an uncommon occurrence. Nevertheless, receiving service connection also does not equate to causation or mitigation of the discharge. Receiving a service connection from the DVA merely suggests the condition was somehow related to his service and not necessarily the cause of his discharge. Therefore, and based on information documented in his military records, the Psychological Advisor finds no error or injustice with his discharge from service from a mental health perspective. His contention is not compelling or sufficient to support his request for an upgrade of his discharge and to remove misconduct information from his records based on his mental health condition.

[REDACTED]

Liberal consideration is applied to the applicant's petition due to his request for an upgrade of his discharge based on his mental health condition. Liberal consideration is not appropriate to be applied to his request to remove misconduct information from his records because this request is not covered under this policy. Liberal consideration applies to discharge upgrade requests. It is reminded that liberal consideration does not mandate an upgrade or a change to the records per policy guidance. The following are responses to the four questions from the Kurta Memorandum from the available records for review:

1. Did the veteran have a condition or experience that may excuse or mitigate the discharge?

The applicant contended he had undiagnosed PTSD and had been rated at 50 percent service-related disability by the DVA. He did not explain how he incurred this condition, the traumatic experience he had during service, how his traumatic experience was related to or caused by his military service, when the traumatic event occurred, when he was diagnosed with this condition, and how this condition had caused or may excuse or mitigate his discharge.

2. Did the condition exist or experience occur during military service?

There are no records confirming the applicant received any mental health evaluation, treatment, or a mental disorder diagnosis including PTSD during service. He received a separation physical examination from his primary care manager (PCM) and endorsed he had mental health symptoms of frequent trouble sleeping, depression or excessive worry, and nervous trouble of any sort. The causes for these symptoms were not identified but no evidence these symptoms were indicative of PTSD. There is no evidence or records the applicant had experienced a traumatic event or that he developed PTSD from a traumatic event during his time in service. There is no evidence his mental health condition of PTSD or a traumatic experience had existed or occurred during his military service.

3. Does the condition or experience actually excuse or mitigate the discharge?

There is no evidence the applicant's mental health condition including PTSD had a direct impact or was a contributing factor to his misconduct resulting in his discharge. The applicant's explanation for the misconduct that he provided at the time of service indicated there was a misunderstanding as to why he did not show up for squadron mobility processing, he had a sick child and was afraid because he was already late to work as reasons he failed to show for duty and lied about his whereabouts. None of these explanations provided demonstrated his misconduct or behaviors were caused by his mental health condition. He also did not offer any explanations for his misconduct of issuing a bad check, wrongfully forging a military identification card, and wrongfully possessing two false military identification cards. There is no evidence his mental health condition caused any of these other misconducts and the latter two misconducts were deliberate. There is no evidence he had a mental health condition including PTSD impairing his judgment at the time of any of his misconduct. Thus, his mental health condition does not excuse or mitigate his discharge.

4. Does the condition or experience outweigh the discharge?

Since the applicant's mental health condition does not excuse or mitigate his discharge, his mental health condition also does not outweigh his original discharge.

[REDACTED]

The complete advisory opinion is at Exhibit D.

### **APPLICANT'S REVIEW OF AIR FORCE EVALUATION**

The Board sent a copy of the advisory opinion to the applicant on 17 Dec 24 for comment (Exhibit E) and on 30 Apr 25 the applicant responded by submitting his DVA medical records and his DVA disability rating.

The applicant's complete submission is at Exhibit F.

### **ADDITIONAL AIR FORCE EVALUATION**

The AFRBA Psychological Advisor completed a review of the newly submitted records and continues to find insufficient evidence to support the applicant's request for an upgrade of his discharge and removal of misconduct information from his military records. The new records identified his traumatic experiences were being verbally, physically, and sexually assaulted by a trainer and witnessing a motor vehicle accident that resulted in the death of a service member. The timelines or dates for these experiences were not identified. The records reported from these traumatic experiences, he developed PTSD symptoms of intrusive memories, nightmares or distressing dreams of these events, dissociative reactions, constantly being on guard, watchful, or easily startled, feeling numb or detached from people, activities, or his surroundings, feeling guilty or unable to stop blaming himself or others for the event or any problems the event may have caused, being emotionally upset, having physical reactions with memories, avoiding of memories and reminders, having an inability to remember aspects of the events, negative thoughts about others and the world, persistent negative mood, diminished interest in activities, detachment from others, inability to experience positive emotions, increased irritability and anger, hypervigilance, problems with concentration, nightmares, and sleep disturbances. He met the diagnostic criteria for PTSD and was given a diagnosis of PTSD. From these records, it is accepted his MST and/or other traumatic experiences had occurred during his military service. Although he was diagnosed with PTSD from his traumatic experiences decades after his military service, there is no evidence he had PTSD during service. With the exception of anxiety, depression, and sleep issues, there is no evidence he had the remaining symptoms during service. It appeared he had a delayed onset of PTSD, causing his symptoms to develop further after his discharge, eventually leading him to meet the diagnostic criteria for PTSD years after his traumatic experiences had occurred. Delayed onset or expression of PTSD is not an uncommon occurrence.

