

**SUMMARY:**

The applicant was discharged on 24 January 2022 in accordance with Air Force Instruction 36-3208, *Administrative Separation of Airmen*, with a General Discharge for Misconduct (Drug Abuse). The applicant appealed for an upgrade of his discharge characterization and a change to the discharge narrative reason.

The applicant was not represented by counsel.

The applicant requested the Board be completed based on a records only review. The Board was conducted on 08 February 2024.

The attached examiner's brief (provided to applicant only), extracted from available service records, contains pertinent data regarding the circumstances and character of the applicant's military service.

**DISCUSSION:** The Discharge Review Board (DRB), under its responsibility to examine the propriety and equity of an applicant's discharge, is authorized to change the characterization of service and the narrative reason for discharge if such changes are warranted. If applicable, the Board can also change the applicant's reentry code. In reviewing discharges, the Board presumes regularity in the conduct of governmental affairs unless there is substantial credible evidence to rebut the presumption, to include evidence submitted by the applicant. The Board completed a thorough review of the circumstances that led to the discharge and the discharge process to determine if the discharge met the pertinent standards of equity and propriety.

The applicant's record of service included multiple Article 15s and an administrative demotion. His misconduct included: With the intent to deceive, make a false official statement that he had heard back from his former therapist and her note is attached, however, the note was not from her; wrongfully used cocaine, a schedule II-controlled substance; arrested off base for driving while intoxicated.

The documentary evidence the Board considered as part of the review includes, but is not limited to the DD Form 293, *Application for the Review of Discharge from the Armed Forces of the United States*, and any additional documentation submitted by applicant and/or counsel; the applicant's personnel file from the Automated Records Management System (ARMS); and the DRB Brief detailing the applicant's service information and a summary of the case.

The applicant indicated that he was in service for 17 years, and during this time he spent a total of over two years deployed in Afghanistan. He explained that during these deployments, he was assigned to special operations command and was in direct combat many times. He stressed that he is proud of these accomplishments during deployment, but the experiences took a major toll on his mental health. The applicant claimed that upon return from his final deployment, he sought help for trauma related symptoms and was subsequently diagnosed with post-traumatic stress disorder (PTSD). The applicant explained that when he changed commands, he had no one to talk to that could relate to his issues, so he began using alcohol excessively. He highlighted that he did seek help by going to Alcohol and Drug Abuse Prevention and Treatment (ADAPT) but the sobriety didn't last. This subsequently resulted in a driving while intoxicated (DWI) and eventually he decided to use cocaine while intoxicated. The applicant stated that the PTSD medication helped with some issues but not all. He indicated that after further treatment, he was diagnosed with bipolar-II disorder, and once he started treatment for it, his mood and behavior improved significantly. The applicant stated that the Board should review his case using Liberal consideration and

clemency factors. He concluded that an upgrade is warranted based on his entire service record, and the mental health conditions as a result of combat deployments.

The DRB reviewed the applicant's entire service record and found no evidence of impropriety or inequity to warrant an upgrade of the discharge. The applicant's command was aware of, and fully considered his mental health conditions during the discharge process. The Board took note of the applicant's service as documented by his performance reports, awards and decorations, and other accomplishments. However, it found the repeated nature and seriousness of the applicant's willful misconduct offset the positive aspects of his service.

#### **LIBERAL CONSIDERATION:**

Due to evidence of a mental health diagnosis and/or experiences of sexual assault or sexual harassment and/or records documenting that one or more symptoms of mental health conditions and/or experiences of sexual assault or sexual harassment existed/occurred during military service found in the applicant's record, the Board considered the case based on the liberal consideration (LC) standards required by guidance from the Office of the Under Secretary of Defense for Personnel and Readiness and 10 USC §1553. The Board included a member who is a physician, clinical psychologist, psychiatrist or social worker with training on mental health issues connected with PTSD or traumatic brain injury (TBI) or other trauma. Specifically, the Board reviewed the four questions the Under Secretary of Defense provided that boards should consider when weighing evidence in requests for modification of discharges due in whole or in part to mental health conditions, including PTSD; TBI; sexual assault, and sexual harassment. The Board considered the following:

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

*The applicant contended that after his final deployment he began using alcohol excessively. "I recognized this in 2016 and voluntarily entered the Air Force ADAPT program." The applicant reported he used cocaine during a relapse while he was black out drunk. The applicant also contended "given my entire service record, the mental health conditions that resulted from my combat deployments, and the applicability to give some explanation to the drastic changes in my behavior for several years, I am requesting that my discharge be upgraded, I am requesting that my characterization of service, separation authority, and separation code be changed as the reviewing authority deems fair and equitable."*

