



CUI//SP-MIL/SP-PRVCY

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

ADDENDUM TO RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2013-02094-2

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

The Board reconsider her request for a medical separation.

RESUME OF THE CASE

The applicant is a former Air Force staff sergeant (E-5) who was honorably discharged with a narrative reason for separation of "Adjustment Disorder."

On 11 Feb 14, the Board considered and denied her request for a medical retirement; finding the applicant had provided insufficient evidence of an error or injustice to justify relief. The Board concurred with the recommendations and rationale from the AFBCMR Medical Advisor, AFPC/DPFD, Disabilities Office, and AFPC/DPSOR, Separations Office. Her discharge was found to have been consistent with the procedural and substantive requirements of the discharge instruction and was within the discretion of the discharge authority. Furthermore, her medical conditions were found to not have risen to the extent that warranted placement on medical hold for a Medical Evaluation Board (MEB) and processing through the Disability Evaluation System (DES).

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 G.

On 26 Apr 22, the applicant requested reconsideration of her request for a medical separation. She again contends she should have been medically separated due to her diagnosis of bipolar disorder. She was discharged for an adjustment disorder for failing to adjust which is incorrect as she was prescribed medication for bipolar disorder by the military and released with enough medication for three months. She was seen by the Department of Veterans Affairs (DVA) within three months of her discharge and was diagnosed with bipolar disorder. Had the military diagnosed her properly, she would have received a medical separation.

In support of her reconsideration request, the applicant submitted the following new evidence: 1) DVA Rating; 2) Compensation and Pension (C&P) Examinations; 3) Psychiatric and Psychiatry

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Controlled by: SAF/MRB
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Limited Dissemination Control: N/A
POC: SAF.MRBC.Workflow@us.af.mil

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Evaluations and 4) a memorandum from a pain management facility and notes regarding her migraine treatment.

The applicant's complete submission is at Exhibit H.

APPLICABLE AUTHORITY/GUIDANCE

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 the "snapshot" in time of separation and not based on post-service progression of disease or injury. To the contrary, the DVA, operating under a different set of laws, Title 38, U.S.C., 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 serve, the narrative reason for release from service, or the length of time transpired since the date of discharge.

AIR FORCE EVALUATION

The AFRBA Psychiatry Advisor completed a review of all available records and finds insufficient evidence to warrant a change to the applicant's record. The applicant's service treatment records showed in Jun 08 she was diagnosed with depression not otherwise specified (NOS) with a rule out of substance induced mood disorder. The genesis of the diagnosis is unclear as there were no available records prior to 17 Jun 08. The applicant had been referred to the psychiatrist out of concern she had been allegedly abusing prescription drugs. At the 17 Jun 08 psychiatry visit, it was noted the applicant had received day treatment for self-harm issues and had intermittent history of depressive and anxiety symptoms: possible history of substance abuse, and ongoing occupational stressors. There was no history of suicide attempt, no history of hospitalization, no acute symptoms of mania or history of mania or psychosis. At the time, she was not deemed to be an imminent danger to self or others. There was no evidence of a prescription for mood stabilization. The 30 Sep 08 encounter with the treating psychiatrist noted the applicant's report of decreased stress since her husband was convicted of drug abuse and sentenced to 10 months in jail. She reportedly stated she had no issues with deployment and felt if she had to, she could deploy. She reportedly stated she felt fit both physically and mentally. The provider opined the applicant was much improved and if "current situational anxiety issue persists or there is any sign of worsening would re-profile." She was judged to be worldwide qualified, deployable and no duty restrictions related to mental health. The psychiatrist documented the diagnoses of depression, NOS and a ruled-out personality disorder, NOS. The psychological testing and clinical information evaluation completed on 30 Sep 08 recorded a diagnosis of depression disorder, NOS and obsessive-compulsive personality disorder traits. The last available mental health encounter dated 28 Nov 08 showed the applicant was taking an antidepressant medication and no other psychotropic medication was recorded during that encounter. There was a notation that numerous disruptions during her duty day had occurred due to mood lability, which could possibly make her a Command Directed Evaluation (CDE) or possible MEB candidate; however, there is no evidence in the record that the applicant was ever referred for an MEB.

There was only one mention of bipolar recorded at the 3 Jul 08 mental health visit, and it was noted among several rule out conditions. The diagnosis assessed was depression, NOS with a rule out of opiate induced depressive disorder versus major depressive disorder, versus bipolar I or II, versus primary anxiety disorder. Unfortunately, this file is severely deficient of any documentation upon which the Psychiatric Advisor can make a change in the diagnosis or determine if her mental health condition was unfitting to render a recommendation of a medical discharge. There is no objective evidence to support the applicant's claim she should have been diagnosed with bipolar disorder or that treatment with a mood stabilizer is proof of a bipolar disorder condition. Unless additional clinical information including a profile related to the last year of service is presented for the review, the Psychiatric Advisor would not be able to determine an error or injustice took place in the decision rendered.

The complete advisory opinion is at Exhibit I.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 28 Mar 23 for comment (Exhibit J), and the applicant replied on 25 Apr 23. In her response, the applicant submits additional medical and DVA documentation to support her claim.

The applicant's complete response is at Exhibit K.

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, to include the applicant's rebuttal documents, the Board remains unconvinced the evidence presented demonstrates an error or injustice. The Board concurs with the rationale of the AFRBA Psychiatry Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The Board finds no evidence to support the applicant's claim she should have been diagnosed with bipolar disorder due to the treatment with a mood stabilizer nor did the Board find her condition unfit for military service. The mere existence of a medical or mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. The applicant's military duties were not degraded due to her mental health condition. A Service member shall be considered unfit when the evidence establishes the member, due to physical or mental disability, is unable to reasonably perform the duties of his or her office, grade, rank, or rating. Therefore, the Board recommends against correcting the applicant's records. The Board encourages the applicant to resubmit her application with additional clinical information including a profile related to the last year of service for reconsideration of her application.
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-2013-02094-2 in Executive Session on 24 May 23:

Work-Product [Redacted] Panel Chair
[Redacted], Panel Member
Work-Product [Redacted] Panel Member

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

- Exhibit G: Record of Proceedings, w/ Exhibits A-F, dated 11 Feb 14.
- Exhibit H: Application, DD Form 149, w/atchs, dated 26 Apr 22.
- Exhibit I: Advisory Opinion, AFRBA Psychiatry Advisor, dated 27 Mar 23.
- Exhibit J: Notification of Advisory, SAF/MRBC to Applicant, dated 28 Mar 23.
- Exhibit K: Applicant’s Response, w/atchs, dated 25 Apr 23.

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.

11/30/2023

Work-Product [Redacted]

Board Operations Manager, AFBCMR

Signed by *Work-Product* [Redacted]