	AIR FORCE DISCHARGE R	EVIEW BOARD H	EARIN	G RECOR	D		· · · · · · · · · · · · · · · · · · ·				
NAME OF SERVICE MEMBER (LA	G	GRADE			AFSN/SSAN						
	A	AB			[]						
TYPE GEN X PER			RECORD F	EVIEW	<u></u> '						
	ND OR ORGANIZATION	ADD	RESS AND	OR ORGANIZATI	ON OF COUNSEL						
YES No											
				vo	TE OF THE BO	ARD					
MEMBER SITTING			HON GE		UOTHC	DENY					
				-	· · · · · · · · · · · · · · · · · · ·		x				
							Х				
				· ····-			v				
↓ ↓ ↓ ↓	I I I						X				
							x				
							x				
ISSUES A92.21	INDEX NUMBER			EXHIBITSS	UBMITTED TO	THE BOARI	L Data				
A92.21 A93.01	INDEX NUMBER A67.10	1									
A94.05		2			REVIEW OF DI	SCHARGE					
		3	 3 LETTER OF NOTIFICATION 4 BRIEF OF PERSONNEL FILE 								
			COUNSEL'S RELEASE TO THE BOARD								
			ADDITIONAL EXHIBITS SUBMITTED AT TIME OF PERSONAL APPEARANCE TAPE RECORDING OF PERSONAL APPEARANCE HE								
HEARING DATE	CASE NUMBER						·				
12 Jun 2007	FD-2006-00172										
APPLICANT'S ISSUE AND THE BOARD'S DEC	ISIONAL RATIONAL ARE DISCUSSED ON THE ATTAC	HED AIR FORCE DISCHARGE R	EVIEW BOA	RD DECISIONAL I	RATIONALE						
	D.C. via video teleconference wi	th Robins AFB, GA	λ								
		1 1/2 15									
Advise applicant of the deci	sion of the Board and the right to	o submit an applica	tion to	the AFBCI	MK						
Names and votes will be ma	de available to the applicant at the	he applicant's requ	est.								
		1	1								
[/	<i>a</i>							
	INDORSEMENT				DATE: 6/12/20	07					
TO: SAF/MRBR		FROM: SECRETARY	OF THE AL	R FORCE PERSO	NNEL COUNCIL						
550 C STREET WEST, SUITE 40 RANDOLPH AFB, TX 78150-4742			ND DR, EE	E REVIEW BOARI WING, 3RD FLOO 62-7002							
	· · · · · · · · · · · · · · · · · · ·										
AFHQ FORM 0-2077, JAN	N 00 (EF-V2)			Previous e	dition will be	used					

٠

GENERAL: The applicant appeals for upgrade of discharge to honorable.

The applicant appeared and testified before the Discharge Review Board (DRB) without counsel, via video teleconference between Andrews AFB, MD and Robins AFB, GA on 12 Jun 2007. Observing the DRB hearing was Ms. the applicant's wife.

The attached brief contains available pertinent data on the applicant and the factors leading to the discharge.

FINDINGS: Upgrade of discharge is denied.

The Board finds that neither the evidence of record nor that provided by the applicant substantiates an inequity or impropriety that would justify a change of discharge.

Issue 1. The applicant's implicit contention is that his discharge was inequitable because it did not take into account the fact that the initial mandatory Anthrax Vaccine Immunization Program (AVIP) was followed by an intervening period of time in which it was purely voluntary, or words to that effect. The record indicates that the applicant received an Article 15 and one Memorandum for Record for twice failing to obey a lawful order to receive an Anthrax vaccination. It is important to note that at the time of the applicant's refusal to comply (October 1999) the AVIP was a mandatory program for individuals within his organization. The DRB found the member's refusal particularly unusual in the context of his testimony that he had previously received an initial Anthrax vaccine that resulted in a non-systemic reaction ("painful lump"); a recognized reaction which did not result in nor require referral for further medical analysis. In the applicant's response to the Article 15, however, he cited the death of his father due to "four different types of cancer" reportedly due to exposure to Agent Orange, and his "refusal to let [his] son grow up without a father if it could be prevented" by avoidance of the Anthrax vaccine. The applicant's response also included a statement of the "several occasions [in which he believes] the U.S. Government hasn't' taken responsibility for any action imposed upon its members." The applicant also testified that prior to deciding against taking the Anthrax vaccine, he had consulted with his mother and immediate supervisor; the former supporting the applicant's refusal and the latter encouraging him to comply. The Anthrax vaccine program is based on a military readiness obligation, and personal philosophy or unfounded health concerns do not excuse a military member from obedience. Such a contention has no place in a military organization grounded in good order and discipline. The Board acknowledged the applicant's concerns, but concluded the applicant's misconduct was a significant departure from conduct expected of all military members.

