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

THIRD ADDENDUM TO RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2012-04086-6

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

The Board reconsider his request for a medical retirement. He is also requesting a DD Form 214, *Certificate of Release or Discharge from Active Duty*, for the period of service from 27 Oct 99 through 26 Oct 03.

RESUME OF THE CASE

The applicant is a former Air Force Reserve (AFR) senior airman (E-4) who received an honorable discharge on 21 May 09 for Physical Disqualification, Disqualification-Not Disability-Medically Disqualified for Worldwide Duty and was credited with 8 years, 9 months, and 24 days of total reserve service.

On 4 Feb 14, the Board considered and denied his request for a medical retirement and to be credited with 10 years of active duty pay; finding the applicant had provided insufficient evidence of an error or injustice to justify relief. The applicant contended his health issues warranted a medical retirement but were determined not to be service-connected. However, after a thorough review of the evidence, the Board agreed with the opinion and recommendation of the AFBCMR Medical Consultant finding the applicant's discharge was carried out in accordance with the prescribing directives. The Board noted, while the applicant argued his disqualifying conditions were at least partially related to his service, he presented no evidence his conditions were incurred or aggravated by his military service. As for his request for active duty pay for almost 10 years, he again provided no evidence he was not properly compensated for the service he performed or that he should be credited with additional service not already documented in his military records.

On 14 Jun 21, the Board reconsidered and denied his request for a medical retirement, Combat Related Special Compensation (CRSC) or as an alternative, to be processed through the Integrated Disability Evaluation System (IDES); finding the applicant provided insufficient evidence of an error or injustice to justify relief. The Board considered his request under liberal consideration; however, determined the applicant's medical condition was not warranted to be process through the IDES as a matter of equity or good conscience per DoDI 1332.18, *Disability Evaluation System*, Appendix 1 to Enclosure 3, paragraph 4. Specifically, there was no evidence the applicant

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was on Reserve orders or in a status at the time his mental health condition occurred that would make his condition to be considered in the line of duty (ILOD).

On 24 and 29 Aug 22, the Board reconsidered and denied his request for a medical retirement and CRSC. Specifically, the Board remained unconvinced the evidence presented demonstrated an error or injustice. The Board concurred with the rationale of the AFRBA Psychological Advisor and found a preponderance of the evidence did not substantiate the applicant's contentions for award of a medical retirement or CRSC. Specifically, the new evidence provided by the applicant was not compelling enough nor did the new evidence persuade the Board to overturn the previous decisions. The AFRBA Psychological Advisor provided an advisory in this case stating the applicant's mental health condition of bipolar disorder was determined to be disqualified for continued military duty by HQ AFRC/SGP on 22 Jan 07 and his condition of paranoid schizophrenia was determined to be unfit for continued military service by the Secretary of the Air Force Personnel Counsel (SAFPC) on 13 Feb 09. There was no evidence his mental health conditions or experiences were caused directly by his military service or had occurred when he was on active-duty orders for a ILOD determination. As discussed in the previous psychological advisory, three mental health providers, military and Department of Veterans Affairs (DVA), concluded the applicant's psychosis was not related or triggered by his military service and reported his psychosis was brought on by his family/parental problems. His military medical records also designated his mental health condition as a "non-duty related impairment or condition."

For an accounting of the applicant's original request and the rationale of the earlier decision, see the AFBCMR Letters and Record of Proceedings at Exhibits F, M, and R.

On 31 Mar 23, the applicant requested reconsideration of his request for a medical retirement. He again contends he should be medically retired based on all of his disabilities from the DVA and his primary health network listed on his problem sheet along with Schizoaffective. Most of his health issues are military related. Something happened to him during his period of service from 1999 to 2005 that he cannot remember that caused all of his health problems. He is also requesting a DD Form 214 for his period of service from 27 Oct 99 to 26 Oct 03 as shown on a printout from the DVA website. He states he has no memory of this serve except for one month, Oct to Nov 99. The Air Force refuses to release these records, or they were destroyed which would prove all of his medical conditions were ILOD.

In support of his reconsideration request, the applicant submitted the following new evidence which includes all of his medical records from various sources which were reviewed by the AFRBA Psychological Advisor. It was determined only a medical advisory would be needed as the new documentation submitted from his civilian providers did not include any medical records of a mental health nature.

The applicant's complete submission is at Exhibit S.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the application finding insufficient evidence to demonstrate the existence of an applied error or calculated injustice. His DVA service connection and rated conditions remain separate from service disability as it pertains to DoD impairment ratings. None of the summary list of diagnoses were ever adjudged to be of a significant intensity as to render the applicant the inability to perform the duties of his rank, grade, office, or rating. Additionally, having no clinical evidence of any medical care or records during his time of active service only solidifies none of the listed conditions were disqualifying for service in the military, except the existed prior to service (EPTS) condition discovered post-service entry. Therefore, it appears the applicant was not a victim of an error or injustice in his discharge processing. According to AFI 36-3208, *Administrative Separation of Airmen*, paragraph 1.19.1, airmen are in entry level status during the first 180 days of continuous active military service. In this case, in his first tour of active duty, he completed 27 days of service which is well below the 180-day benchmark and thus an uncharacterized entry level separation (ELS) was appropriate.