2. Did that condition exist/experience occur during military service?

*A review of the available records revealed the applicant received inpatient, outpatient, partial hospitalization, and intensive outpatient mental health services during his time in service. The applicant's records revealed the applicant self-referred and was command referred to ADAPT on at least three occasions during his time in service. The applicant received alcohol education, level one and level two substance use services during his time in service. The applicant's record revealed the applicant was waived from administrative separation in 2018 after being deemed a substance use treatment failure due to the applicant's minimal participation in treatment and continuous alcohol use. The applicant was again noted to have failed ADAPT in 2020 after continued substance use, no participation in treatment, and labs refuting the applicant's denial of substance use. The applicant received the diagnoses in-service of PTSD and alcohol use disorder-severe.*

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

*A review of the applicant's DD214 revealed the applicant was discharged with a General character of service due to misconduct (drug abuse) with seventeen years, six months, four days' time in service. The*

*applicant's contentions that his problematic drinking patterns began in 2016 after his final deployment are incongruent with the evidence available for review in the records. A review of the applicant's in-service records revealed the applicant was referred to ADAPT on multiple occasions during his time in service and received at least four documented alcohol related misconducts as early as his first year in service, including underage drinking, multiple driving under the influences (DUIs), and drunk and disorderly. The applicant stated in his response to his 2019 Referral EPR "My chain of command has been fair and transparent throughout this process. They have allowed me to continue treatment for PTSD and alcoholism; two major factors that led to the issues listed in the EPR. I am forever grateful to my leadership here for having my back and helping me get out of the darkest time of my life."*

*There is evidence the applicant endorsed, exhibited, and received treatment intermittently for symptoms of PTSD during his time in service. The applicant's record revealed the applicant endorsed symptoms of nightmares, hypervigilance, and irritability. The applicant's records revealed the applicant reported on several occasions his symptoms were nearly fully resolved by the medications, and at the time of the applicant's alcohol related misconducts the applicant was denying PTSD symptoms. The applicant's records also revealed the applicant continuously minimized his substance use and the impact of his substance use on his mood and functioning.*

*The severe, willful, and repeated nature of the applicant's misconduct is not mitigated by the evidence of the applicant's in-service mental health condition. Further it is unlikely that a mental health condition caused nor mitigated the applicant's willful and premeditated false statements that he was communicating with mental health providers when he was not.*

*The Board noted a lack of candor in the applicant's statements and contentions. The applicant contended in his statement to the Board "In 2020, after further treatment with mental health professionals, I was additionally diagnosed with Bipolar II disorder. Once I began taking medication to treat bipolar as well, my mood and behavior has significantly stabilized. My psychiatrist at the time attributed much of my behavior during this reckless period to my previously undiagnosed bipolar condition. my mental health issues are still being treated through the VA, where I am 90% service connected, 70% of which is mental health." The applicant's post service records revealed conflicting information; there is no evidence the applicant has engaged in any post service mental health services and there is evidence he continues to recreationally use cocaine.*

#### 4. Does that condition or experience outweigh the discharge?

*Based on review of the applicant's records, the applicant's mental health conditions were known and fully considered by the applicant's command during the discharge process. No error was found in review of the applicant's records, thus the applicant's discharge is not outweighed. Further, the applicant's repeated, severe, and willful misconduct is not outweighed by the evidence of the applicant's in-service mental health condition.*

Additionally, the Board considered the factors laid out in the attachment to the Under Secretary of Defense memorandum, *Guidance to Military Discharge Review Boards and Boards for Correction of Military/Naval Records Regarding Equity, Injustice, or Clemency Determinations*, dated 25 June 2018, known as the "Wilkie Memo." The Board considered the factors listed in paragraphs (6)(a)-(6)(l) and (7)(a)-(7)(r) of this memorandum and found no evidence of inequity or impropriety.

**FINDING:** The DRB voted unanimously to *deny* the applicant's request to upgrade his discharge characterization, to change the discharge narrative reason, and to change the reentry code.

Should the applicant wish to appeal this decision, the applicant must request a personal appearance before

this Board before applying for relief to the Air Force Board for Correction of Military Records (AFBCMR). In accordance with DAFI 36-2603, *Air Force Board for Correction of Military Records*, all applicants before the AFBCMR must first exhaust available administrative avenues of relief before applying to the AFBCMR, otherwise their AFBCMR case will be administratively closed until such time that the applicant avails themselves of the available avenue of relief. Therefore, should the applicant wish to appeal this decision, they must first exercise their right to make a personal appearance before the AFDRB.

**CONCLUSION:** After a thorough review of the available evidence, to include the Applicant's issues, summary of service, service/medical record entries, and discharge process, the Board found the discharge was proper and equitable. Therefore, the awarded characterization of service shall remain "General," the narrative reason for separation shall remain "Misconduct (Drug Abuse)," and the reentry code shall remain "2B." The Air Force DRB (AFDRB) results were approved by the Presiding Officer on 13 February 2024. If desired, the applicant can request a list of the board members and their votes by writing to:

Air Force Review Boards Agency

Attn: Discharge Review Board

3351 Celmers Lane

Joint Base Andrews, NAF Washington, MD 20762-6602

Instructions on how to appeal an AFDRB decision can be found at

<https://afrbportal.azurewebsites.us>

Attachment:

Examiner's Brief (Applicant Only)

