



Work-Product

UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2021-01503

Work-Product

COUNSEL: Work-Product

HEARING REQUESTED: NO

APPLICANT'S REQUEST

Her official military personnel records amended to reflect:

1. Constructive reinstatement into the [State] Air National Guard. **(Outside Secretary of the Air Force authority)**
2. Reenlistment Eligibility Code changed from "6P" to "RE-1."

APPLICANT'S CONTENTIONS

Per counsel, the applicant was misdiagnosed with Bipolar Disorder which resulted in erroneous discharge. Several medical opinions suggest the diagnosis was in error and the applicant no longer continues to be diagnosed with Bipolar Disorder. Bipolar Disorder is a permanent disorder requiring lifelong treatment. However, the applicant's condition was improving soon after her hospitalization. She was weaned off her medications, and soon thereafter, no longer required any medication. When her case was presented to the medical review boards, they arbitrarily disregarded the more current medical evidence and found the applicant unfit for continued service. The decision to disregard how the applicant was recovering and the lack of required lifelong medication and care resulted in her discharge. The decision was not based upon a complete picture of the applicant's medical condition at the time of the decision, thereby rendering the determination contrary to applicable regulations. Furthermore, additional evidence in the form of various independent, neutral medical professionals all demonstrate the applicant's diagnosis was in error because the opinions from the various medical doctors show the applicant does not meet the criteria for Bipolar Disorder.

Counsel further contended the applicant's separation from service was in error because she was reasonably able to perform the duties of her rate, rank, or MOS¹. The applicant presented overwhelming evidence during her medical boards from neutral providers indicating her previous diagnosis of Bipolar Disorder by military physicians was incorrect. Information in the form of progress reports from the applicant's treating medical provider indicated any concerns relating to her mental health were no longer present and she had been asymptomatic for several months. In addition, the Formal Physical Evaluation Board (FPEB) failed to consider the fact the applicant had been performing her assigned duties without any issues after being misdiagnosed. The fact the applicant was able to perform the duties of her office, grade, rank, and rating renders the decision of the FPEB egregiously inconsistent with applicable regulations. Despite this overwhelming evidence suggesting the applicant was fit for continued military service, a determination to the contrary was reached by the FPEB. The applicant's separation was unjust

¹ MOS is a term used by the Army to denote career fields. The Air Force uses the term Air Force Specialty Code (AFSC).

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Limited Dissemination Control: N/A

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because the decision was arbitrary, capricious, and wholly ignored the materially relevant medical evidence on record.

On 24 Apr 19, the applicant was notified she was being subjected to a command-directed mental health examination. During the course of the examination, she underwent a CT scan because of new, onset, auditory hallucinations and delusional beliefs. Progress reports from the applicant's therapy sessions indicate any purported issues she may have been experiencing were no longer present or were in substantial remission. Counsel provided excerpts from the progress reports in support. On 25 Mar 20, an Informal Physical Evaluation Board (IPEB) determined the applicant was unfit for duty due to her inability to deploy, and because she could not deploy, the applicant was also unfit to perform the duties of her AFSC. The IPEB remarks focus exclusively on the 19 May 19 hospitalization and disregard medical evaluations made after that date. The IPEB implied the applicant was not compliant with her treatment program and heavily emphasized her discontinuation of medication in support of this contention, also placing emphasis on the applicant's belief she did not require medication.

On 23 Jul 20, the FPEB found the applicant's delusional disorder with Bipolar Disorder, manic, was unfitting. The FPEB noted clear references to the applicant's delusions, auditory hallucinations, and symptoms of mania and paranoia. Additionally, the FPEB held although the applicant was no longer taking medication and was engaged in therapy, her medical records continued to reflect the diagnosis of Bipolar I Disorder; current or most recent episode with psychotic features; adjustment disorder with anxiety; other specified trauma and stressor-related disorder. Finally, the FPEB stated Bipolar I Disorder is a chronic mental health condition with a relapsing remitting course of symptoms which usually requires lifelong treatment. As such, it is unlikely the applicant would be able to obtain a waiver for deployment in the foreseeable future.

