

RECORD OF PROCEEDINGS  
AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

NOV 13 1998

IN THE MATTER OF:

DOCKET NUMBER: 97-01321

COUNSEL: NONE

HEARING DESIRED: NO

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APPLICANT REQUESTS THAT:

His administrative discharge be changed to a disability discharge.

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APPLICANT CONTENDS THAT:

He was discharged while he was hospitalized and he was diagnosed as having a personality disorder when what he really had was Post Traumatic Stress Disorder as evidenced by a Department of Veterans Affairs (DVA) rating of 11 December 1996. Applicant states that the diagnosis also conflicts with at least a half-dozen more behavior professionals.

Applicant's submission is attached at Exhibit A.

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STATEMENT OF FACTS:

Applicant enlisted in the Regular Air Force on 29 December 1994 for a period of four (4) years in the grade of airman basic.

Available records reflect that while serving in the grade of airman, applicant met a Medical Evaluation Board (MEB) on 22 November 1995, after psychiatric evaluation at his home station at Tinker Air Force Base (AFB), Oklahoma (OK) rendered a diagnosis of Dissociative Amnesia. The MEB recommended the applicant be referred to an Informal Physical Evaluation Board (IPEB). The IPEB convened on 10 December 1995 and found the diagnosis to be "Dissociative Amnesia. Mild Social and Industrial Impairment." The recommended disposition of the IPEB was discharge with severance pay with a compensable rating of 10 percent.

Applicant was subsequently hospitalized at Sheppard AFB from 28 December 1995 to 15 January 1996 where diagnoses of dissociative amnesia, post-traumatic stress disorder and panic disorder were made. Applicant was further hospitalized on two occasions at Wilford Hall Medical Center (WHMC), Texas. The

second hospitalization was from 22 February to 6 March ,1996 in anticipation of a second MEB. The second hospitalization did not affirm the previous diagnoses and he was found only to have a personality disorder which did not warrant MEB consideration. He was returned to his home station to await disposition.

On 2 April 1996, applicant was notified by his commander that he (commander) was recommending applicant's discharge from the U. S. Air Force for Misconduct and Involuntary Convenience of the Government. The authority for this action is AFI 36-3208, paragraph 5.50.2, Misconduct, Conduct Prejudicial to Good Order and Discipline, and paragraph 5.11.1, Personality Disorders. The commander recommend applicant's service be characterized as general. The reasons were:

(1) On 14 February 1996, applicant was given directions to settle financial matters with his landlord in order to obtain access to his living quarters, which had been locked for non-payment of rents. Applicant was directly told to report problems of his compliance with conditions to be met that would allow him access to his quarters. He did not comply with this request.

(2) On or about 15 February 1996 applicant failed to report to duty at the prescribed time of 0730 hours and failed to report to his supervisor his whereabouts.

(3) On 14 February 1996, applicant reported to a Tinker AFB Chaplain and the Chaplain then took applicant to the emergency room at Tinker AFB hospital. Applicant was transferred to Wilford Hall Medical Center and while in the patient waiting room, applicant failed to obey the directions on a prescription given to him and he ingested the entire bottle of the prescribed drug, Klonopin. Applicant also feigned illness and a mental lapse. Applicant did not receive any disciplinary actions for the offenses mentioned above because he was admitted to the Hospital for evaluation. The Chief, Behavioral Medicine, Tinker AFB Hospital, stated in her letter, dated 22 March 1996, that applicant was clearly not suited for further military service and recommended separation. Probation and rehabilitation was not recommended. The prognosis for a change in applicant's attitude was almost non-existent.

On 19 April 1996, the Chief, General Law Division, reviewed the recommendation for discharge and found it legally sufficient. Even though the commander had initially recommended a general discharge, after evaluating the circumstances of the case, he believes that the applicant should be discharged as a result of Mental Disorders only and that the misconduct behavior was the result of the mental disorders. Therefore, the commander now recommends an honorable discharge.

On 23 April 1996, the Discharge Authority directed that the applicant be discharged from the U. S. Air Force for Conditions

That Interfere With Military Service, Mental Disorders with service characterized as honorable.

Applicant was honorably discharged on 24 April 1996 under the provisions of AFI 36-3208 (Personality Disorder) in the grade of airman. He served 1 year, 3 months and 26 days of active duty.

