

AIR FORCE DISCHARGE REVIEW BOARD HEARING RECORD

NAME OF SERVICE MEMBER (LAST, FIRST MIDDLE INITIAL)			GRADE		AFSN/SSAN	
TYPE	GEN	PERSONAL APPEARANCE			X	RECORD REVIEW
COUNSEL		NAME OF COUNSEL AND OR ORGANIZATION			ADDRESS AND OR ORGANIZATION OF COUNSEL	
YES	No					
	X					
VOTE OF THE BOARD						
			HON	GEN	UOTHC	OTHER
ISSUES		INDEX NUMBER		EXHIBITS SUBMITTED TO THE BOARD		
A93.19 A01.43		A69.00		1 ORDER APPOINTING THE BOARD		
				2 APPLICATION FOR REVIEW OF DISCHARGE		
				3 LETTER OF NOTIFICATION		
				4 BRIEF OF PERSONNEL FILE		
				COUNSEL'S RELEASE TO THE BOARD		
				ADDITIONAL EXHIBITS SUBMITTED AT TIME OF PERSONAL APPEARANCE		
HEARING DATE		CASE NUMBER		TAPE RECORDING OF PERSONAL APPEARANCE HEARING		
24 Feb 2011		FD-2009-00516				
APPLICANT'S ISSUE AND THE BOARD'S DECISIONAL RATIONALE ARE DISCUSSED ON THE ATTACHED AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE						
<p>Case heard in Washington, D.C.</p> <p>Advise applicant of the decision of the Board, the right to a personal appearance with/without counsel, and the right to submit an application to the AFBCMR.</p> <p>Names and votes will be made available to the applicant at the applicant's request.</p>						
TO:				FROM:		
SAF/MRBR 550 C STREET WEST, SUITE 40 RANDOLPH AFB, TX 78150-4742				SECRETARY OF THE AIR FORCE PERSONNEL COUNCIL AIR FORCE DISCHARGE REVIEW BOARD 1535 COMMAND DR, 2E WING, 3RD FLOOR ANDREWS AFB, MD 20762-7001		

RE: 3/7/2011

AIR FORCE DISCHARGE REVIEW BOARD DECISIONAL RATIONALE

CASE NUMBER

FD-2009-00516

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

The applicant was offered a personal appearance before the Discharge Review Board (DRB) but declined and requests that the review be completed based on the available service record.

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

FINDING: The Board denies the upgrade of the discharge.

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:

Issue 1. Applicant contends medical conditions and medication he was taking contributed greatly to his misconduct. The record indicates the applicant received a General discharge for failure in alcohol rehabilitation. Additionally, he had an Article 15 in August 2007 for driving while intoxicated. Upon review of the record, the Board was unable to find any documentation regarding the discharge. Due to lack of evidence and supporting documentation to explain the discharge, the Board concludes that the misconduct was a significant departure from the conduct expected of all military members. The Board relies on the presumption of regularity and finds the characterization; reason for discharge and the reenlistment code were appropriate.

Issue 2. A review of applicant's medical record disclosed he had an ADAPT in-take appointment on 29 Jan 2007. He attended the 6-hour Substance Abuse Awareness Seminar in Feb 2007. In July 2007, applicant was diagnosed alcohol dependent and also as having an adjustment disorder with depressed mood. In late September 2007, applicant had a relapse without hospitalization. He subsequently made a suicide attempt while drunk, at which time it was determined he should go to in-patient treatment. By his own admission, applicant refused the treatment and was deemed an alcohol rehabilitation failure. Coupled with his known misconduct, the Board concluded the discharge was appropriate for the reason which was its basis, and that the characterization accurately described the quality of applicant's service.

CONCLUSION: 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 the applicant was provided full administrative due process.

In view of the foregoing findings, the Board further concludes that there exists no legal or equitable basis for upgrade of discharge and determines the discharge should remain unchanged.

Attachment:
Examiner's Brief

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES

(Please read instructions on Pages 3 and 4 BEFORE completing this application.)