Issue 2. The DRB acknowledged the member's exceptional post-service employment and the significant contributions he has made as a civilian contract employee during combat operations in Iraq. The DRB was also pleased to hear that the current characterization of the applicant's service has not adversely affected his employability. Further, given the opportunity to serve again, the applicant testified that he would now comply with his required Anthrax vaccine, citing among reasons his current age, experience, and the length of time that has transpired since the initial concerns regarding the safety of the vaccine were raised. However, the Board again found no evidence of an inequity or impropriety in the course of the hearing.

CONCLUSIONS: The Discharge Review Board concludes that the discharge was consistent with the procedural and substantive requirements of the discharge regulation and was within the discretion of the discharge authority and that the applicant was provided full administrative due process.

In view of the foregoing findings, the Board further concludes there exists no legal or equitable basis for upgrade of discharge, thus the applicant's discharge should not be changed.

Attachment: Examiner's Brief

,

DEPARTMENT OF THE AIR FORCE AIR FORCE DISCHARGE REVIEW BOARD ANDREWS AFB, MD

(Former AB) (HGH A1C)

1. MATTER UNDER REVIEW: Appl rec'd a GEN Disch fr USAF Elmendorf AFB, AK on 19 Nov 99 UP AFI 36-3208, para 5.49 (Misconduct - Minor Disciplinary Infractions). Appeals for Honorable Discharge.

2. BACKGROUND:

۰. ۱

a. DOB: 5 Dec 76. Enlmt Age: 20 4/12. Disch Age: 22 11/12. Educ: HS DIPL. AFQT: N/A. A-80, E-77, G-86, M-81. PAFSC: 3E131 - Heating, Ventilation, Air Conditioning and Refrigeration Apprentice. DAS: 10 Jan 98.

b. Prior Sv: (1) AFRes 29 Apr 97 - 25 Jun 97 (1 month 27 days)(Inactive).

3. SERVICE UNDER REVIEW:

a. Enlisted as AB 26 Jun 97 for 4 yrs. Svd: 02 Yrs 04 Mo 24 Das, all AMS.

c. Time Lost: None.

d. Art 15's: (1) 18 Oct 99, Elmendorf AFB, Germany - Article 92. You, having knowledge of a lawful written order, dated 5 Oct 99, issued by Col to immediately report to Military Public Health, 3rd Medical Group, Elmendorf AFB, Alaska, and there receive an anthrax vaccination, an order which it was your duty to obey, did, on 6 Oct 99, fail to obey the same by wrongfully refusing to report to Military Public Health, 3rd Medical Group, Elmendorf AFB, Alaska, and there receive an anthrax vaccination. Reduction to AB. (No appeal) (No mitigation)

e. Additional: 3 CES/CC MEMO, 19 OCT 99 - Failure to obey a lawful order.

f. CM: None.

g. Record of SV: 26 Jun 97 - 11 Mar 99 Elmendorf AFB 4 (Initial) 12 Mar 99 - 01 Oct 99 Elmendorf AFB 5 (CRO)

h. Awards & Decs: AFTR, AFOUA.

i. Stmt of Sv: TMS: (02) Yrs (06) Mos (21) Das TAMS: (02) Yrs (04) Mos (24) Das 4. BASIS ADVANCED FOR REVIEW: Appln (DD Fm 293) dtd 27 Apr 06. (Change Discharge to Honorable)

ISSUES ATTACHED TO BRIEF.

ATCH

· •

Applicant's Issues.
 DD Form 214.

