

RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2017-01990

COUNSEL:

Work-Product

HEARING: NO

APPLICANT'S REQUEST

His medical conditions be considered a "direct result of armed conflict or was caused by an instrumentality of war and incurred in the line of duty during a period of war."

He be assigned a 60 percent combined disability rating and be medically retired (*amended*).

APPLICANT'S CONTENTIONS

His Fibromyalgia should be considered, "caused by an instrumentality of war and incurred in the line of duty during a period of war," as the symptoms began to show after his return from Kuwait in May 1995 and the Department of Veterans Affairs (DVA) has recognized the incidence of Fibromyalgia in anyone that served, "during active duty in the Southwest Asia theater of military operations," is taken as caused by such service. Additionally, the Informal Physical Evaluation Board (IPEB) determined his Fibromyalgia was unfitting and assigned a 20 percent disability rating and listed his other conditions, to include obstructive sleep apnea (OSA) separately as not unfitting. Yet, the Formal Physical Evaluation Board (FPEB) listed the same conditions as being part of Fibromyalgia and agreed the conditions were part of the unfitting Fibromyalgia, but then assigned the same 20 percent disability rating. The unfitting OSA should automatically increase his disability rating as OSA is always assigned a minimum of 50 percent disabling, in accordance with the Veterans Affairs Schedule for Rating Disabilities (VASRD).

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a **disability** discharged Air Force captain (O-3).

According to AF Form 707B, *Company Grade Officer Performance Report*, the applicant was on a temporary duty (TDY) assignment to Kuwait during the reporting period of 6 Nov 94 thru 5 Nov 95.

On 2 Jul 01, according to the Narrative Summary (NARSUM), dated 1 Oct 01, the applicant was diagnosed with moderate-to-severe positional OSA and was prescribed continuous positive airway pressure (CPAP) and on 27 Sep 01, the applicant reported elimination of excessive daytime

sleepiness, greatly improved sleep, no complications with treatment and that he desired to continue treatment.

On 25 Oct 01, the Medical Evaluation Board (MEB) referred the applicant to an IPEB for OSA on CPAP, obesity, and myofascial pain, NOS.

On 29 Oct 01, the applicant submitted a Statement of Exception to the NARSUM describing the impact of his medical conditions and addressed his concerns he had with inaccuracies and his missing medical conditions in the NARSUM.

On 13 Feb 02, the IPEB determined the applicant's Fibromyalgia was unfitting with a 20 percent disability rating and determined it was not the direct result of armed conflict or was caused by an instrumentality of war and incurred in line of duty during a period of war, and recommended he be discharged with severance pay. The IPEB found his other conditions: migraine headaches, irritable bowel syndrome (IBS), OSA, gastroesophageal reflux disease (GERD), and seasonal allergic rhinitis to be Category II – conditions that can be unfitting, but are not currently compensable or ratable, and his obesity to be Category III – conditions that are not separately unfitting and not compensable or ratable.

On 21 Feb 02, the applicant disagreed with the IPEB findings and requested a formal hearing.

On 4 Apr 02, the FPEB also found the applicant's Fibromyalgia unfitting with 20 percent disability rating and associated his Category II conditions with the Fibromyalgia, with the exception of seasonal allergic rhinitis, which remained at Category II. His obesity continued as Category III. The FPEB also determined the disability was not the direct result of armed conflict or was caused by an instrumentality of war and incurred in the line of duty during a period of war. The FPEB recommended the applicant be discharged with severance pay. On this same date, the applicant disagreed with the FPEB findings and recommendation and submitted a rebuttal.

On 29 May 02, SAF/MRBP (SAF Personnel Council) considered the applicant's rebuttal and determined the applicant's associated medical conditions, OSA, GERD, migraine headaches and IBS were currently under relatively good control with either medications or a supportive device and opined that Fibromyalgia was the applicant's principle unfitting diagnosis and that, taken individually, his associated medical conditions were not presently unfitting as correctly noted by the IPEB and directed the applicant be discharged with severance pay with a 20 percent disability rating for Fibromyalgia.

On 6 Aug 02, the applicant was honorably discharged with a narrative reason for separation of "Disability, Severance Pay" and credited with nine years, five months and six days of active service.