OMB No. 0704-0004
OMB approval expires
Oct 31, 2009

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0004). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1553; E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA (The person whose discharge is to be reviewed). PLEASE PRINT OR TYPE INFORMATION.

a. BRANCH OF SERVICE (X one)	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY	<input checked="" type="checkbox"/> AIR FORCE	<input type="checkbox"/> COAST GUARD
b. NAME (Last, First, Middle Initial)	c. GRADE/RANK AT DISCHARGE			d. SOCIAL SECURITY NUMBER	
	E-4				
e. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON NAMED IN ITEM 11 (Forward notification of any change in address.)				f. TELEPHONE NUMBER (Include Area Code)	
				g. E-MAIL	
				h. FAX NUMBER (Include Area Code)	
				N/A	

2. DATE OF DISCHARGE OR SEPARATION (YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149)	4. DISCHARGE CHARACTERIZATION RECEIVED (X one)	5. BOARD ACTION REQUESTED (X one)
20071108	<input type="checkbox"/> HONORABLE	<input checked="" type="checkbox"/> CHANGE TO HONORABLE
	<input checked="" type="checkbox"/> GENERAL/UNDER HONORABLE CONDITIONS	<input type="checkbox"/> CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS
	<input type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS	<input type="checkbox"/> CHANGE TO UNCHARACTERIZED (Not applicable for Air Force)
3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION	<input type="checkbox"/> BAD CONDUCT (Special court-martial only)	<input type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION:
21STS Pope AFB, NC	<input type="checkbox"/> UNCHARACTERIZED	
	<input type="checkbox"/> OTHER (Explain)	

6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST. (Continue in Item 13. See instructions on Page 3.)

I think due to injuries and medicine sustained while in the service, i made poor choices which caused my discharge.

7. (X if applicable) AN APPLICATION WAS PREVIOUSLY SUBMITTED ON (YYYYMMDD) AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUES, JUSTIFICATION, OR EVIDENCE.

8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE: (Continue in Item 14. If military documents or medical records are relevant to your case, please send copies.) Please see attached documents.

9. TYPE OF REVIEW REQUESTED (X one)

<input checked="" type="checkbox"/>	CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR (counsel/representative) WILL NOT APPEAR BEFORE THE BOARD.
<input type="checkbox"/>	I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON, D.C. METROPOLITAN AREA.
<input type="checkbox"/>	I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO (enter city and state)

(NOTE: The Navy Discharge Review Board does not have a traveling panel.)

10.a. COUNSEL/REPRESENTATIVE (If any) NAME (Last, First, Middle Initial) AND ADDRESS (See Item 10 of the instructions about counsel/representative.)	b. TELEPHONE NUMBER (Include Area Code)
	c. E-MAIL
	d. FAX NUMBER (Include Area Code)

11. APPLICANT MUST SIGN IN ITEM 12.a. BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (print) Bruce Maurice and relationship by marking a box below.

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> WIDOW	<input type="checkbox"/> WIDOWER	<input checked="" type="checkbox"/> NEXT OF KIN	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> OTHER (Specify)
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12. CERTIFICATION. I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)

12.a. SIGNATURE - REQUIRED (Applicant or person in Item 11 above)	b. DATE SIGNED - REQUIRED (YYYYMMDD)
	20090715

CASE NUMBER (Do not write in this space.)