9JUN06/ia

1

			THE REVIEW (OMB No. 0704-0004	
FROM THE ARMED FORCES OF THE UNITED STATES								OMB approval expires			
(Please read instructions on Pages 3 and 4 BEFORE completing this application.)								Aug 31, 2006			
The public reporting burden for this collection of gethering and maintaining the data needed, and of information, including auggestions for reacting any other provision of law, no person shall be PLEASE DO NOT RETURN YOUR FORM PAGE.	completing	g and re	eviewing the collection the Denertment of Date	of ini	formation. Send come Executive Services Dis	nente reg estorate é	ording this 0704-000	burde I), Res	n estimate xxxndenta	or any other aspect of the coll should be aware that notwithst	
			PRIVACY	AC	TSTATEMENT		;				
AUTHORITY: 10 U.S.C. 1553; E.O. PRINCIPAL PURPOSE(S): To apply to ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, Social Security Number is strictly to	for a chi , failure	to pro	ovide identifying i	infor	mation may impe	de pro	cessing	of th			
1. APPLICANT DATA (The person w	-								ATION.	<u> </u>	
	ARMY		MARINE CORPS	<u> </u>	NAVY	_	AIR FOR	_		COAST GUARD	
b. NAME (Lest, First, Middle Initial)				e.	GRADE/RANK AT I	SCHAI	RGE	d. 8	IOCIAL S	ECURITY NUMBER	
2. DATE OF DISCHARGE OR SEPARA	ATION	4. DISCHARGE CHA		RACTERIZATION RECEIVE		EIVED	VED (X one)		BOARD	ACTION REQUESTED ()	
(YYYYMMDD) (If date is more than 15	i years		HONORABLE					×		HANGE TO HONORABLE	
ego, šūbinit a DD Form (149)		×	GENERAL/UNDER							E TO GENERAL/UNDER	
19991118	4045	 			IONORABLE COND				CHANG	E TO UNCHARACTERIZED	
3. UNIT AND LOCATION AT DISCH. OR SEPARATION	ANGE	┠━━┼	BAD CONDUCT (S	·	al court-martial only	/				plicable for Air Force) E NARRATIVE REASON FO	
3 CES CEO F1 Elmendorf AFB,	AK	┠╍╍╊	OTHER (Explain)							TION TO:	
7. (X if epolicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214	TED TO	VAS P	99 and was redu REVIOUSLY SUB ADDITIONAL IS LLOWING ATTAC	MIT	TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS 7	irman (DD) N, OR	(E-1). EVIDEN	The CE.	ne when	e no other offenses on	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical accord	TED TO	VAS P	99 and was redu REVIOUSLY SUB ADDITIONAL IS LLOWING ATTAC	MIT	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO D DOCUMENTS 7	irman (DD) N, OR	(E-1). EVIDEN	The CE.	ne when	e no other offenses on	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214	TED TO TED TO TON, TH rds are re	VAS P	99 and was redu REVIOUSLY SUB ADDITIONAL IS LLOWING ATTAC	MIT	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO D DOCUMENTS 7	irman (DD) N, OR	(E-1). EVIDEN	The CE.	ne when	e no other offenses on	
record. 7. (X if spplicsble) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A) CONDUCT A RECORD REVIEW OF M	TION W TED TO TON, TH was are re X one) MY Disci	VAS P ADD E FOI elevant	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea	MIT SUE: HEL Se se	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.)	Irman (DD) N, OR RE SU	(E-1). Evideni BMITTE	The CE.	N/A	NCE: (Continue in Item 17.	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. I AND/OR (course/representative) W	TION W TED TO ION, TH vds are re X one) MY OISCI unsel/reput	ADD ADD E FOI elevant	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plos to your case, plos BASED ON MY M ative/ Will NOT AI	MIT SUE HEL se se	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.)	Irman (DD) N, OR RE SU	(E-1). EVIDEN BMITTE	CE.	N/A EVIDER	e no other offenses on NCE: (Continue in Item 17.	