For more information, see the excerpt of the applicant's record at Exhibit B and the advisories at Exhibits C, H, M, and R.

APPLICABLE AUTHORITY/GUIDANCE

DoDI 1332.18, Enclosure 3, Appendix 5; paragraph 2b. Combat Related. This standard covers injuries and diseases attributable to the special dangers associated with armed conflict or the preparation or training for armed conflict. A disability is considered combat-related if it makes the Service member unfit or contributes to unfitness and the preponderance of evidence shows it was incurred under any of the following circumstances.

(1) As a Direct Result of Armed Conflict. The criteria are the same as those in paragraph 1.b. of this appendix.

(2) While Engaged in Hazardous Service. Such service includes, but is not limited to, aerial flight duty, parachute duty, demolition duty, experimental stress duty, and diving duty.

(3) Under Conditions Simulating War. In general, this covers disabilities resulting from military training, such as war games, practice alerts, tactical exercises, airborne operations, and leadership reaction courses; grenade and live fire weapons practice; bayonet training; hand-to-hand combat training; rappelling; and negotiation of combat confidence and obstacle courses. It does not include physical training activities, such as calisthenics and jogging or formation running and supervised sports.

(4) Caused by an Instrumentality of War. Occurrence during a period of war is not a requirement to qualify. If the disability was incurred during any period of service as a result of wounds caused by a military weapon, accidents involving a military combat vehicle, injury or sickness caused by fumes, gases, or explosion of military ordnance, vehicles, or material, the criteria are met. However, there must be a direct causal relationship between the instrumentality of war and the disability. For example, an injury resulting from a Service member falling on the deck of a ship while participating in a sports activity would not normally be considered an injury caused by an instrumentality of war (the ship) since the sports activity and not the ship caused the fall. The exception occurs if the operation of the ship caused the fall.

The Department of Defense (DoD) and the DVA disability evaluation systems operate under two separate laws. Under Title 10, United States Code, Physical Evaluation Boards must determine if a member's condition renders them unfit for continued military service relating to their office, grade, rank or rating. The fact that a person may have a medical condition does not mean the condition is unfitting for continued military service. To be unfitting, the condition must be such that it alone precludes the member from fulfilling their military duties. If the board renders a finding of unfit, the law provides appropriate compensation due to the premature termination of their career. Further, it must be noted the AF disability boards must rate disabilities based on the member's condition at the time of evaluation; in essence a snapshot of their condition at that time. It is the charge of the VA to pick up where the AF must, by law, leave off. Under Title 38, the VA may rate any service-connected condition based upon future employability or reevaluate based on changes in the severity of a condition. This often results in different ratings by the two agencies.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the applicant's request. There is insufficient evidence to determine the applicant's condition was the direct result of armed conflict or was the direct result of injury by an Instrumentality of War. Additionally, the AFBCMR Medical Advisor recommend denying the applicant's petition to change his medical separation to a medical retirement noting the evolution of the diagnosis of Fibromyalgia over time.

In the VASRD, the source of the most controversy for Fibromyalgia lies within the language utilized to differentiate a 20 percent disability rating from the next higher [and maximum] rating of 40 percent. In the case under review, both the Military Department and the DVA assigned a 20 percent disability rating for the applicant's Fibromyalgia. There were at least two medical entries, referring to pain and discomfort as "constant" pain for several weeks, this did not amount to the collective impairment ["present more than one-third of the time"] to warrant the higher rating of 40 percent. Although the totality of the applicant's service evidence is not disclosed in this review, the medical advisor found no basis upon which to disagree with the rating determination by the Military Department and the DVA in the determination that his symptoms were best characterized as *episodic with periods of exacerbation*.

A preponderance of evidence of record indicates the applicant's OSA was well-controlled with CPAP at 10 cm water pressure. Thus, even though access to electricity was a concern at the time of the applicant's service, this condition, taken alone, unlikely would have resulted in an unfit finding. Moreover, the "sleep disturbance" [which can be due to a multitude of non-anatomic

causes] that appears within the diagnostic description of *Fibromyalgia* is *not* to be interpreted as *OSA*.