The existence or validity of the applicant's traumatic experiences is not in question, but it is whether these experiences, his mental health condition, or other issues developed from these experiences could excuse or mitigate his discharge. The new records do not support this impression. There is evidence he endorsed having frequent trouble sleeping, depression or excessive worry, and nervous trouble of any sort on his separation physical examination during service, but the stressor(s) or issue(s) causing him to develop these symptoms were not identified in his available records. It is possible they could have been developed from his military sexual

[REDACTED]

trauma (MST) and traumatic experiences to give the applicant the benefit of the doubt; however, these issues and symptoms did not cause his misconduct resulting in his discharge from service. As discussed in the original mental health advisory, the applicant submitted a statement in response to his discharge action at the time of service and explained that there was a misunderstanding in the information communicated to him leading him to believe that he had the day off as the reason he failed to show up for duty, he arrived to work late because he was up all night with his child who was ill, and he provided a false official statement to his squadron that he was at the hospital as reported by his friend even though he was not because he was afraid he was already late for work. These explanations did not demonstrate they were caused by having a mental health condition, including PTSD, or by his traumatic experiences. He was also discharged from service for issuing a bad check, wrongfully and falsely forging a military identification (ID) card, wrongfully possessing two military ID cards and knowing these cards were unauthorized, and he failed to report to a pending exercise. He did not address these other misconducts at the time of service or in his petition, and there is no evidence these acts of misconduct were caused by his mental health condition or traumatic experiences. His most serious offense/misconduct of wrongfully forging and possessing false military ID cards was premeditative behavior that would involve awareness, intent, and planning to execute and would not have been caused or be excused or mitigated by his mental health condition or traumatic experiences. There is no evidence he had a mental health condition impairing his judgment at the time he engaged in any of his documented misconduct. There is also no evidence he had any cognitive or intellectual impairments that would suggest he did not know the difference between right and wrong and adhere to the right and refrain from the wrong. Again, some of his misconduct was deliberate. The applicant may have been diagnosed with and treated for PTSD caused by his traumatic experiences decades after his military service, but there is no nexus between his mental health condition or traumatic experiences and his reason for discharge.

It is acknowledged the applicant has been service-connected for his mental health condition by the DVA. The DVA operating under Title 38, U.S.C., is empowered to offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length of time transpired since the date of discharge. The DVA may also conduct periodic reevaluations for the purpose of adjusting the disability rating awards as the level of impairment from a given medical condition may vary (improve or worsen) over the lifetime of the veteran. Thus, receiving service connection does not indicate causation or mitigation of the discharge but merely suggests the condition was somehow related to or connected to his military service and not necessarily the cause of his discharge. For these reasons, his request for the desired changes to his records is not supported. There is no error or injustice identified with his discharge from a mental health perspective.

Liberal consideration was again applied to the applicant's request. The following are answers to the four questions from the Kurta Memorandum which are slightly revised to include the newly submitted evidence/records from the applicant for review.

1. Did the veteran have a condition or experience that may excuse or mitigate the discharge?

[REDACTED]

The applicant contended he had undiagnosed PTSD and had been rated at 50 percent service-related disability by the DVA. The newly submitted evidence/records from the DVA reported his traumatic experiences during service were being verbally, physically, and sexually assaulted by a trainer and witnessing a motor vehicle accident that resulted in the death of a service member, and these experiences caused him to develop PTSD. The timelines or dates for these experiences were not identified in the records or by the applicant in his petition. The applicant did not explain how his mental health condition or traumatic experience may excuse or mitigate his discharge.

2. Did the condition exist or experience occur during military service?

There is no documentation in the applicant's military or service treatment records that he reported experiencing MST and/or witnessing a motor vehicle accident that resulted in the death of a service member during his military service. He reported to his providers the DVA over 30 years after his discharge that his traumatic experiences were being verbally, physically, and sexually assaulted by a trainer and witnessing a motor vehicle accident that resulted in the death of a service member occurring during his military service. There are no records confirming the applicant received any mental health evaluation, treatment, or a mental disorder diagnosis, including PTSD, during service. He received a separation physical examination from his PCM and endorsed he had mental health symptoms of frequent trouble sleeping, depression or excessive worry, and nervous trouble of any sort. The causes of these symptoms were not identified, but there was no evidence that these symptoms were indicative of PTSD. He was diagnosed with PTSD from traumatic experiences by his post-service providers over 30 years after his military service. PTSD symptoms that he endorsed to DVA providers were having intrusive memories, nightmares or distressing dreams of these events, dissociative reactions, constantly being on guard, watchful, or easily startled, feeling numb or detached from people, activities, or his surroundings, feeling guilty or unable to stop blaming himself or others for the event or any problems the event may have caused, being emotionally upset, having physical reactions with memories, avoiding of memories and reminders, having an inability to remember aspects of the events, negative thoughts about others and the world, persistent negative mood, diminished interest in activities, detachment from others, inability to experience positive emotions, increased irritability and anger, hypervigilance, problems with concentration, nightmares, and sleep disturbances. Except for anxiety (excessive worry or nervous trouble of any sort), depression, and sleep issues endorsed during his separation physical examination, there is no evidence he had the remaining symptoms during service. It appeared he had a delayed onset of PTSD, causing his symptoms to develop further after his discharge, eventually leading him to meet the diagnostic criteria for PTSD years and decades after his traumatic experiences had occurred. Delayed onset or expression of PTSD is not an uncommon occurrence.