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. I AND/OR (course/representative) W WASHINGTON, D.C., METROPOLITA V I AND/OR (course/representative) W	TION W TED TO ION, TH vrds are re X one) MY DISCI unsed/repr MISH TO MN AREA. NISH TO	ADD ADD E FOI elevant APPE	99 and was redu REVIOUSLY SUB ADDITIONAL IS LLOWING ATTAC to your case, plea to your case, plea	MIT SUE: HEL PEA AT N	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO D DOCUMENTS A and copies.) ARY PERSONNEL FI R BEFORE THE BO. NO EXPENSE TO THE	irman 400) N, OR IRE SU LE AND ARD. E GOVE	(E-1). EVIDEN BMITTE ANY AD RNMENT	CE. DAS	N/A EVIDER	CUMENTATION	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (coursel/representative) W WASHINGTON, D.C. METROPOLITA X 1 AND/OR (coursel/representative) W	TION W TED TO ION, TH with are re X one) MY Disci unee/repr MISH TO NN AREA. WISH TO DISC. FI	ADD ADD E FOI elevern HARGI APPE	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea BASED ON MY M ather I A HEARING AR AT A HEARING	MIT SUES SHEE SE SE MIT AT N	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO NO EXPENSE TO THE (NOTE: The	ADD) N, OR N, OR LE AND ARD, E GOVE HE GOVE	(E-1). EVIDEN BMITTE ANY AD RIMMENT RIMMENT	The CE. D AS D THO D THO	N/A EVIDER	CUMENTATION BOARD IN THE AVELING PANEL CLOSEST toes not have a traveling pa	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A SUBMITTED BY ME. 1 AND/OR (coursel/representative) W WASHINGTON, D.C. METROPOLITA X I AND/OR (coursel/representative) W Y I AND/OR (coursel/representative) X I AND/OR (coursel/representative) Y I AND/OR (coursel/representative) X I AND/OR (coursel/representative) X I AND/OR (coursel/representative) Y I AND/OR (coursel/representative)	TION W TED TO ION, TH Ms are re X one) MSH TO NA AREA. WISH TO UNSH TO UNSH TO UNSH TO UNSH TO UNSH TO UNSH TO	ADD ADD E FOI adevant APPE	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea BASED ON MY M ative/ WAL NOT AL AR AT A HEARING AR AT A HEARING (Last, First, Middle	MIT SUES SHEE SE SE MIT AT N	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO NO EXPENSE TO THE (NOTE: The	ADD) N, OR RE SU RE SU LE AND ARD. HE GOVE HE GOVE HE GOVE	(E-1). EVIDENI BMITTE BMITTE ANY AD ENIMENT Charge / ELEPHON	CE. DAS DAS BEFG Prives	N/A N/A EVIDER NAL DO DRE THE DRE A THE BORG OF MBER ()/	CUMENTATION BOARD IN THE AVELING PANEL CLOSEST toes not have a traveling pa	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A SUBMITTED BY ME. 1 AND/OR (coursel/representative) W WASHINGTON, D.C. METROPOLITA X I AND/OR (coursel/representative) W Y I AND/OR (coursel/representative) X I AND/OR (coursel/representative) Y I AND/OR (coursel/representative) X I AND/OR (coursel/representative) X I AND/OR (coursel/representative) Y I AND/OR (coursel/representative)	TION W TED TO ION, TH Ms are re X one) MSH TO NA AREA. WISH TO UNSH TO UNSH TO UNSH TO UNSH TO UNSH TO UNSH TO	ADD ADD E FOI adevant APPE	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea BASED ON MY M ative/ WAL NOT AL AR AT A HEARING AR AT A HEARING (Last, First, Middle	MIT SUES SHEE SE SE MIT AT N	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO NO EXPENSE TO THE (NOTE: The	ADD) N, OR RE SU RE SU LE AND ARD. HE GOVE HE GOVE HE GOVE	(E-1). EVIDEN BMITTE ANY AD RIMMENT RIMMENT	CE. DAS DAS BEFG Prives	N/A N/A EVIDER NAL DO DRE THE DRE A THE BORG OF MBER ()/	CUMENTATION BOARD IN THE VAVELING PANEL CLOSEST Tops of here a traveling per robude Area Code)	
record. 7. (X if spolicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (counsel/representative) W WASHINGTON, D.C. METROPOLITA X 1 AND/OR (counsel/representative) W (and)/OR (counsel/representative) W MAD/OR (counsel/representative) W I AND/OR (counsel/representative) W I AND/OR (counsel/representative) W X 1 AND/OR (counsel/representative) W MAD/OR (counsel/representative) W MAND/OR (counsel/representative) W Mathematication	X one) MY DISCI MY DISCI MY DISCI MISH TO NISH TO DICC. FI MISH TO DICC. FI MISH TO DICC. FI MISH TO DICC. FI MISH TO DICC. FI	AS PH ADD E FOI eleverant HARG APPE/ APPE/ ASEl/rej	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC t to your case, plea BASED ON MY M ather WAL NOT AT AR AT A HEARING AR AT A HEARING (Last, First, Middle presentative.)	