At the time of his service, the Military Department utilized DoDI 1332.39, *Application of the VASRD*, as guidance for assigning disability ratings, and that, although it has since been rescinded, he could have been assigned a zero percent disability rating, if the condition only mildly affected his civilian, social and industrial adaptability. However, he would have been eligible for redress by the Physical Disability Board of Review (PDBR), under DoDI 6040.44, for an increased rating, *if* found unfitting, to which, by virtue of the fact that the same issue is being addressed by the AFBCMR, under the “lock-out” provision, he would no longer be eligible to apply. The specific extract from DoDI 1332.39 in effect at the time for rating OSA, under paragraph E2.A1.2.21, [VASRD code] 6847, reads: “Sleep Apnea Syndromes, lists four percentage rating options: 0 percent, 30 percent, 50 percent, and 100 percent under this code, corresponding to assessed levels of disability relative to civilian earning capacity due to sleep apnea. Therefore, even with inclusion of *sleep disturbance* among characteristics of Fibromyalgia, OSA itself did not, then, and does not now, automatically warrant an independent unfit finding with assignment of a 50 percent disability rating.

The complete advisory is at Exhibit C.

APPLICANT’S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 9 May 18 for comment (Exhibit D), and the applicant requested the case be administratively closed on 8 Jun18 to permit him time to respond more appropriately (Exhibit E), and on 15 Jun 18, the applicant’s case was administratively closed (Exhibit F).

On 8 Jan 20, the applicant acquired counsel and requested his case be reopened. Through counsel, the applicant strongly disagrees with the medical opinion and requests his final disability rating be corrected to 60 percent and he be medically retired. He contends the MEB report was incomplete and contrary to law and the FPEB erred by grouping his medical conditions under the singular VASRD code Fibromyalgia Syndrome (FMS). Each of his medical conditions should have been rated separately; migraine headaches warranted a 30 percent rating, his IBS was presumptively in the line of duty and warranted a 10 percent rating, and his OSA warranted a 30-50 percent disability rating.

In support of his request, the applicant provided additional evidence in the form of copies of the MEB NARSUM, Statement of Exception to NARSUM, SAFPC Discharge Memorandum, a Fibromyalgia article, DVA decision letter, and various medical records.

The applicant’s complete response is at Exhibit G.

ADDITIONAL AIR FORCE EVALUATION

The AFBCMR Medical Advisor provided a second advisory opinion and again recommends denying the applicant’s request indicating the applicant has not met the burden of proof of an error or injustice that warrants the desired change of the record. The applicant and the Board are advised that FMS, a legitimate diagnosis listed in the VASRD and made by a rheumatologist, is not a singular disease entity, but that it has been classified as a *syndrome*; to indicate the multifactorial contributors and manifestations of the entity at a given time. Thus, while each of the applicant’s principal clinical symptoms can be looked upon as individual diagnoses, their collective and concurrent presence have been classified under the unifying diagnosis of FMS. Nevertheless, although sleep disturbances are included among presentations for the diagnosis of FMS, objective evidence, through polysomnography, shows the applicant’s positional OSA to be a medical

condition independent of the symptom-complex seen in FMS; yet if untreated can contribute to FMS. However, that does not automatically warrant a separate unfit finding for OSA.

After collectively considering the fact that only a rheumatologist was allowed to diagnose the applicant with FMS, following guidelines established for the diagnosis in DoDI 1332.39, *Application of the VASRD*, paragraph E2.A1.1.5, the service treatment records, and upon following the disability rating criteria for the condition, as also listed in the VASRD, the medical advisor opines the FPEB exercised reasonable judgment to subsume the applicant's other somatic complaints under the unifying diagnosis of; with the implicit determination that neither of these, taken individually, would have caused career termination.

The complete advisory is at Exhibit H.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the additional advisory opinion to the applicant on 4 May 20 and 1 Jun 20 for comment (Exhibit I), and the applicant requested his case be administratively closed on 2 Jun 20 (Exhibit J), and on 13 Jul 20, the applicant's case was administratively closed (Exhibit K).

