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**UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS**

ADDENDUM TO RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-1994-02851-4

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COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT’S REQUEST

- 1. The Board reconsider his request his medical discharge be changed to a medical retirement.
- 2. He also makes a new request that his post-traumatic stress disorder (PTSD) be included in the medical board findings recommending his discharge.

RESUME OF THE CASE

The applicant is a former Air Force staff sergeant (E-5).

On 27 Jun 92, the Formal Physical Evaluation Board (FPEB) recommended the applicant be discharged with severance pay (DWSP) with a rating of 10 percent for his condition of Somatoform Pain Disorder, Associated with Dysthymia; mild social and industrial impairment. Other conditions considered but not ratable included Dependent Personality Disorder and Irritable Bowel Disease.

On 20 Jul 92, the applicant was DWSP in the grade of staff sergeant. He was credited with 13 years, 2 months, and 10 days of active duty.

On 13 Jun 95, the Board considered and denied his request he be reevaluated for psychosomatic disorder and his DWSP be changed to a medical retirement. The Board found the applicant was properly evaluated and rated for his conditions and he agreed with the findings of the FPEB. The Board noted the Department of Veterans Affairs (DVA) and the Air Force operated under different laws and policies. The Air Force assessed a service member’s disability with respect to fitness for duty, while the DVA rated all conditions without regard to fitness. The Board also found insufficient evidence the applicant was denied access to care, utilization of the inspector general program, received inadequate counsel during the FPEB and was unable to use his 56 days of accrued leave prior to separation.

On 7 Nov 95, the Board reconsidered and denied the applicant’s request for reevaluation of his psychosomatic disorder and his DWSP be changed to a medical retirement. The Board noted the disability rating established by the DVA subsequent to his separation; however, again indicated the Air Force and DVA operate under different laws and policies. The Board found the applicant had not shown the rating assigned to his conditions by the Air Force were in error or unjustified.

On 8 Nov 10, the Board again denied his request his psychosomatic disorder be reevaluated and his DWSP be changed to a medical retirement. The applicant also requested his diagnosis of chronic recurrent prostatitis be added to his FPEB findings. He stated he was granted service-

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connection through the DVA for an illness he was afflicted with while in service. He received inadequate medical care which led to his medical discharge. The AFBCMR Medical Consultant recommended the applicant be granted a medical retirement with a 30 percent disability rating utilizing the Veterans Affairs Schedule for Rating Disabilities (VASRD) criteria for urinary tract infection and removing Psychosomatic Pain Disorder. The AFBCMR Medical Consultant noted the applicant's unresolved multiplicity of genitourinary symptoms may have warranted placement on the Temporary Disability Retired List (TDRL). While his physicians took a reasonable course to search for a psychological basis for his symptoms, the probable ultimate organic basis of his symptoms was not resolved. The DVA did not identify a Somatoform Disorder and successfully diagnosed and treated the likely source of the applicant's hematuria and hemospermia. The Board noted the AFBCMR Medical Consultant's recommendation to grant relief but disagreed to render the benefit of doubt to the applicant for a possible unresolved chronic organic genitourinary disorder. The Board acknowledged he had positive clinical findings during his service, such as prostatic tenderness and blood in the urine and semen but determined his psychological factors predominated in the determination of his fitness to serve. The Board also noted it was over 16 years after his discharge the DVA granted the applicant service-connection for his condition, which further supports there was no basis to include it as an unfitting condition at the time of his discharge. The ROP dated 3 Mar 11 also states his requests for reconsideration were reviewed by the Board staff in Apr 96, May 96, Nov 04, Jun 09 and Sep 09 and determined the requests did not meet the criteria for reconsideration.

For an accounting of the applicant's original request and the rationale of the earlier decision, see the AFBCMR Letter and Record of Proceedings at Exhibit O.

On 1 Dec 22, the applicant requested reconsideration his DWSP be changed to a medical retirement. He requested his discharge reflect his PTSD and urological distress. In support of his reconsideration request, the applicant submitted the following new evidence: 1) Chronological Record of Medical Care dated 20 Mar 80, which states he was seen in the mental health clinic after his involvement in a shooting death incident; 2) DVA Rating Decision dated 4 Feb 15, which shows a service-connected rating of 70 percent for major depression with anxiety and somatization and 3) Letter to his Congressman dated 1 Dec 22 stating he was a witness to a successful suicide. The medical environment made it difficult for him to express his duress from the event so he continued to bury it. In doing so, he made his psychological injury worse and it interfered with his duties. Along with his mental health issues, he developed an infection in his urological area. The military was unable to properly diagnose his condition and instead settled on a psychosomatic condition. He was discharged in Jul 92 and it would take several years before his discomfort was diagnosed by the Cleveland Clinic in 2011 and the DVA in 2013. He requests his records reflect the verifiable circumstances.

The applicant's complete submission is at Exhibit O.