The Medical Advisor would first like to highlight and comment on the condition of Wolfe-Parkinson White (WPW) syndrome. Within the case file there was a prior document whereby the applicant contended he developed WPW syndrome while serving in the military. According to National Library of Medicine (2023), WPW syndrome, also known as Preexcitation syndrome, is a congenital cardiac preexcitation syndrome that arises from abnormal cardiac electrical conduction through an accessory (extra) pathway that can result in symptomatic and life-threatening arrhythmias. According to Mayo Clinic, Diseases and Conditions, WPW syndrome is a heart condition present at birth. It is a congenital heart defect. People with WPW syndrome have an extra pathway for signals to travel between the heart's upper and lower chambers. Although the condition was not discovered or known at the time of enlistment, the pre-existing condition is disqualifying for military service. As a congenital condition it EPTS and service aggravation of the same was not in evidence. As per the applicant's request, all current conditions were reviewed for their time of onset and if any have caused the applicant the inability to perform his military duties; however, none of his listed conditions were disqualifying for service in the military, except the EPTS condition discovered post-service entry.

The complete advisory opinion is at Exhibit T.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 7 Feb 24 for comment (Exhibit U), and the applicant replied on 8 Feb 24. In his response, the applicant contends he should be medically retired for his Schizoaffective disorder, Traumatic Brain Injury (TBI), bipolar, anxiety, depression, mood, Post-Traumatic Stress Disorder (PTSD) and his highly combative behavior. He goes on to explain the government's motives regarding the military, his relationship with God and Jesus, and how the military is using him as a spy and how he is being controlled and manipulated. He submitted evidence from the DVA which shows his TBI with other mental health conditions. Some of his other symptoms like irritable bowel syndrome and gastro reflux has occurred since 2005 and his shin splints were due to running in the military. His left knee injury was also caused by something in the military. Overall, he has 30 medical conditions which are all military related.

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He passed his Military Entrance Processing Station (MEPS) physical and his WPW syndrome was not discovered at that time. It was not discovered until he was in boot camp, and he was offered no medical treatment for his conditions.

On 17 Mar 24, the applicant submitted another response explaining the real-life events that happened to him from 2005 thru 2009. He joined the AFR in 2004 and went to boot camp in 2005 where his drill instructor told him he had the ability to be a stellar performer, but his mind was not right. In Oct 05, he was at a restaurant and blacked out, he was told he broke some glasses, and the police were called but he was not charged. He believes he was drugged. He goes on to explain several other disturbing events during this time period which he attributes to the military using him and the government destroying his life. He is requesting 100 percent evaluation for schizoaffective going back to 1999, emotional pain and suffering pay, medical malpractice pay, and pay for use of ulterior motives.

The applicant's complete response is at Exhibits V and W.

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 and recommendation of the AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board does not find any of the applicant's medical or mental health conditions at the time of his discharge unfitting or meeting the criteria for a compensable medical separation. The mere existence of a medical/mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. The applicant's military duties were not severely degraded due to his mental health or medical conditions and his WPW syndrome was determined to be a congenital condition that EPTS without service aggravation. The Board took note of the applicant's disability ratings from the DVA but did not find this evidence compelling to warrant relief. The military's DES established to maintain a fit and vital fighting force, can by law, under Title 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 then only for the degree of impairment present at or near the time of separation and not based on post-service progression of disease or injury to which the DVA can offer compensation. Additionally, airmen are given entry level separation with uncharacterized service when they fail to complete a minimum of 180 days of continuous active military service and the applicant only served 27 days of active service; therefore, the type of separation and character of service are correct as indicated on his DD Form 214. Regarding the portion of the applicant's request concerning issuance of a DD Form 214 for the period of 27 Oct 99 through 26 Oct 03, the record contains no evidence the applicant served any qualifying periods of active duty other than the periods of service already annotated on his discharge documents; therefore, the Board finds no compelling reason to grant the applicant

additional pay and benefits. Hence, 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-2012-04086-6 in Executive Session on 20 Mar 24 and 25 Mar 24:

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

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

- Exhibit F: Record of Proceedings, w/ Exhibits A-E, dated 4 Feb 14.
- Exhibit M: Record of Proceedings, w/ Exhibits G-L, dated 14 Jun 21.
- Exhibit R: Record of Proceedings, w/ Exhibits N-Q, dated 24 and 29 Aug 22.
- Exhibit S: Application, DD Form 149, w/atchs, dated 31 Mar 23.
- Exhibit T: Advisory Opinion, AFBCMR Medical Advisor, dated 2 Feb 24.
- Exhibit U: Notification of Advisory, SAF/MRBC to Applicant, dated 7 Feb 24.
- Exhibit V: Applicant's Response, w/atchs, dated 8 Feb 24.
- Exhibit W: Applicant's Additional Response, dated 17 Mar 24.

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.

3/27/2024


Work-Product

Board Operations Manager, AFBCMR
Signed by: USAF