On 14 Jul 20, the applicant requested his case be reopened. Through counsel, the applicant again refutes his MEB/PEB process was severely deficient, unlawful and prejudicial. The applicant contends the MEB NARSUM was over 30 days old; therefore, the PEB was not allowed to adjudicate his case and was required to return it to the military treatment facility (MTF) commander for correction as it did not evaluate each of his medical conditions and state whether each condition was cause for referral into the DES. Furthermore, it only addressed his OSA. His IBS should have been found unfitting, rated separately and compensable under the 8-year rule as it preceded his Gulf War service and the onset of FMS. Even if aggregation of his medical conditions were inappropriate, the 20 percent rating is a gross understatement of his disability and a rating of at least 40 percent was warranted. The applicant contends his performance was not exemplary as the medical opinion states, but due to his medical conditions, his performance was declining and had become impossible for him to carry out his assigned duties and responsibilities. The Board is compelled to give him the benefit of the doubt based on his MEB/PEB process was non-compliant with law. Whether the Board chooses to increase the rating assigned for FMS and the "associate" disabilities, or to assign separate ratings for the non-FMS disabilities, the result must be medical retirement and retroactive placement on the PDRL.

In support of the request, counsel references court cases where medical conditions were rated separately, specifically *Esteban v. Brown*, 6 Vet. App. 259, 261 (1994), *Burrell v. Shulkin*, (2017) U.S. App. Vet. Claims Lexis 410 *7, and *Amberman v. Shinseki*, 570 F.3d 1377, 1380-81 (2009), and provided additional evidence, to include a personal declaration and copies of AFBCMR Docket BC-2009-02357 and DVA cases.

The applicant's complete response is at Exhibit L.

ADDITIONAL AIR FORCE EVALUATION

The AFBCMR Medical Advisor provided a third advisory opinion and again recommends denying the applicant's petition to include additional medical conditions, specifically, IBS, OSA, and migraine headaches, as unfitting; for inclusion in his disability rating computation.

The Medical Advisor found overwhelming evidence the applicant's OSA would *not* have, nor should have been an independent cause for career termination; noting the repeated evidence of improvement with CPAP and the recommendation for retention by the sleep medicine specialist;

citing no job impact of OSA as an Intelligence Officer. Secondly, the Medical Advisor found no objective statements or actions in the record, to show the “PEB clearly deem[ed]” the applicant’s migraines and IBS “contributed to [his] unfitness.” Nor were there profile restrictions [duty or mobility] imposed due to migraines or IBS. A review of the applicant’s performance history has been exemplary, without detectable impediment from Mar 93 to Jun 01 is not an attempt to invalidate the applicant’s illnesses, but to illustrate how these fit into factors to be taken into consideration when determining an individual’s fitness or retainability.

Nevertheless, the Medical Advisor opines there was a failed opportunity for inclusion of additional medical conditions, not previously included on the applicant’s AF Form 618, *Medical Board Report*, coversheet; for subsequent consideration by a PEB. This does not mean either condition would have or should have been found unfit. Although the AF Form 618 was severely lacking, the IPEB apparently acknowledged this fact, but opined, except from Fibromyalgia, none of the other clinical conditions listed on AF Form 356, under Category II, were individually unfitting. Accordingly, a 20 percent disability rating was assigned under VASRD code 5025; as did the DVA.

The medical advisor cannot remedy the alleged violations of policy by the PEB for failing to return the applicant’s case due, either to incompleteness of the MEB NARSUM or its implicit under rated decision, implicitly due to using evidence older than 90 days. It is hoped that this exhaustive display of the evidence will optimize any decision(s) of the Board. While the law, *Esteban v Brown*, requires assigning disability ratings for all service-connected medical conditions, particularly those arising from a single disease entity, in the case under review, the law does not *require* that they all are found separately unfitting.

The complete advisory is at Exhibit M.

APPLICANT’S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the additional advisory opinion to the applicant on 3 Sep 20 for comment (Exhibit N), and the applicant requested his case be administratively closed on 23 Sep 20 (Exhibit O), and on 30 Sep 20, the applicant’s case was administratively closed (Exhibit P).