Correspondence from the applicant's provider, dated 13 Aug 20, explicitly states the applicant was misdiagnosed. Specifically, the provider stated her diagnosis is only adjustment disorder with anxiety. Her previous diagnosis of Bipolar Disorder, current or most recent episode with psychotic features F31.2 is not justifiable and has been removed from her chart. In or around Oct 20, the applicant sought out a second opinion regarding her initial diagnosis of Bipolar Disorder. In this opinion, another provider opined the applicant does not have any current psychological issues. Specifically, the provider stated, "no active psychiatric diagnosis substantiated by evaluation."

The FPEB failed to consider relevant and material information during the course of the hearing and improperly placed more weight on the applicant's initial diagnosis than on her progress reports which indicated her condition was not as severe as initially thought. Since the FPEB, the applicant's treating physician determined her initial diagnosis contained several errors, the most egregious being the improper diagnosis of Bipolar Disorder, which is the condition the FPEB relied upon to reach its determination. The decision of the FPEB was arbitrary and capricious because it failed to take into account the medical reports submitted by the applicant and placed more weight on a snapshot of her condition rather than the entire record before them. Counsel provided an example of a Supreme Court case which defined arbitrary and capricious in support.

The IPEB and FPEB reveal several flaws throughout their processes. The IPEB and FPEB failed to acknowledge the applicant had recently received progress reports indicating she was asymptomatic and was progressing well during her course of treatment. The IPEB failed to comport with the requirements of Air Force Instruction (AFI) 48-123, *Medical Examination and Standards*, by failing to provide the FPEB with relevant and material information, preventing the FPEB from making a fully informed decision. Per AFI 48-123, a narrative summary must provide a clear picture of the applicant's medical status as well as the circumstances leading up to it. The FPEB stated its decision did not consider all relevant medical evidence with the following, "...due

to lack of records...it was not clear to the Board if the decision [to take [the applicant off medication] was initiated by [the applicant] or her psychiatrist.” Further, progress reports paint a different picture of the applicant’s condition than alluded to by the FPEB. A letter from the applicant’s medical provider indicated the decision to take her off medication in Aug 19, three months after she began treatment. The same letter indicated the applicant, “has been stable without medication” for the past year. If the FPEB had compared this information with the initial diagnosis that was rendered in Apr 19, it would have been clear the applicant was not only misdiagnosed, but also fit for duty.

In accordance with AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, the applicant is fit for duty. She was misdiagnosed with Bipolar Disorder. As noted by the FPEB, Bipolar Disorder is a chronic mental health condition; however, evidence shows the applicant’s condition was temporary, she no longer required medication for over a year, and her condition improved substantially. The applicant’s condition does not require lifelong treatment and there is potential for her to obtain a waiver. Therefore, there is no medical condition which was unfitting at the time of the FPEB since the only unfitting condition was the applicant’s misdiagnosed Bipolar Disorder. Counsel provided an excerpt of the applicant’s narrative summary in support stating the language indicated although the applicant was not displaying symptoms associated with her initial diagnosis, the I/FPEB determined all that mattered was that she was diagnosed with Bipolar Disorder, a diagnosis that several independent medical providers have opined was wrong.

In conclusion, the IPEB determination found the applicant was unfit for duty contrary to medical evidence on record, was based on the inaccurate initial diagnosis, and failed to afford proper weight to the opinion of the medical provider who had been treating the applicant for close to a year. Further, the IPEB failed to provide all relevant documentation to the FPEB, preventing the FPEB from making a fully informed decision. The FPEB’s failure to stay the proceedings when it acknowledged it was not provided with the most up-to-date information regarding the applicant’s medical condition was clearly improper.

The applicant’s complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is an honorably discharged [State] Air National Guard airman first class (E-3).

On 24 Sep 15, according to DD Form 4, *Enlistment/Reenlistment Document – Armed Forces of the United States*, the applicant enlisted in the [State] Air National Guard for a period of six years.

According to DD Form 214, *Certificate of Release or Discharge from Active Duty*, the applicant was called to active duty for Initial Active Duty Training for the period 17 May 16 – 27 Oct 16.