MIT SUE HEL Se se AT N AT N	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO. NO EXPENSE TO THE INO EXPENSE TO THE INO EXPENSE TO THE INO TE: The	ADD) N, OR N, OR KE SU LE AND ARD, E GOVE Navy Dri b. T c. E d. F,	(E-1). EVIDENI BINITTE BINITTE ANY AD FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT FRIMENT	The CE. DAS DAS BEF(BEF(BEF(A V/ON BEF(A V/ON BEF(A V/ON BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A A BEF(A A A BEF(A A A BEF(A A A BEF(A BEF(A A BEF(A A BEF(A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A A BEF(A BEF(A A A B A B A B A B A B A B A B A B A	N/A N/A EVIDER NAL DO DRE THE DRE A TR Board of MBER (In MBER (In	e no other offenses on NCE: (Continue in Item 17. CUMENTATION BOARD IN THE NAVELING PANEL CLOSEST toes not have a traveling pa notice Area Code) N/A	
record. 7. (X if spolicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (counsel/representative) W WASHINGTON, D.C. METROPOLITA X 1 AND/OR (counsel/representative) W (and)/OR (counsel/representative) W MAD/OR (counsel/representative) W I AND/OR (counsel/representative) W I AND/OR (counsel/representative) W X 1 AND/OR (counsel/representative) W MAD/OR (counsel/representative) W MAND/OR (counsel/representative) W Mathematication	X one) X one) X one) MY OISCI MY OISCI MISH TO NA AREA. WISH TO DITC. FI If any) Ni bout course MI 13.e.	APPE/ BELO	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea BASED ON MY M ather of WAL NOT AL AR AT A HEARING AR AT A HEARING (Last, First, Middle spresentative.)	MIT SUE: HEL Se se AT N AT N AT N	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL FI R BEFORE THE BO NO EXPENSE TO THE (NOTE: The WAND ADDRESS Ruestion is that o	Irman IDD) N, OR IRE SU IRE SU IR	(E-1). EVIDENI BMITTE BMITTE ANY AD FRIMENT FR	The CE. DAS DITIO BEF(lovies le NU I/A BER /. inco	N/A N/A EVIDE/ NAL DO DRE THE DRE A TO BORE A	e no other offenses on NCE: (Continue in Item 17. CUMENTATION BOARD IN THE NAVELING PANEL CLOSEST Toes not have a traveling per relude Area Code) N/A	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (coursel/representative) W WASHINGTON, D.C. METROPOLITA Y and state) Port Charle 10.a. COUNSEL/REPRESENTATIVE (A ISSe heim 10 of the Instructions ab N/A 11. APPLICANT MUST SIGN IN ITEM DEATH OR INCOMPETENCY MIL the name (print) N/A	X one) X one) X one) MY OISCI MISH TO NISH	ADD ADD E FOI ofevann HARG APFE/ APFE/ APFE/ BELO COM	99 and was redu REVIOUSLY SUB D ADDITIONAL IS LLOWING ATTAC to your case, plea to your case, plea E BASED ON MY M ather your case, plea to your case, plea to your case, plea MIL NOT AL NY ATTA HEARING (Lest, First, Middle presentative.) DW, If the record PANY THE APPLI NEXT OF KIN	MIT SUE: HEL SE SC PEA AT N AT N Initia	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO NO EXPENSE TO THE NO EXPENSE TO THE NO EXPENSE TO THE (NOTE: The WOTE: The AND ADDRESS MONTHER THE BO TON. If the appli- and relationshi LEGAL REPRESE	AITMAN ADD) N, OR IRE SU IRE SU I	(E-1). EVIDENI BMITTE BMITTE ANY AD RINMENT FRIMENT FRIMENT RINMENT RI	The CE, DAS DAS BEF(BEF(Avview HE NU I/A BER / I by a box 1	N/A N/A EVIDE/ NAL DO DRE THE DRE A THE DRE A THE DRE A THE DRE A	The no other offenses on NCE: (Continue in Item 17. CUMENTATION BOARD IN THE AVELING PANEL CLOSEST toes not have a traveling pa notucle Area Code) N/A Tree Code/ N/A t person, LEGAL PROOF an the applicant, indicator y/	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (coursel/representative) W WASHINGTON, D.C. METROPOLITA X 1 AND/OR (coursel/representative) W MAD/OR (coursel/representative) W I AND/OR (coursel/representative) W MASHINGTON, D.C. METROPOLITA X 1 AND/OR (coursel/representative) W Issee hefit 10 of the instructions ab N/A 11. APPLICANT MUST SIGN IN ITEM DEATH OR INCOMPETENCY MIL The name (print)	ATION W TED TO