On 14 Jan 21, the applicant requested his case be reopened. Through counsel, the applicant reiterates his claim the MEB/PEB process was severely deficient, unlawful and prejudicial. The medical advisor concedes the PEB process was unlawful yet argues the inadequate record is adequate to deny the application. Should the Board act on that recommendation its decision would be unlawful. At a minimum, he is entitled to a fair MEB/PEB evaluation, which necessarily requires following established procedures and a complete medical record. Because the medical opinion did not address in a meaningful way the declaration provided by the applicant, specifically his symptoms and the impact of those symptoms on his duty performance, the Board must do so independently and cannot simply adopt the advisory opinion as the Board’s own decision because such action would violate the Administrative Procedure Act (APA) and the Board’s independent legal duties. The Board should grant the same or comparable disability ratings as the DVA. The ratings were made largely on his service medical record. His medical conditions did not deteriorate markedly from 6 Aug 02 to 17 Mar 03. The DVA rated his OSA at 50 percent, migraines at 10 percent, Fibromyalgia at 20 percent, and erroneously determined that his IBS was not service-connected.

The applicant’s complete response is at Exhibit Q.

ADDITIONAL AIR FORCE EVALUATION

The AFBCMR Medical Advisor provided a fourth advisory opinion and again recommends denying the applicant's petition for an increased disability rating of 60 percent and permanent retirement. The medical advisor adopts the assessment by the IPEB, finding the applicant unfit due to Fibromyalgia, rated at 20 percent, and the determination that his OSA, IBS, and headaches were separate ratable conditions, but were not individually unfitting.

The medical advisor concedes, in the example Court cases provided by counsel, it has been determined that the individual medical conditions, e.g., IBS and migraine headaches, although listed within the singular diagnosis of Fibromyalgia syndrome in the VASRD, are ratable as individual service-connected medical conditions by the DVA. However, this does not mandate an unfit finding for each medical diagnosis by the Military Department.

Nevertheless, noting the medical entries, dated 10 Oct 01 and 22 Oct 01, and the applicant's Statement of Exception to the NARSUM, the medical advisor agrees are indicative that the migraine headaches and IBS warranted inclusion on the AF Form 618 coversheet; which would have, in-turn, warranted consideration by the IPEB and FPEB. However, even though *not* posted on the AF Form 618, the IPEB and FPEB did acknowledge their existence as individual diagnoses (pl.), on their respective AF Form 356, *Findings and Recommended Disposition of USAF Physical Evaluation Board*, neither board found the applicant's migraine headaches, OSA, and IBS individually unfitting conditions; thus, did not warrant inclusion in the final military disability rating computation.

The medical advisor's analysis of the applicant's medical conditions, from a retainability and fitness to serve perspective, is based upon an independent review of the entire supplied service treatment record; to include his documented responses to treatment and consideration of whether or not any duty or mobility restrictions were imposed that warranted inclusion as a disqualifying or potentially unfitting medical condition. The available service treatment record indicates that the applicant's OSA was well-controlled with CPAP, that he finally obtained relief of headaches with Imitrex and Fioricet, that his IBS responded to Donnatol, Bentyl, and food avoidance measures.

Based upon factors utilized in determining unfitness, IAW, DoDI 1332.38, *Physical Disability Evaluation*, and the clinical assessments documented by the applicant's healthcare providers, the medical advisor opines that the applicant's migraine headaches, IBS, OSA, and GERD would *not* have cut short the applicant's career. Moreover, with or without these additional *associated* medical conditions, the higher rating for Fibromyalgia would not be dependent upon these additional medical conditions but would be based upon whether the Fibromyalgia symptoms were *constant or nearly so*.

The complete advisory is at Exhibit R.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the additional advisory opinion to the applicant on 25 Oct 21 for comment (Exhibit S), and the applicant requested his case be administratively closed on 9 Nov 21 (Exhibit T), and on 10 Nov 21, the applicant's case was administratively closed (Exhibit U).

