

SUMMARY: The Applicant was discharged on 31 May 2017 in accordance with Air Force Instruction 36-3208, *Administrative Separation of Airmen*, with an Under Honorable Conditions – (General) discharge for Misconduct (Drug Abuse). The Applicant appealed for an upgrade of their discharge characterization, a change to the discharge narrative reason, 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 26 November 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 the wrongful use and possession of psilocybin, a Schedule I controlled substance, and oxycodone, a Schedule II controlled substance, as well as the wrongful use of the over-the-counter medication dextromethorphan. Additionally, the Applicant provided a false statement to a special agent and falsified official records.

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 requested a discharge upgrade to gain closure and access educational benefits, which they claimed were essential for pursuing a graduate degree and qualifying for government support roles. They acknowledged their past mistakes but emphasized their personal growth, mental health treatment, and academic achievements, such as making the Dean's List and being inducted into the Golden Key Honor Society at Embry-Riddle Aeronautical University. The Applicant recounted two traumatic events during their service: responding to a fatal stabbing where, despite their efforts, the victim likely succumbed to their injuries, and assisting at a gruesome vehicle accident where a member was critically injured, and another

service member later died despite the Applicant's interventions. Both experiences had a profound impact on the Applicant, exacerbated by the lack of mental health support. The Applicant stated they viewed this appeal as a step toward closure, expressing a strong desire to continue serving their country in a government support role. While pursuing a bachelor's degree through Chapter 31 VR&E benefits, the Applicant sought the board's support to help them further rebuild their life and fulfill their aspirations.

The Board determined that the Applicant's discharge resulted from serious misconduct, with no evidence that their mental health condition contributed to or excused their actions. Medical evaluations conducted during and after service did not establish a connection between the Applicant's mental health issues and their drug use or misconduct.

While the Board acknowledged the Applicant's post-service achievements, including notable academic accomplishments, these successes did not outweigh the gravity of their misconduct or provide sufficient justification for a discharge upgrade. The Board found no inequity, impropriety, or mitigating factors to warrant altering the discharge characterization, which was deemed appropriate and consistent with military regulations.

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 contended they experienced two traumatic events during service that continue to affect their mental health to this day. The first traumatic event occurred when they and a colleague were dispatched to a stabbing incident. They found a cadet clinging to life from multiple stab wounds, attempted life-saving procedures, but the cadet ultimately died. The second traumatic event while they were assigned to a deployed location. They and their colleague were having lunch in the DFAC when they received a call over the net reporting a major vehicle accident involving Americans. The Applicant responded to the wreckage to assist and witnessed serious injuries and a fatality. They did not talk to anyone about the incident afterward. The Applicant began seeking mental health treatment once they knew their time in the Air Force was officially over. They discussed being investigated and stated they were not coerced into a confession but willfully provided information, disputing the investigation report's allegation that their drug abuse began in January 2014, as they did not arrive at USAFA until February 2014. While the Applicant was not entirely clear in their contention, their statement implied that their traumatic experiences might excuse or mitigate their discharge.

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

There is evidence that the Applicant reported experiencing traumatic events related to their military duties during service. During their intake evaluation at the Mental Health Clinic (MHC), they described three traumatic experiences rather than two. The first occurred while the Applicant was at the United States Air Force Academy (USAFA). They responded to a stabbing incident where they watched a cadet take their last

breath. The second incident took place when they witnessed paramedics perform CPR on a retired Colonel who had suffered a stroke at the USAFA Commissary. They were unable to inform the Colonel's wife of their death. The third traumatic experience happened during their deployment, when they responded to a rollover accident and witnessed a Lieutenant succumb to their injuries.

The Applicant's reports of two of these traumatic experiences were consistent. However, they were not diagnosed with PTSD during the assessment because their responses to a PTSD screening suggested some trauma-related symptoms but did not meet the level of severity required for a PTSD diagnosis. They attended one follow-up psychotherapy session to address sleep and trauma-related symptoms.

The Applicant was first diagnosed with PTSD at the MHC in 2021, four years after their discharge from the Air Force. They had previously been referred to the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program by their commander in 2014 after using psychedelic mushrooms, prescription drugs, and abusing Robitussin. They completed ADAPT's educational course in 2017.

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

According to the Applicant's discharge paperwork, they possessed and used Psilocybin (mushrooms) over an extended period, possessed Oxycodone, made false official statements to special agents by denying their use of Psilocybin while knowing the statement was false, and signed an official record, the USAF Drug and Alcohol Abuse Certificate, falsely stating they never used, experimented with, or possessed any illegal drugs. Additionally, they wrongfully used an over-the-counter medication, Robitussin, in a manner contrary to its intended medical purpose.

In their petition, the Applicant contended that their two traumatic experiences occurred during their service. Comparing these timelines reveals that most of their misconduct occurred before the traumatic experiences. Thus, it is not possible that the traumatic experiences caused them to use, possess, or make false statements about their drug use that occurred earlier.

The Applicant completed annual Periodic Health Assessments (PHAs) with their Primary Care Manager (PCM) during which they denied having any mental health issues. During one PHA, they were screened for depression, anxiety, PTSD, and alcohol problems and tested negative for all these symptoms and conditions. During their intake evaluation at the Mental Health Clinic (MHC), they reported their sleep issues began after returning from deployment. These issues had initially improved but significantly worsened when they were notified of an investigation into substance use. Their reports indicated that their drug use predated their sleep issues and that their sleep problems and trauma symptoms were exacerbated by being under investigation.

There is no evidence that the Applicant used drugs to cope with a mental health condition, nor is there evidence that they continued to use drugs to cope or sought mental health treatment for trauma immediately following or within a year after their discharge from service. They were evaluated for the Exceptional Family Member Program (EFMP) a couple of weeks after discharge, during which they denied having depression or other mental health issues and reported maintaining sobriety.

Based on this cumulative information, there is no evidence that the Applicant's mental health condition had a direct impact on or was a contributing factor to their misconduct and subsequent discharge from service. Therefore, their mental health condition does not excuse or mitigate their discharge.

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

Since the Applicant's mental health condition does not excuse or mitigate their discharge, it also does not outweigh their discharge. There is no inequity or impropriety identified with their discharge from a mental health perspective.

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 their 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 “Under Honorable Conditions – (General),” the narrative reason for separation shall remain “Misconduct (Drug Abuse),” and the reentry code shall remain “2B.” The DRB results were approved by the Presiding Officer on 23 December 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, MD 20762-6435

Instructions on how to appeal an AFDRB decision can be found at
<https://afrbportal.azurewebsites.us>

Attachment:
Examiner's Brief (Applicant Only)