AIR FORCE EVALUATION

The AFRBA Psychological Advisor find insufficient evidence to support the request for a medical disability retirement. His contention of having PTSD is not supported by the available documentation. The applicant was never diagnosed with PTSD, except for one DVA encounter. The applicant has over 250 mental health records with diagnoses of Neurotic Depression, MDD, Generalized Anxiety Disorder (GAD) and Somatization Disorder. However, there is only one DVA encounter on 20 Dec 02 in which PTSD appears in the diagnosis field, which is not a part of the actual provider's note. There is no mention of criteria to meet the diagnosis, nor is it discussed. The diagnosis field is likely how he was checked into the clinic, the applicant stated he was there for PTSD or it was checked in error. The emphasis of the applicant's treatment also appears to have focused on his current mental health stressors he was experiencing, which occurred after his

military service. The post-service issues appear to form the basis/etiology of his mental health diagnoses of Neurotic Depression, MDD, GAD and Somatization Disorder, rather than PTSD. The applicant is 100 percent service-connected, 70 percent for MDD. Included on his DVA problem list is Somatization Disorder.

There is no evidence to support the applicant's claim he has PTSD or that PTSD caused him to be unfit for service. The in-service mental health encounter dated 20 Mar 80 did not diagnose him with PTSD, nor are there any in-service encounters that diagnosed him with PTSD. The applicant contends he witnessed a suicide and he was unable to cope. The provider did not appear to diagnose any mental health condition based on the encounter. Further, the ROP dated 8 Jul 95 summarized his mental health treatment. According to a narrative summary (NARSUM), dictated 29 Sep 91, the applicant was hospitalized from 5 Sep 91 to 27 Sep 91 for evaluation and treatment of depression. The NARSUM indicates the applicant had been followed by the mental health clinic since Nov 90 for problems related to stress. He was discharged back to duty on 27 Sep 91 and did not appear to have a major disorder of mood, thought or anxiety level. His diagnoses were Axis I: Adjustment Disorder with Depressed Mood, resolved. Dysthymia (mental depression, primary type, late onset; Axis II: Dependent Personality (primary diagnosis) manifested by a lack of assertiveness, passivity and a reluctance to confront others. It was recommended he make an appointment to be seen at the base mental health clinic with consideration for regular outpatient mental health treatment with attention being given to sexually related concerns, a lack of assertiveness and the applicant's apparent discomfort in discussing with others any topics which might cause discomfort for anyone involved. The provider noted there was some question on the possibility of Munchausen Syndrome, a condition characterized by habitual presentation for hospital treatment of an apparent acute illness, the patient giving a plausible and dramatic history, all of which is false.

There is, however, significant evidence in the medical record to support his unfitting condition of Somatization Disorder, for which he was rated 10 percent and given severance pay. While the applicant has disagreed with his in-service diagnosis of Somatoform Disorder, he continued to be diagnosed by the DVA mental health providers after his discharge from the military with Somatoform Disorder, indicating he was accurately diagnosed while in the military. There is also no evidence his MDD, which was diagnosed post-service made him unfit for duty. His related in-service diagnosis of Dysthymia was determined to be secondary to his diagnoses of Somatoform Disorder and other medical concerns.

The military's Disability Evaluation System (DES) can by law, under 10 U.S.C., only offer compensation for those service incurred diseases or injuries which specifically rendered a member unfit for continued active service and were the cause for career termination; and only for the degree of impairment present at the time of separation and not based on post-service progression. In this case, the applicant was diagnosed with Somatoform Disorder, an unfitting condition, and rated at 10 percent. To the contrary, the DVA is empowered to offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to service.

The complete advisory opinion is at Exhibit Q.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 1 Aug 23 for comment (Exhibit R) but has received no response.

FINDINGS AND CONCLUSION

1. The application was timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board remains unconvinced the evidence presented demonstrates an error or injustice. The Board concurs with the rationale of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The applicant's DVA service-connection conditions remain separate from his service disability as it pertains to DoD impairment ratings. The applicant is reminded the military's DES can by law, under 10 U.S.C., only offer compensation for those service incurred diseases or injuries which specifically rendered a member unfit for continued active service and were the cause for career termination. However, the DVA, under 38 U.S.C. can offer compensation for any medical condition with an established nexus with military service. Based on the evidence, the Board finds the applicant has not sustained his burden of proof to warrant a higher disability rating or medical retirement. Further, the applicant has provided insufficient evidence to show he was diagnosed with PTSD while in service or that his PTSD was unfitting. Therefore, the Board recommends against correcting the applicant's records.
4. The applicant has not shown a personal appearance, with or without counsel, would materially add to the Board's understanding of the issues involved.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

CERTIFICATION

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-1994-02851-4 in Executive Session on 27 Sep 23:

- Work-Product**, Panel Chair
- Work-Product** Panel Member
- Work-Product** Panel Member

All members voted against correcting. The panel considered the following:

- Exhibit N: Record of Proceedings, w/ Exhibits A-M, dated 18 Jul 95.
- Exhibit O: Application, DD Form 149, w/atchs, dated 1 Dec 22.
- Exhibit P: Documentary evidence, including relevant excerpts from official records.
- Exhibit Q: Advisory Opinion, AFRBA Psychological Advisor, dated 9 Jun 23.
- Exhibit R: Notification of Advisory, SAF/MRBC to Applicant,, dated 1 Aug 23.

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Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by DAFI 36-2603, paragraph 4.12.9.

12/25/2023

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Board Operations Manager, AFBCMR

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