3. Does the condition or experience actually excuse or mitigate the discharge?

There is no evidence that the applicant's mental health condition, including PTSD or traumatic experiences, including MST, had a direct impact or was a contributing factor to his numerous acts of misconduct resulting in his discharge from service. The applicant's explanations for the misconduct he provided at the time of service indicated there was a misunderstanding as to why he did not show up for squadron mobility processing, he had a sick child as the reason he was late to work, and he admitted to lying about his whereabouts because he was afraid as he was already



[REDACTED]

late to work. None of these explanations demonstrated that his misconduct or behaviors were caused by his mental health condition or traumatic experiences. He also did not offer any explanations for his misconduct of issuing a bad check, failing to go to a pending exercise, wrongfully forging a military ID, and wrongfully possessing two false military ID cards. There is no evidence his mental health condition caused any of these other misconducts, and the latter two misconducts were deliberate. There is no evidence he had a mental health condition, including PTSD developed from his traumatic experiences, impairing his judgment at the time of any of his misconduct. Thus, his mental health condition or traumatic experiences do not excuse or mitigate his discharge.

4. Does the condition or experience outweigh the discharge?

Since the applicant's mental health condition or traumatic experiences do not excuse or mitigate his discharge, his mental health condition or traumatic experiences also do not outweigh his original discharge.

The complete advisory opinion is at Exhibit G.

#### **APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION**

The Board sent a copy of the advisory opinion to the applicant on 8 May 25 for comment (Exhibit H) but has received no response.

#### **FINDINGS AND CONCLUSION**

1. The application was timely filed. Given the requirement for passage of time, all discharge upgrade requests under fundamental fairness or clemency are technically untimely. However, it would be illogical to deny a discharge upgrade application as untimely, since the Board typically looks for over 15 years of good conduct post-service. Therefore, the Board declines to assert the three-year limitation period established by 10 U.S.C. Section 1552(b).

2. The applicant exhausted all available non-judicial relief before applying to the Board.

3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. The Board finds the discharge was consistent with the substantive requirements of the discharge regulation and was within the commander's discretion. Nor was the discharge unduly harsh or disproportionate to the offenses committed. Furthermore, the Board concurs with the rationale and recommendation of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board finds no evidence the applicant was diagnosed with a mental health disorder or his experience due to a traumatic event or MST caused his misconduct. The Board noted the applicant's additional evidence, his DVA medical records and his DVA disability rating; however, he was diagnosed with PTSD about 35 years after he was discharged. The DVA operating under Title 38, U.S.C., is empowered to offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason

[REDACTED]

for release from service, or the length of time transpired since the date of discharge and does not equate to causation or mitigation of the discharge. Receiving a service connection from the DVA merely suggests the condition was somehow related to his service and not necessarily the cause of his discharge. Nonetheless, liberal consideration was applied to the applicant's request due to the contention of a mental health condition; however, since there is no evidence his mental health condition had a direct impact on his behaviors and misconduct resulting with his discharge, his condition or experience does not excuse, mitigate, or outweigh his discharge. In the interest of justice, the Board considered upgrading the discharge based on fundamental fairness; however, given the evidence presented, and in the absence of post-service information and a criminal history report, the Board finds no basis to do so. Therefore, the Board recommends against correcting the applicant's records.

The applicant retains the right to request reconsideration of this decision. The applicant may provide post-service evidence depicting his current moral character, occupational, and social advances, in the consideration for an upgrade of discharge characterization based on fundamental fairness.

## RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

## CERTIFICATION

The following quorum of the Board, as defined in DAFI 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2024-01921 in Executive Session on 16 Apr 25 and 30 May 25:

[REDACTED], Panel Chair  
[REDACTED], Panel Member  
[REDACTED], Panel Member  
[REDACTED], Panel Chair  
[REDACTED], Panel Member  
[REDACTED], Panel Member

All members voted against correcting the record. The panel considered the following:

- Exhibit A: Application, DD Form 149, w/ atchs, dated 21 May 24.
- Exhibit B: Documentary Evidence, including relevant excerpts from official records.
- Exhibit C: Letter, SAF/MRBC, (Post-Service Request and Liberal Consideration Guidance), dated 10 Dec 24.
- Exhibit D: Advisory, AFRBA Psychological Advisor, dated 16 Dec 24.
- Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 17 Dec 24.

[REDACTED]

Exhibit F: Applicant's Additional Evidence, dated 30 Apr 25.  
Exhibit G: Advisory, AFRBA Psychological Advisor, dated 6 May 25.  
Exhibit H: Notification of Advisory, SAF/MRBC to Applicant, dated 8 May 25.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

6/4/2025

X [REDACTED]

[REDACTED]  
Board Operations Manager, AFBCMR  
Signed by: USAF

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[REDACTED]