TON, TH vois are re (X one) MY OISCI unsel/report MISH TO OICC. FI MISH TO OCC. FI OF APF	ADD HARG HARG HARG HARG APFE APFE BELO COM	99 and was redu REVIOUSLY SUB D ADDITIONAL IS LLOWING ATTAC to your case, plea to your case, plea E BASED ON MY M ather your case, plea to your case, plea to your case, plea MIL NOT AL NY ATTA HEARING (Lest, First, Middle presentative.) DW, If the record PANY THE APPLI NEXT OF KIN	MIT SUE: HEL SE SC PEA AT N AT N Initia	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO NO EXPENSE TO THE NO EXPENSE TO THE NO EXPENSE TO THE (NOTE: The WOTE: The AND ADDRESS MONTHER THE BO TON. If the appli- and relationshi LEGAL REPRESE	Irman IDD) N, OR N,	(E-1). EVIDENI BMITTE BMITTE BMITTE ANY AD ELEPHON MAIL A AX NUM Based or s signed criting a c cleephon	The CE, DAS DAS BEF(BEF(Avview HE NU I/A BER / I by a box 1	N/A N/A EVIDE/ NAL DO DRE THE DRE A THE DRE A THE DRE A THE DRE A	The no other offenses on NCE: (Continue in Item 17. CUMENTATION BOARD IN THE INVELING PANEL CLOSEST Invide Area Code) N/A Irea Code) N/A Irea Code) N/A I person, LEGAL PROOF an the applicant, Indicate	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (A CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (counsel/representative) W WASHINGTON, D.C. METROPOLITA X 1 AND/OR (counsel/representative) W (enter city and state) Port Charle 10.e. COUNSEL/REPRESENTATIVE (A ISSO Refir TO OF the Instructions ab N/A 11. APPLICANT MUST SIGN IN ITER DEATH OR INCOMPETENCY ME the name (print) N/A 12.e. CURRENT MAILING ADDRESS	ATION W TED TO TON, TH vois are re (X one) MY OISCI unsel/report MISH TO OICC. FI MISH TO OCC. FI OF APF	ADD HARG HARG HARG HARG APFE APFE BELO COM	99 and was redu REVIOUSLY SUB D ADDITIONAL IS LLOWING ATTAC to your case, plea to your case, plea E BASED ON MY M ather your case, plea to your case, plea to your case, plea MIL NOT AL NY ATTA HEARING (Lest, First, Middle presentative.) DW, If the record PANY THE APPLI NEXT OF KIN	MIT SUE: HEL SE SC PEA AT N AT N Initia	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE THE BO NO EXPENSE TO THE NO EXPENSE TO THE NO EXPENSE TO THE (NOTE: The WOTE: The AND ADDRESS MONTHER THE BO TON. If the appli- and relationshi LEGAL REPRESE	ADD) N, OR N, OR KE SU RE SU RE SU E GOVE E GOVE Navy Dis E GOVE Na C E GOVE Navy Dis E GOVE Na C E GOVE NA C	(E-1).	The CE. DAS DAS DEF(BEF(BEF(BEF(DAS DAS DAS DAS DAS DAS DAS DAS DAS DAS	IN/A IV/A	re no other offenses on NCE: (Continue in Item 17. NCE: (Continue in Item 17. CUMENTATION BOARD IN THE NAVELING PANEL CLOSEST for the Panel CLOSEST Include Area Code) N/A t person, LEGAL PROOF an the applicant, Indicato () related Area Code)	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED () CONDUCT A RECORD REVIEW OF N SUBMITTED BY ME. 1 AND/OR (counsel/representative) W I AND/OR (counsel/representative) W Y and state) 10.a. COUNSEL/REPRESENTATIVE () ISSe Refit TO OF the Instructions ab N/A 11. APPLICANT MUST SIGN IN ITEM DEATH OR INCOMPETENCY ME the name (print) SPOUSE WIDOW WIDOW WIT 12.s. CURRENT MAILING ADDRESS (Forward notification of any changed)	ATION W TED TO TON, TH vois are re x one) MY Disci unsel/repu MY Disci unsel/repu MY AREA. NISH TO DItc. FI If any) Ni bout cour M 13.a. UST ACU A DOWER OF APP re in eddn	ADD HARG HARG HARG HARG APPE APPE BELO COM BELO COM	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea- to your cas	MIT SUE: HEL Se se se se AT N AT N Initia	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL F R BEFORE TO THE BO TO EXPENSE TO THE IO EXPENSE TO THE ION. If the appli and relationship LEGAL REPRESEN	AIRE SU ARD.) ARD.) ARD. A	(E-1). EVIDENI BMITTE BMITTE ANY AD RINMENT Charge / ELEPHON MAIL } AX NUM	The CE. DAS DAS DEF(BEF(BEF(BEF(I box I box I box I box I E NU	N/A N/A EVIDE/ NAL DO DRE THE DRE A TO BORE THE DRE A TO BORE A MBER (// MBER (// MBER (// MBER (// MBER (// MBER (//	The no other offenses on NCE: (Continue in Item 17. CUMENTATION BOARD IN THE AVELING PANEL CLOSEST toes not have a traveling pa notucle Area Code) N/A Tree Code/ N/A t person, LEGAL PROOF an the applicant, indicator y/	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICAT If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED () CONDUCT A RECORD REVIEW OF M SUBMITTED BY ME. 1 AND/OR (counsel/representative) W WASHINGTON, D.C. METROPOLITA X 1 AND/OR (counsel/representative) W (anter city and state) Port Charle 10.a. COUNSEL/REPRESENTATIVE () ISSO Refit TO OF the Instructions ab N/A 11. APPLICANT MUST SIGN IN ITER DEATH OR INCOMPETENCY ME the name (print) XPOUSE WHOW 12.s. CURRENT MAILING ADDRESS	X one) MY OISCI Intervention MY OISCI Intervention Interven	ADD HARGE HARGE HARGE HARGE HARGE BELO COM	99 and was redu REVIOUSLY SUB ADDITIONAL IS LOWING ATTAC to your case, plea E BASED ON MY M ather Wall NOT AI AR AT A HEARING AR AT A HEARING (Lest, First, Middle presentative.) DW, If the record PANY THE APPLI NEXT OF KIN NT OR PERSON A emembra, as part of attemptor day and a	In q CAT	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL FI R BEFORE THE BO. NO EXPENSE TO THE NO EXPENSE TO THE (NOTE: The AND ADDRESS AND ADDRESS AND ADDRESS	Irman IDD) N, OR N, OR IRE SU IRE	(E-1).	The CE. DAS OTTO BEF(BEF(BEF(BEF(BEF(BEF(BEF(BEF(N/A N/A EVIDER NAL DO DRE THE DRE A TF W Board of MBER (// MBER (/	CUMENTATION BOARD IN THE CUMENTATION BOARD IN THE TAVELING PANEL CLOSEST fores not have a traveling per rectude Area Code) N/A t person, LEGAL PROOF an the applicant, indicate y) restrict Area Code) N/A t person, LEGAL PROOF an the applicant, indicate y) restrict Area Code) N/A t person, LEGAL PROOF an the applicant, indicate y) restrict Area Code) N/A CASE NUMBER Do not write in this space	
record. 7. (X if applicable) AN APPLICA AND THIS FORM IS SUBMIT 8. IN SUPPORT OF THIS APPLICATI If military documents or medical record DD Form 214 Letter of Explanation 9. TYPE OF REVIEW REQUESTED (Note: The submitted by mean and state) CONDUCT A RECORD REVIEW OF A SUBMITTED BY ME. I AND/OR (coursel/representative) W WASHINGTON, D.C. METROPOLITA X I AND/OR (coursel/representative) W (enter city and state) PORT Charles 10.a. COUNSEL/REPRESENTATIVE (Note: Course (Note: Course) ISBN Refit 10 of the Instructions ab N/A 11. APPLICANT MUST SIGN IN ITEM DEATH OR INCOMPETENCY Muther and print) SPOUSE WIDOW WID 12.a. CURRENT MAILING ADDRESS (Forward notification of any change) I AND/OR is involved for willfully mean and 1001, provide that an individence of the instruction of any change)	X ane) X ane) X ane) MY DISCI MENTO MISH TO NISH TO NISH TO DOLLE, FI If any) Ni bout cours M 13.a. UST ACC A DOWER OF APP fe in addh	er 199 (AS P) ADD HE FOI elevant HARGI APFE APFE APFE BELO COMI False all be	99 and was redu REVIOUSLY SUB ADDITIONAL IS LLOWING ATTAC t to your case, plea ather wall not a ar at a HEARING AR AT a HEARING AR AT a HEARING (Lest, First, Middle presentative.) DW. If the record PANY THE APPLI NEXT OF KIN NT OR PERSON A ements, as part of statement or cla fined under this is	In q CAT	to the rank of A TED ON (YYYYMA S, JUSTIFICATIO DOCUMENTS A and copies.) ARY PERSONNEL FI R BEFORE THE BO. NO EXPENSE TO THE NO EXPENSE TO THE (NOTE: The AND ADDRESS AND ADDRESS AND ADDRESS	Irman IDD) N, OR IRE SU IRE SU IR	(E-1). EVIDENI BMITTE BMITTE ANY AD RNMENT Scharge / ELEPHON MAIL) AX NUM Pased or s signed wrking a cleephon MAIL) AX NUM	The CE. DAS OTTO BEF(BEF(BEF(BEF(BEF(BEF(BEF(BEF(N/A N/A EVIDER NAL DO DRE THE DRE A TF W Board of MBER (// MBER (/	The no other offenses on NCE: (Continue in Item 17. CUMENTATION BOARD IN THE TaveLing PANEL CLOSEST toes not have a traveling particular include Area Code) N/A toperon, LEGAL PROOF an the applicant, indicate () rea Code) N/A CASE NUMBER	