FD2009-00516

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

AFDRB BRIEF							
NAME (Last, First, MI):			SSN:		DOCKET # FD-2009-00516		COMPONENT: USAF
TYPE OF DISCHARGE: GENERAL		DISCHARGE FROM POPE AFB, NC		DISCHARGE DATE: 08 NOV 07		APPEALS FOR: UPGRADE DISCHARGE	
DOB/ ENLMT AGE: 28 DEC 82 20		DISCH AGE: 24		FORMER: SRA	HGH: SRA	B. CURRENT DOR: 18 MAR 06	
						C. TIME LOST: NONE	
AFSC: J1C251 - PARACHUTIST COMBAT CONTROL JOURNEYMAN				DEP DT: 31 JUL 02		ASVAB SCORES: A: 52 E: 87 G: 78 M: 82	
D. ART 15 / VAC: ART 15: 1		D. LOR, LOA, RIC, LOC: UNKNOWN		E. SCM / SPCM / GCM: UNKNOWN		ADDITIONAL: (IE. CIVIL CONV, CDC) UNKNOWN	
F. RECORD OF SERVICE (EPR/ OPR, PAST TO PRESENT) : 18 MAR 03 - 20 OCT 06 POPE AFB 5 (ANNUAL)							
G. AWARDS & DECS: GWOTSM, AFLSA							
EAD: 18 MAR 03		DAS: UNKNOWN		H. TMS: 5 YRS 3 MOS 10 DAS		TAMS: 4 YRS 7 MOS 21 DAS	
APPLN (DD FORM 293) DTD: 15 JUL 09		DT/ INITIALS: 28OCT10/JLL		NPA/PA: NPA		BOARD REGION:	
RECORDS :	MPR:NO	ARMS: YES	STR: YES	ISSUES: YES		ATTACHMENTS: YES	
AUTH FOR DISCHARGE : AFI 36-3208 (ALCOHOL REHABILITATION FAILURE)							
ART 15; VAC; SCM; SPMC; GCM; ADDITIONAL:							
<p style="text-align: center;">ART 15: 23 AUG 07 - (ART 111) DWI.</p>							
EXAMINER'S NOTE: NO DISCHARGE PKG IN RECORD							
NOTES:							

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES

(Please read instructions on Pages 3 and 4 BEFORE completing this application.)

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	20090715	FD2009-00816

July/15/2009

Dear, whom it may concern.

I entered the United States Air Force on March 18, 2003; at this time I was guaranteed a chance to become a Combat Controller. I entered basic training and Combat control orientation. Over the next four to five years I received above average scores in the following schools: Airborne, Military Freefall, Combat Survival training, Underwater Egress, Air traffic Control, Combat Control School, Marine Combat Dive, Cross Cultural Communication, Dynamics of International Terrorism, Middle East Orientation, Backwater, Raven B, Land Navigation, and Combat Control Advanced Skills Training (AST), which involved many other skill training.

During this time I received many different injuries. During Land Navigation Training I fell from a cliff and received a (TBI) Traumatic Brain Injury, also cervical neck and shoulder injury. During one of our static line jump, I received cracked and bruised ribs and a shoulder injury. I also received a few ankle and knee injuries due to extensive amounts of running and other training events. While on a training mission in six to eight foot seas in a zodiac boat in the Gulf of Mexico, I was thrown from the boat, and then run over by the boat. I received a severe back injury with two bulging discs.

Toward the end of my military career I suffered from chronic back pain, headaches, and severe depression. At the same time my wife suffered from a seizure and bi-polar disorders. My decision making a judgment was distorted due to pain, depression and family matters and medication. I then started to drink heavily to deal with these issues. During this period of heavy drinking and tough times in general I received a DUI and was hospitalized for suicidal thoughts. I was required to go to ADAPT and AA counseling for the drinking and regular counseling for my depression.

During this time of treatment, I was told outpatient treatment would allow a somewhat normal life and I would be able to take care of my wife. I was then told I was going to have to do inpatient treatment, which would be 31 days way

from home and my ill wife, when I had already been promised that I wouldn't have to. My situation would not allow me to do this at the time. My refusal of this treatment plan is what causes my discharge from the Air force. A decision I regret every day.

Looking back, I could have handled the situation differently. At the time I thought I was doing the right thing for myself and my wife. I am now out of the military on a general other than honorable discharge, with 80% disability and incompetency. I am still being evaluated by the veteran's administration for various injuries. I would like to have my discharge changed to honorable. Please consider the success of my current career and injuries. Please consider all of these factors and the extend of injuries occurred in the line of duty in the Air Forces, many which were out of my control and others with poor judgment due to extenuating circumstances. Please do not allow my poor decision in a time of pain, and clouded judgment while under medication given to me by my military doctors, stay with me the rest of my life and cause more problems and hardship.