Applicant filed a claim with the Department of Veterans Affairs (DVA) on 20 June 1996 and was awarded a 30 percent disability compensation for Dissociative and Panic Disorders; Post Traumatic Stress Disorder. On 13 May 1997, the DVA increased the disability compensation to 100 percent after evaluation of applicant's nervous disorder and stated that since there is a likelihood of improvement, the assigned evaluation is not considered permanent and is subject to a future review examination.

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AIR FORCE EVALUATION:

The Chief Medical Consultant, AFBCMR, Medical Advisor SAF Personnel Council, states that the applicant's last hospitalization at Wilford Hall Medical Center (WHMC) between February and March 1996, did not affirm the previous diagnoses of dissociative amnesia, post-traumatic stress disorder, and panic disorder and he was found only to have a personality disorder, a condition that does not warrant MEB consideration. This change in his diagnosis is his basis of contention. He was returned to his home station to await disposition. This non-ratable, non-compensable diagnosis was then used as a mitigating condition for his work-related problems and he was administratively discharged.

The apparent discrepancy in the diagnoses rendered the applicant were definitively finalized in the last hospitalization at WHMC in Feb-Mar 1996. Extensive psychological testing and lengthy observation resulted in the conclusion that he suffered from a personality disorder, and this was properly used in considering the character of discharge. This case was properly evaluated by the evidence of record and there is no evidence of error or irregularity in the processing of the case. Action and disposition are proper and reflect compliance with Air Force directives which implement the law. The Medical Consultant is of the opinion that no change in the records is warranted and the application should be denied.

A copy of the Air Force evaluation is attached at Exhibit C.

The Chief, USAF Physical Disability Division, HQ AFPC/DPPD, states that the medical aspects of this case are fully explained by the Medical Consultant and HQ AFPC/DPPD agrees with that evaluation. The Air Force and DVA disability systems operate under separate laws. To receive compensation from the Air Force, under Title 10, U.S.C., each medical condition must, in and of

itself, render the member unfit for duty. Under the DVA system, Title 38, U.S.C., the law provides for compensation for members based on the average impairment in earning capacity resulting from all service connected diseases and/or injuries.

Additionally) the disability provisions under Title 10 require the military services to rate disabilities based on their current condition, at the time of disability processing. Under Title 38, the DVA may rate based upon future employability, plus the fact that the DVA may perform evaluations at a later point in time which often results in different ratings by the two agencies. They recommend denial of applicant's request.

A copy of the Air Force evaluation is attached at Exhibit D.

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APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

Copies of the Air Force evaluations were forwarded to the applicant on 10 November 1997 for review and response within 30 days. As of this date, no response has been received by this office.

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THE BOARD CONCLUDES THAT:

1. The applicant has exhausted all remedies provided by existing law or regulations.
2. The application was timely filed.
3. Insufficient relevant evidence has been presented to demonstrate the existence of probable error or injustice. After a thorough review of the evidence of record and applicant's submission, the majority of the Board is not persuaded that his administrative discharge should be changed to a disability discharge. His contentions are duly noted; however, the Board majority does not find these uncorroborated assertions, in and by themselves, sufficiently persuasive to override the rationale provided by the Air Force. The majority of the Board therefore agrees with the recommendations of the Air Force and adopts the rationale expressed as the basis for our decision that the applicant has failed to sustain his burden that he has suffered either an error or an injustice. Therefore, we find no compelling basis to recommend granting the relief sought.

RECOMMENDATION OF THE BOARD:

A majority of the panel finds insufficient evidence of error or injustice and recommends the application be denied.

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The following members of the Board considered this application in Executive Session on 4 August 1998, under the provisions of AFI 36-2603.

Ms. Martha Maust, Panel Chair  
Mr. Richard A. Peterson, Member  
Mr. Patrick R. Wheeler, Member

By a majority vote, the Board recommended denial of the applicant's request. Ms. Maust voted to grant applicant's request to change his administrative discharge to a disability discharge but does not wish to submit a minority report. The following documentary evidence was considered:

- Exhibit A. DD Form 149, dated 21 Jan 97, w/atchs.
- Exhibit B. Applicant's Master Personnel Records.
- Exhibit C. Letter, BCMR Medical Consultant, dated 26 Aug 97.
- Exhibit D. Letter, HQ AFPC/DPPD, dated 23 Oct 97.
- Exhibit E. Letter, AFBCMR, dated 10 Nov 97.

  
MARTHA MAUST  
Panel Chair