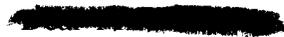




DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 4726-02
10 September 2002



This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 5 September 2002. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Specialty Leader for Pulmonary Medicine dated 25 July 2002, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records.

Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

Enclosure



DEPARTMENT OF THE NAVY

NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20889-5600

IN REPLY REFER TO
PULMONARY

25 July 2002

From:

[REDACTED]
Specialty Leader for Pulmonary Medicine

To:

Chairman, Board for Correction of Naval Records

Subj:

REQUEST FOR COMMENTS AND RECOMMENDATION IN THE CASE
[REDACTED]

Encl:

- (1) BNCR File
- (2) Service Record

1. Per your request, enclosure (1) was reviewed. The medical record provided indicated that [REDACTED] was seen at Naval Hospital Great Lakes on 26 Jan 2000. At that evaluation he indicated that he was unable to pass the PRT on two occasions secondary to wheezing and had symptoms consistent with asthma including dyspnea, chest pain, and wheezing triggered by exposure to cold air and exercise. He denied a history of recent URI that might mimic asthma and cause transient airway hyper-reactivity. He also noticed problems breathing that limited activity during high school softball.
2. Pulmonary function studies obtained during the 1/26/02 evaluation showed mild airway obstruction with reversibility post bronchodilator therapy. These findings and the history are strongly consistent with asthma.
3. The evaluation provided by [REDACTED] physician does not exclude asthma. The PRT dates shows an 8% increase in FEV₁ post bronchodilator, which would be unusual in a normal subject. In addition the lung function percent predicted by the subject's physician was incorrect. The pulmonary function lab used a height of seventy-two inches and a weight of two hundred sixty six pounds, different from the height and weight used by Great Lakes and reported by the patient in his letter.
4. In my opinion, the patient likely has mild asthma. The history and evaluation strongly support asthma. There is nothing in the information provided that would suggest the diagnosis is in error. I would strongly recommend that no modification be made to the discharge records and that the diagnosis of asthma not be amended.

[REDACTED]

AUG 5 2002