



**CUI//SP-MIL/SP-PRVCY**

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

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**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2022-01147

*Work-Product*

**COUNSEL:** NONE

**HEARING REQUESTED:** YES

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**APPLICANT'S REQUEST**

His separation/resignation of commission be changed to a medical retirement.

**APPLICANT'S CONTENTIONS**

His separation physical was completed as a phone interview. Prior to that during his annual Periodic Health Assessment (PHA) on 25 Jan 21 he advised that he was receiving care for a mental health condition after suicidal ideation and was diagnosed with depression, possible post-traumatic stress disorder (PTSD) and attention-deficit/hyperactivity disorder (ADHD). Given his career field, Nuclear Missile Operations and Space Operations, he was on the Personnel Reliability Program (PRP) and would have been disqualified from his career field had the mental health diagnosis been documented correctly. He should have been medically retired when the diagnosis was made.

The applicant's complete submission is at Exhibit A.

**STATEMENT OF FACTS**

The applicant is a former Air Force major (0-4).

On 28 Apr 21, DD Form 214, *Certificate of Release or Discharge from Active Duty*, indicates the applicant resigned from the Air Force with a narrative reason for separation of "Completion of Required Active Service." He was credited with 12 years, 7 months, and 29 days active service.

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

**APPLICABLE 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 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.

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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 10 Jan 23, Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit F).

**AIR FORCE EVALUATION**

The AFRBA Psychological Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for the desired changes to his record. The applicant's mental health condition was never determined to be unfitting for continued military service. There were reports in his service treatment records, particularly his Physical Health Assessment (PHA) dated on 25 Jan 21, he sought mental health treatment from an off-base provider after having a suicidal ideation about seven months prior (approximately around May or June 20) and was supposedly diagnosed with depression, possible PTSD and ADHD. He reported during his Separation Health and Physical Examination (SHPE)/Palace Front evaluation on 11 Feb 21 that he would obtain a letter from his off-base provider, but no records had been submitted to his military providers to corroborate his report. The applicant's reported suicidal ideation was serious, and no records indicated he had informed his military providers or leadership of his thoughts at the time of occurrence. If he did report this significant information, he would have been command referred for a mental health evaluation and his PRP status would have been suspended because of his safety concerns. Neither of these events had occurred during service according to his available records. Although he may have received mental health treatment during service, it does not necessarily indicate he should have or would have been referred to the Medical Evaluation Board (MEB) for medical discharge processing. He may have experienced an acute distressing episode and with appropriate treatment, his condition may have stabilized. This situation was very likely and plausible because his PHA (25 Jan 21) reported he was stable on medication. Being stable from medication use would not meet criteria to be referred to the MEB. The applicant believed he would have been disqualified from his career field because of his mental health condition. While this impression is reasonable, the disqualification from his career field does not always result with being disqualified from the Air Force overall. He never received a mental health evaluation from a military provider to determine the level of impairment his condition had on his ability to perform his military duties and to function in a military setting. His assumption was purely speculative with no confirming information to validate this notion. Lastly, his SHPE/Palace Front evaluation on 11 Feb 21, which was also his last evaluation during service, his provider had declared he had no mental disability and no MEB was recommended prior to separation.

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The Board may elect to apply liberal consideration to the applicant's petition. The following are responses to the four questions in the Kurta memorandum based on the available records:

1. Did the veteran have a condition or experience that may excuse or mitigate the discharge?  
The applicant contends he sought mental health treatment after having suicidal ideation and was diagnosed with depression, possible PTSD, and ADHD. He believes he should have been medically retired because these conditions would have made him disqualified from his career field.
2. Did the condition exist or experience occur during military service?  
The applicant reported during his PHA on 25 Jan 21 he received mental health treatment/medication management services from an off-base provider for having suicidal ideation and was diagnosed with depression, possible PTSD, and ADHD. Treatment records from this off-base provider were not submitted by the applicant for review to corroborate his report. He never received a mental health evaluation from a military provider for any of these issues.
3. Does the condition or experience excuse or mitigate the discharge?  
There is no evidence his mental health condition had elevated to be potentially unfitting meeting criteria to be referred to the MEB for a medical discharge/retirement. A report from his PHA on 25 Jan 21 stated he was stable on medication, and his SHPE/Palace Front evaluation on 11 Feb 21 reported he did not have any mental disability and was not recommended to the MEB for separation. There was no evidence his mental health condition had impacted his ability to perform his military duties that would cause early career termination. His mental health condition does not excuse or mitigate his discharge.
4. Does the condition or experience outweigh the discharge?  
There is no error or injustice identified with the applicant's discharge from service. His mental health condition does not outweigh his original discharge for reason of completion of required active service.

The complete advisory opinion is at Exhibit C.

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

The Board sent a copy of the advisory opinion to the applicant on 15 Sep 22 for comment (Exhibit D), and the applicant replied on 16 Oct 22. In his response, the applicant agrees that his treatment records before 2021 do not indicate any complaints about his mental health or ability to continue deploying as an Air Force operator. He did not begin his military career with mental health difficulties or trouble accepting the extreme responsibility of operating the world's most destructive weapons. Even under a "perfection is the standard" mindset, harbored for decades by his career field, he found a way to operate without exposing the stress, pain, and anguish under the surface. Throughout his career he encountered healthcare providers and unit leadership who encouraged lying on pre-exam questionnaires. Certification under the Personnel Reliability Program was often used as a 'carrot' or 'stick,' wielded in a manner that left little doubt—if you complain about something or have an issue that sidelines you, kiss your job (and potentially career) goodbye. This was the Air Force he grew up in.

The applicant's complete response is at Exhibit E.

**FINDINGS AND CONCLUSION**

1. The application was timely filed.

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 concurs with the rationale of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. Liberal Consideration does not apply to fitness determinations, however, it was applied to the applicant's request due to the contention of a mental health condition and there was no evidence his mental health condition had impacted his ability to perform his military duties that would cause early career termination. His mental health condition does not excuse or mitigate his discharge. Therefore, the Board recommends against correcting the applicant's records.
4. The applicant has not shown a personal appearance, with or without counsel, would materially add to the Board's understanding of the issues involved.

**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 the Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2022-01147 in Executive Session on 25 Jan 23 and 27 Feb 23:

*Work-Product* [Redacted] Panel Chair  
*Work-Product* [Redacted] Panel Member  
*Work-Product* [Redacted] Panel Member

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

- Exhibit A: Application, DD Form 149, w/atchs, dated 12 Apr 22.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, AFRBA Psychological Advisor, dated 13 Sep 22.
- Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 15 Sep 22.
- Exhibit E: Applicant's Response, dated 16 Oct 22.
- Exhibit F: Notification of Clarifying Guidance (Liberal Consideration), dated 10 Jan 23 .

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.

12/8/2023

*Work-Product* [Redacted]

Board Operations Manager, AFBCMR  
Signed by: *Work-Product* [Redacted]