

SUMMARY: The Applicant was discharged on 22 July 2011 in accordance with Department of the Air Force Instruction 36-3211, *Military Separations*, with an Honorable discharge for Misconduct (Minor Infractions). The Applicant appealed for a change to the discharge narrative reason.

The Applicant requested the Board be completed based on a records only review. The Board was conducted on 10 October 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 DRB provided a notice to inform the service member of resources available to help answer their questions about the application process and/or to help them supplement their application, to include information on the types of evidence that can be submitted to support a claim; information regarding potential eligibility for mental health treatment and evaluation services offered by the Department of Veterans' Affairs (VA); general information regarding Veterans Service Organizations that may assist with DRB applications, and their right to retain counsel; a link to a database of legal services organizations that serve members of the military, veterans, and their families; the weblink to the VA's Directory of Veteran's Service Organizations; and information regarding reasonable accommodation requests from the DRB in the application and adjudication process.

The Applicant's record of service included the following documented misconduct leading up to their discharge:

- Article 15 for excessive consumption of alcohol or drugs, resulting in incapacitation and inability to perform duties.
- Letter of Reprimand (LOR) for being drunk and disorderly.
- LOR for violating dormitory regulations by smoking in their room.
- LOR for providing a false statement to a noncommissioned officer.
- Letter of Counseling (LOC) for failing to return several library books on time, despite receiving two prior overdue notices.

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 reported that an incident during basic training left them with post-concussion syndrome. Recognizing their ongoing struggles, they sought medical evaluation and were diagnosed with a traumatic brain injury (TBI). They were currently undergoing assessment for post-traumatic stress disorder (PTSD) related to their military service. The Applicant concluded by expressing their efforts to find more effective

coping strategies for the challenges they faced.

The DRB found that the Applicant's service record reflected a recurring pattern of misconduct. The Applicant's record of misconduct indicated a consistent failure to meet military standards. Despite being given opportunities for rehabilitation, such as referrals to the ADAPT program and alcohol education, the Applicant continued to engage in behavior incompatible with military service.

Although the Applicant later reported being diagnosed with a traumatic brain injury (TBI) and raised concerns about post-concussive syndrome and possible PTSD, there was no evidence during service that these conditions contributed to or caused the misconduct. Medical records indicated that, after a concussion in basic training, the Applicant was cleared for an overseas PCS without any documented medical or mental health issues. While the Board acknowledges the Applicant's post-service struggles with mental health and alcohol use, there is no substantial evidence connecting these factors to the misconduct during service.

The Board concluded that the narrative was appropriate and consistent with military standards.

LIBERAL CONSIDERATION: Due to the Applicant's contentions or 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 checked the box for "TBI" on the application. The Applicant contended "due to an incident in basic I was left with Post Concussive Syndrome. Recently due to the all the struggles I have faced and issues I have had with head injuries while serving I have gotten tested. It was concluded that I have been suffering from a TBI. This has cause me many issues and left me trying to find ways to cope with my feelings and headaches. Currently I am being evaluated for PTSD in relation to my time spent in service. Because of the issues I faced, I turned to alcohol to help cope. I am currently working to find better solutions to cope with the issues I faced."

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

A review of the available records revealed the Applicant was command referred to ADAPT services on three separate occasions during his time in service and had at least five document alcohol related incidents during his time in service. After the Applicant was deemed an ADAPT program failure, the command no longer referred the Applicant for continued alcohol related misconducts. The Applicant's records revealed the Applicant received outpatient and inpatient substance use treatment services during his time in service and received the diagnosis of alcohol dependence during his time in service. The Applicant's records revealed the Applicant attended two mental health sessions during his time in service and reported irritability and poor social interpersonal skills. There is evidence the Applicant was seen in the emergency room during his time in basic training subsequent to a loss of consciousness and contusion to his lip sustained during a fight in his squadron while intoxicated. Approximately two months later the Applicant was evaluated for an overseas PCS and a review of the records revealed the Applicant denied any medical or mental health symptoms and was cleared for an overseas PCS. The Applicant's diagnosis, given in the emergency room of post-concussive syndrome was noted as resolved, and there is no evidence the Applicant reported any

impacts from this experience.

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 (minor infractions) with three years, ten months, nineteen days' time in service. There is evidence the Applicant was seen in the emergency room during his time in basic training subsequent to a loss of consciousness and contusion to his lip sustained during a fight in his squadron while intoxicated. Approximately two months later the Applicant was evaluated for an overseas PCS and a review of the records revealed the Applicant denied any medical or mental health symptoms and was cleared for an overseas PCS. A review of the Applicant's discharge package summarized the Applicant's maladaptive alcohol use. "During his assignment, [the Applicant] received an article 15 for failure to go, and being incapacitated for duty, a second article 15 for being drunk, an LOR for lying to a Non-Commissioned Officer, and an LOR for smoking in his dorm room. Additionally, [the Applicant] was enrolled in the ADAPT program on three separate occasion due to his inability to drink responsibly. His first referral was in 2009 as result of being involved in a physical altercation while intoxicated. He did not meet clinical diagnosis of alcohol dependence at this time. His next referral was in 2010 as a result of being passed out on a sidewalk at an off-base establishment. This time he met clinical diagnosis of alcohol dependence and was sent to care for 30 days of treatment. He completed in-patient treated and subsequent aftercare treatment. His final referral was a result of being found passed out drunk at [Café] on base. He was taken to the Urgent Care Clinic. During his third treatment attempt he was witnessed drinking alcohol at the Base Enlisted Club despite receiving a direct written order to refrain from drinking alcohol."

Based on review the Applicants in service records, the Applicant reported to substance abuse treatment providers that he continued to use alcohol in social situations while enrolled in treatment, reporting his use of alcohol was related to a desired to socialize with peers who also used alcohol and enhance his interpersonal abilities. The Applicant reported he chose to use alcohol in a way that was incompatible with military service, which may explain the Applicant's use, but it does not constitute a mitigating mental health condition nor mitigate the Applicant's misconduct.

The Applicant submitted two pages from his in-service medical record and his VA rating as evidence in support of his claim.

Regarding the Applicant's concurrence with his VA rating, the VA, operating under a different set of laws than the military, is empowered to offer compensation for any medical or mental health condition with an established nexus to military service, without regard to its impact on a member's fitness to serve, the narrative reason for release from service, or the length of time that has transpired since the date of discharge. The VA may also conduct periodic reevaluations for the purpose of adjusting the disability rating as the level of impairment from a given condition may improve or worsen over the life of the veteran. At the "snapshot in time" of the Applicant's service, there is no evidence the Applicant had a mental health condition that caused or mitigated the misconduct(s) which led to the Applicant's discharge.

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

Because the Applicant's discharge is not mitigated or excused by TBI or mental health condition, the Applicant's discharge is also not outweighed.

*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 change the discharge narrative reason.

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 "Honorable," 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 13 November 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)