DD FORM 293, MAR 2004

1 e

.

Page 1 of 4 Pages

Djodo-00172



April 27, 2006

In Attn to: Board of Corrections of Air Force Records

Board of Corrections of Air Force Records SAF/MRBR 550-C Street West Suite 40 Randolph AFB, TRX 78150-4742

To Whom It May Concern: I:______arm submitting this asking this court to upgrade my current general discharge to Honorable. In November, 1999, I was discharged for refusing the anthrax vaccine. Other than this situation my military record was spotless.

Since my discharge, I have dedicated my life to civil service. I became Firefighter/Emergency Medical Technician in Florida. I worked in this field until March of 2005, when I was offered the opportunity to go to Iraq and work as a Firefighter/ EMT. While in Iraq, I was the Training Officer for Camp Fallujah Fire Rescue, Iraq. In October 2005, I was offered a job as a Security Operator/ Tactical Medic. I conducted convoy security operations in Western Iraq. In March 2006, I completed my National Registry Emergency Medical Technician Intermediate in Savannah, Georgia. I am planning on returning to Iraq for another contract.

Based on these information and the fact that anthrax vaccine are now voluntary and not mandatory, I feel that it wrong and unjust to refuse the upgrade of my discharge.

Sincerely

	A
i de la constante de	
•	
•	
1	
<u>.</u>	
	i .
1	
1	

and a second second

DEPARTMENT OF THE AIR FORCE PACIFIC AIR FORCES

-77006-00172

OCT 20 1000

MEMORANDUM FOR 3 CES/CEOFI (AB

FROM: 3 CES/CC

. 4

SUBJECT: Notification Memorandum

1. I am recommending your discharge from the United States Air Force for misconduct based on minor disciplinary infractions. The authority for this action is AFPD 36-32 and AFI 36-3208, paragraph 5.49. If my recommendation is approved, your service will be characterized as honorable, general, or under other than honorable conditions. I am recommending your service be characterized as general.

2. My reasons for this action are:

a. On or about 5 Oct 99, you, having knowledge of a lawful order to immediately report to Military Public Health and receive an anthrax vaccination, did fail to obey the same. For this offense you received an Article 15, dated 21 Oct 99, and an Unfavorable Information File entry. You were reduced to the rank of airman basic with a new date of rank of 18 Oct 99.

b. On or about 19 Oct 99, you, having knowledge of a second lawful order to immediately receive an anthrax vaccination, did fail to obey the same. For this offense discharge action was initiated. This is evidenced by 3 CES/CC Memo, dated 19 Oct 99.

3. Copies of the documents to be forwarded to the separation authority in support of this recommendation are attached. The commander exercising SPCM jurisdiction or a higher authority will decide whether you are discharged or retained in the Air Force and, if you are discharged, how your service will be characterized. If you are discharged, you will be ineligible for reenlistment in the Air Force, and any special pay, bonus, or education assistance funds may be subject to recoupment.

4. You have the right to consult legal counsel. Military legal counsel has been obtained to assist you. I have made an appointment for you to consult Capt; 552-3887, at Bldg 10480, Rm 330 on ______ at _____. You may consult civilian counsel at your own expense.

5. You have the right to submit statements in your own behalf. Any statements you want the separation authority to consider must reach me within three duty days after the date of this letter unless you request and receive an extension for good cause shown. I will forward any statements you provide to the separation authority.

6. If you fail to consult counsel or to submit statements in your own behalf, your failure will constitute a waiver of your right to do so.

7. You have been scheduled for medical examinations. You must report, with your medical records, to the 3rd Aerospace Medicine Squadron, Bldg 5595, at <u>0700</u> on <u>INOV 99</u> for your first exam, at which time you will be notified of the time for your second exam. You are to refrain from alcohol for 72 hours, and refrain from the use of tobacco products for 6 hours, prior to examination. Bring eyeglasses (and contact solution if using contacts) if applicable. You must be in uniform for these examinations.

8. You have been scheduled for a Transition Assistance Program briefing. You must report to the Family Support Center at 1445 on 200799. You have also been scheduled for a TMO Household Goods Shipment preprocessing briefing. You must report to Bldg 8517 (People Center), Rm 247 at 0730 on 200799. You must be in uniform for all appointments.

9. Any personal information you furnish in rebuttal is covered by the Privacy Act of 1974. A copy of AFI 36-3208 is available for your use at your Squadron Orderly Room.

Commander

-D7006-00170

Attachments:

1. 3 CES/CC Memo, 19 Oct 99

2. Article 15, 21 Oct 99