

SUMMARY: The Applicant was discharged on 12 April 2016 in accordance with Air Force Instruction 36-3208, *Administrative Separation of Airmen*, with a General Discharge for Misconduct (Minor Infractions). The Applicant appealed for an upgrade of their discharge characterization, a change to the discharge narrative reason, separation code, and a change to the reentry code.

The Applicant requested the Board be completed based on a records only review. The Board was conducted on 31 May 2024. The Applicant was not represented by counsel.

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 the following documented misconduct leading up to their discharge:

- Letter of Reprimand (LOR) for failure to go at the prescribed time.
- LOR for failure to go at the prescribed time.
- LOR for failure to adhere to Air Force grooming standard (shaving and hairstyle).
- Article 15 for failure to go to appointed place of duty.
- LOR for failure to adhere to Air Force grooming standard (shaving).
- LOR for reporting for duty without Restricted Area Badge and failure to obtain his flight line driving qualification.

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 stated their discharge was inequitable, believing their misconduct stemmed from undiagnosed medical conditions and an unsupportive work environment. In the application, the Applicant discussed how sleep apnea, Post Traumatic Stress Disorder (PTSD), and Military Sexual Trauma (MST) created immense stress that significantly impacted their performance. The Applicant stated they felt unable to seek support due to ridicule from peers and leaders when attending medical appointments. The Applicant also contended they had to navigate toxic leadership, exacerbating their struggles. The Applicant cited the Hagel memo and request the DRB "liberally consider" and give "special consideration" to their case as it involved a PTSD diagnosis.

The DRB determined the discharge was proper and equitable. The DRB found that the only Mental Health (MH) diagnosis during service was Attention Deficit Hyperactivity Disorder (ADHD), but was not associated with the misconduct. The Board determined there was insufficient evidence to support the Applicant's contention of PTSD and MST during service and that the Commander considered the

Applicant's mental health at the time of discharge and noted that the misconduct was not the result of PTSD or TBI. Therefore, there was no condition or experience that was found to excuse or mitigate the discharge.

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 post-traumatic stress disorder (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 contends that their then-undiagnosed sleep apnea and "grappling with the profound effects of post-traumatic stress disorder (PTSD) resulting from my deployment, alongside the enduring trauma of an undisclosed military sexual assault that occurred during my previous assignment at [Former Base]" In the letter, the Applicant stated in the primary duties while deployed to Afghanistan, were "in a constant flight state of mind, fearing for my life and my friends' lives." The Applicant stated, they were involved in multiple events during the deployment that resulted in PTSD. The Applicant cited several incidences of Ineffective Direct Fire (IDF) that caused fear, one was an IDF attack that occurred while sleeping that alarmed the Applicant. The Applicant was terrified that their friend had been killed by the attack. The Applicant went looking for their friend, but it took the Applicant a long time to find him. The Applicant felt constantly threatened by their deployment experience and developed PTSD. In addition to the above, the Applicant stated they felt targeted by leadership after receiving LORs, MFRs, Article 15, and UIF, with subsequent recommendation for a discharge. They were suffering from Sleep Apnea and leadership was aware that they was attempting to get help through medical.

Regarding the alleged sexual assault, the Applicant did not mention when it happened, where it happened or who assaulted them. None of this information was documented in the available records. At the time of discharge, the Commander noted that the misconduct was not the result of PTSD or TBI. The Applicant suggested that his misconduct was related to ADHD, sleep apnea, and vitamin D deficiency. There was no mention of any other mental health condition besides the ADHD, or symptoms that would suggest a mood disorder such as depression or any anxiety disorder such as PTSD. The symptoms reported of problems with concentration and attention, daytime sleepiness, are likely the result of sleep apnea.

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

ADHD was the only MH condition diagnosed and treated during service. There was no report of trauma exposure. The Applicant complained of fatigue, the Applicant had documented problems with falling asleep during the day and sleeping through the alarm; however, the Applicant was also suffering from obstructive sleep apnea, and these symptoms were attributed to that condition. As noted above, the Applicant denied trauma exposure, TBI and PTSD.

After discharge, the Applicant continued to complain of experiencing difficulties with concentration and attention that interfered with their full-time job. Five years after discharge, the Applicant presented to MH requesting treatment for their symptoms of possible PTSD. At the time they reported having experienced suicidal ideation "right after military." The Applicant was feeling paranoid, "everybody is the enemy. I feel like I am being followed around." The Applicant had anger and irritability, "a lot of little stuff can set me off." The Applicant was diagnosed with anxiety, depression, anger, and irritability. The diagnosis of PTSD

was NOT assessed.

During a MH initial encounter with his therapist, the Applicant reported having symptoms that began while in service and were attributable to many events including MST, exposure to trauma during deployment, having to work high-risk jobs, and mistreatment he received after returning from deployment. No details or specifics of the trauma, mistreatment or of the MST were documented. The Applicant reportedly endorsed anger while driving, suspicion/paranoia-“people at work are out to get me,” hypervigilance, and other symptoms suggestive of PTSD.

The diagnosis of MDD and PTSD unspecified, was assessed after positive depression and PTSD screens. At a later MH visit, the Applicant mentioned a sexual assault. During that visit there was no documentation of place, time, or persons involved in the alleged assault. The Applicant noted their PTSD was caused by combat related trauma exposure from their deployment. The Applicant also related that they were unable to remember all aspects of trauma. Again, no trauma identified and no information regarding the alleged MST.

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

There was insufficient evidence to support the Applicant’s contention of PTSD and MST during service, and therefore, there was no condition or experience that excuses or mitigate the discharge. The Applicant alleged combat related trauma exposure was denied during Service. There was no evidence the Applicant had a traumatic event that would meet DSM V diagnostic criteria for PTSD. The only MH diagnosis made during service was ADHD.

4. Does that condition or experience outweigh the discharge?

Since there was no evidence of a mental health condition or experience that would excuse or mitigate the discharge, the condition or experience does not outweigh the discharge.

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, separation code, 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 (Minor Infractions),” and the reentry code shall remain “2B.” The DRB results were approved by the Presiding Officer on 3 August 2024. If desired, the Applicant can request a list of the Board members and their votes by writing to:

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://afrbaportal.azurewebsites.us>

Attachment:

Examiner's Brief (Applicant Only)