On 13 Jun 22, the applicant requested his case be reopened. Through counsel, the applicant reiterates his contention the MEB-PEB procedure employed in his case was severely deficient, unlawful, and prejudicial. In *Frey v. United States*, 112 Fed. Cl. 337, 25-32 (2013), a failure to follow MEB/PEB procedures required remand to the AFBCMR with order to "issue a new decision based upon the corrected record." In *McCord v. United States*, 131 Fed. Cl. 333 (2017), the Army

failed to provide a separate rating for a condition, as occurred in his case, and the Army BCMR refused to correct the error, contending the DVA rating reflected a “worsening” of the condition. The Court rejected the argument and directed the ABCMR to assign the veteran the rating given the condition by the DVA and noted the proximity in time between the veteran’s discharge and the DVA rating. The same applies in his case as he was discharged on 6 Aug 02 and the DVA made its rating decision on 17 Mar 03 with an established origin of 7 Aug 02.

It would be fundamentally unfair for the Board to reasonably rely on the admittedly incomplete medical record as grounds for denying the applicant’s application. The legally and morally sound thing to do is direct completion through a new MEB/PEB or adopt the assessments made by the DVA and assign their ratings. A personal appearance before the Board is requested if the Board decides to proceed without a lawful, corrected MEB report.

The applicant’s complete response is at Exhibit V.

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 each of the applicant’s responses, it is the Board’s opinion that the applicant is not the victim of an error and injustice. The Board concurs with the rationale and recommendation of the AFBCMR Medical Advisor and finds that a preponderance of the evidence, does not substantiate the applicant’s contentions. Specifically, the Board finds no error with the final decision made by the PEB and SAFPC and opines the applicant’s Fibromyalgia was appropriately assigned with 20 percent disability rating. The Board finds no evidence the applicant’s remaining medical conditions were unfitting at the time of his discharge. Additionally, the Board finds insufficient evidence his medical conditions were a direct result of armed conflict or caused by an instrumentality of war and incurred in the line of duty during a period of war. The Board notes the applicant’s reference to numerous Court cases and does not find them to persuade our decision. Therefore, the Board finds the application untimely and recommends against correcting the applicant’s records.

RECOMMENDATION

The Board recommends informing the applicant the application was not timely filed; it would not be in the interest of justice to excuse the delay; 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-2017-01990 in Executive Session on 9 Nov 21 and 21 Sep 22.

Work-Product

Panel Chair
, Panel Member
Panel Member
el Member

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

Exhibit A: Application, DD Form 149, w/atchs, dated 11 Apr 17.

CUI//SP-MIL/SP-PRVCY

Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory opinion, BCMR Medical Advisor, dated 2 May 18.
Exhibit D: Notification of Advisory, SAF/MRBC to applicant, dated 9 May 18.
Exhibit E: Applicant's response, w/atchs, dated 8 Jun 18.
Exhibit F: Notification of case closure, SAF/MRBC to applicant, dated 15 Jun 18.
Exhibit G: Applicant's response, w/atchs, dated 8 Jan 20.
Exhibit H: Advisory opinion, BCMR Medical Advisor, w/atch, dated 4 May 20.
Exhibit I: Notification of Advisory, SAF/MRBC to applicant, dated 1 Jun 20.
Exhibit J: Applicant's response, dated 2 Jan 20.
Exhibit K: Notification of case closure, SAF/MRBC to applicant, dated 13 Jul 20.
Exhibit L: Applicant's response, dated 14 Jul 20.
Exhibit M: Advisory opinion, BCMR Medical Advisor, dated 28 Aug 20.
Exhibit N: Notification of Advisory, SAF/MRBC to applicant, dated 3 Sep 20.
Exhibit O: Applicant's response, dated 23 Sep 20.
Exhibit P: Notification of case closure, SAF/MRBC to applicant, dated 30 Sep 20.
Exhibit Q: Applicant's response, dated 14 Jan 21.
Exhibit R: Advisory opinion, BCMR Medical Advisor, dated 25 Oct 21.
Exhibit S: Notification of Advisory, SAF/MRBC to applicant, dated 25 Oct 21.
Exhibit T: Applicant's response, dated 9 Nov 21.
Exhibit U: Notification of case closure, SAF/MRBC to applicant, dated 10 Nov 21.
Exhibit V: Applicant's response, dated 13 Jun 22.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings required by DAFI 36-2603, paragraph 4.12.9 for Docket Number BC-2017-01990.

12/6/2023

X **Work-Product**

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Board Operations Manager, AFBCMR

Signed by: **Work-Product**

CUI//SP-MIL/SP-PRVCY

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