RECORD OF PROCEEDINGS

AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF: DOCKET NUMBER: BC-2015-05258

 COUNSEL:

 HEARING DESIRED: NO

APPLICANT REQUESTS THAT:

His honorable discharge be changed to a medical retirement.

APPLICANT CONTENDS THAT:

In Nov 13, the Department of Veterans Affairs (DVA) diagnosed him with Post-Traumatic Stress Disorder (PTSD) due to the events he experienced at Clark Air Force Base, Philippines, in 1991. At that time, he should have been referred to a medical evaluation board, which would have found him unfit for duty and medically retired him.

The applicant’s complete submission, with attachments, is at Exhibit A.

STATEMENT OF FACTS:

The applicant initially entered the Regular Air Force on 25 Oct 89.

On 30 Jul 93, the applicant was furnished an honorable discharge, with a narrative reason for discharge of “Voluntary—Miscellaneous Reasons,” and was credited with 3 years, 9 months, and 6 days of active service.

On 14 Nov 13, the Department of Veterans Affairs (DVA) granted him a 30 percent disability rating for PTSD, effective 6 May 13.

The remaining relevant facts pertaining to this application are contained in the memorandum prepared by the Air Force office of primary responsibility (OPR), which is attached at Exhibit C.

AIR FORCE EVALUATION:

AFBCMR Medical Consultant recommends denial indicating there is no evidence of an error or an injustice. The military Disability Evaluation System (DES), established to maintain a fit and vital fighting force, can by law, under Title 10, United States Code (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 time of separation* and not based on future occurrences.

Although the applicant had been referred to a mental health provider during his military service, there is no evidence a determination was made to suggest the applicant’s retention posed an inordinate risk to his health or the safety of others; nor that he had a condition that interfered with his ability to carry out the duties of his office, grade, rank, and rating; although temporarily restricted from PRP [Personnel Reliability Program] duties. Specifically, there is no evidence the applicant had a medical condition so severe of as to disqualify him from worldwide duty to the extent or duration that warranted a Medical Hold and referral for Medical Evaluation Board/Physical Evaluation Board MEB/PEB) processing. This includes the fact that no legacy AF Forms 422, *Physical Profile Serial Reports*, are presented to depict assignment of an “S4” profile, non-worldwide qualified due to a psychiatric condition, that would raise a question of the applicant’s retainability. While it may appear counterintuitive, in the context of the applicant’s reported exposures, for a condition service-connected and rated at 30% by the DVA would not have caused an interference with military service, the Medical Consultant found no objective evidence that established, or should have established, a cause and effect relationship between the applicant’s election to separate, implicitly alleged unfitness for military service, and the assignment of a 30 percent disability rating for PTSD, made effective two decades after separation.

A complete copy of the AFBCMR Medical Consultant evaluation is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

In further support of his original request, the applicant submitted a rebuttal response to the AFBCMR Medical Consultant evaluation, in which he takes exception to the recommendation to deny. He notes that he is now rated at 70 percent disability by the DVA and requests medical retirement with a minimum of 70 percent disability, suggesting that while in service he may have actually been 100 percent disabled. He questions the AFBCMR Medical Consultant’s opinions on the bases that the AFBCMR Medical Consultant is not psychiatrist, psychologist, or an expert in PTSD; reiterates his original contentions concerning the deterioration of his performance while on active duty, to include a lengthy affidavit documenting his military experiences and their impact on his life, and a character reference from a peer. He also includes the SECDEF memorandum from 30 Sep 14 concerning PTSD, and several AFI references. (Exhibit E)

ADDITIONAL AIR FORCE EVALUATION:

AFBCMR Psychiatric Advisor recommends denial indicating there is no evidence of an error or an injustice. The full review of the applicant’s case file was summarized for the Board by the medical advisor in Exhibit C, and will not be reiterated. This psychiatric consultant fully concurs with the thorough advisory of the medical consult and finds the evidence insufficient to warrant the desired change of the record. Recommend denial.

A complete copy of the AFBCMR Psychiatric Advisor evaluation is at Exhibit F.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION:

A copy of the additional Air Force evaluation was forwarded to the applicant on 23 Jan 18 for review and comment within 30 days (Exhibit G). As of this date, no response has been received by this office.

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 an error or injustice. We took notice of the applicant’s complete submission in judging the merits of the case; however, we agree with the opinion and recommendation of the AFBCMR Medical Consultant and AFBCMR Psychiatric Advisor and adopt their rationale as the basis for our conclusion the applicant has not been the victim of an error of injustice. Therefore, in the absence of evidence to the contrary, we find no basis to recommend granting the requested relief.

THE BOARD DETERMINES THAT:

The applicant be notified the evidence presented did not demonstrate the existence of material error or injustice; the application was denied without a personal appearance; and the application will only be reconsidered upon the submission of newly discovered relevant evidence not considered with this application.

The following members of the Board considered AFBCMR Docket Number BC-2015-05258 in Executive Session on 21 Mar 18 under the provisions of AFI 36-2603:

 Panel Chair

 Member

 Member

The following documentary evidence pertaining to AFBCMR Docket Number BC-2015-05258 was considered:

 Exhibit A.  DD Form 149, dated 22 Mar 16, w/atchs.

 Exhibit B.  Applicant's Master Personnel Records.

Exhibit C.  Memorandum, AFBCMR Medical Consultant, dated 26 Apr 17.

 Exhibit D.  Letter, AFBCR, dated 29 Jun 17.

 Exhibit E.  Letter, Applicant, dated 26 Jul 17, w/atchs.

Exhibit F.  Memorandum, AFBCMR Psychiatric Advisor, dated 10 Jan 18.

Exhibit G.  Letter, AFBCMR, dated 23 Jan 18.

Pursuant to paragraph 1 of AFI 36-2603 (Title 32 Code of Federal Regulations, Part 865.1), it is certified a quorum was present at the Board's review and deliberations, and the foregoing is a true and complete record of the Board's proceedings in the above entitled matter.