On 11 Jan 20, according to AF Form 469, *Duty Limiting Report*, the applicant has mobility restrictions and may not deploy. The applicant received code 37 (medical defect/condition requires MEB or PEB processing in accordance with AFI 41-201 [*TRICARE Operations and Patient Administration Functions*]).

On 7 Feb 20, according to AF Form 1185, *Commander’s Impact Statement for Medical Evaluation Board*, the applicant’s commander recommended “Do Not Retain.” On 8 Mar 20, the applicant did not agree with the commander’s recommendation.

On 26 Feb 20, a *Medical Evaluation Board Narrative Summary* for the applicant was provided.

On 5 Mar 20, according to a *Statement of Selection (Non-Duty DES)*, the applicant elected to enter into the DES and acknowledged her case is non-duty related and will be for a fitness determination only.

On 20 Mar 20, according to an NGB/A1PS memorandum, Subject: Request for Non-Duty Related Disability Evaluation System (DES) Fitness Determination for [applicant], the applicant was identified with a non-duty related physical defect or condition that rendered her unfit for duty, and she requested entry into the DES solely for a fitness determination in accordance with AFI 36-3212.

On 25 Mar 20, according to AF Form 356, *Findings and Recommended Disposition of USAF Physical Evaluation Board (Informal)*, the applicant was found unfit because of physical disability and diagnosed with:

- Category I – Unfitting Conditions:
 - Delusional Disorder with Bipolar Disorder, Manic; Incurred while entitled to receive basic pay: No; Line of Duty: No; Disability Compensation Rating: N/A; Veterans Administration Schedule for Rating Disabilities (VASRD) Code: 9432; Combat-Related: No.

The IPEB found the applicant's Delusional Disorder with Bipolar Disorder, Manic is incompatible with the rigors of military service and unfitting.

On 8 Apr 20, according to AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, the applicant did not agree with the findings and recommended disposition of the IPEB and requested a formal hearing of her case.

On 23 Jul 20, according to AF 356, *Findings and Recommended Disposition of USAF Physical Evaluation Board (Formal)*, the applicant was found unfit because of physical disability and diagnosed with:

- Category I – Unfitting Conditions:
 - Delusional Disorder with Bipolar Disorder, Manic; Incurred while entitled to receive basic pay: No; Line of Duty: No; Disability Compensation Rating: N/A; VASRD Code: 9432; Combat-Related: No.

The FPEB found the applicant's Delusional Disorder with Bipolar Disorder, Manic is incompatible with the rigors of military service and unfitting.

On 24 Jul 20, according to an AFPC/DPFDD [Formal PEB Case Manager] email, Subject: FPEB Concurrence Unfit Duty Fitness (Guard), the applicant was not entitled to a Secretary of the Air Force appeal due to the case being referred after 1 Mar 20, in accordance with Under Secretary of Defense for Personnel and Readiness [USD (P&R)] memorandum, Subject: Directive-type Memorandum (DTM)-20-001 - Policy Revisions for the Disability Evaluation System (DES), dated 12 Feb 20.

On 30 Jul 20, according to an AFPC/DPFDD [Formal PEB Case Manager] email, Subject: FPEB Findings (Guard Fit), in accordance with Principal Deputy Assistant Secretary (Manpower and Reserve Affairs) [PD-ASA(M&RA)] memorandum, Subject: Elimination of the Formal Physical Evaluation Board (FPEB) Appeal for the Disability Evaluation System (DES), dated 7 Jul 20, and the elimination of the applicant's ability to further appeal, the FPEB decision is final.

On 13 Aug 20, according to a letter from a civilian psychiatrist, provided by the applicant, he stopped prescribing the applicant medication on 8 Aug 19 and her previous diagnosis of Bipolar Disorder, current or most recent episode, with psychotic features F31.2 is not justifiable and has been removed from her chart.

On 7 Oct 20, according to Special Order **Attorney-Client** the applicant was honorably discharged from the [State] ANG, effective 14 Oct 20.

On 14 Oct 20, according to NGB Form 22, *Report of Separation and Record of Service*, the applicant was furnished an honorable discharge, with Authority and Reason: AFI 36-3209, Paragraph 3.14: Physical Disqualification, SPD: JFT [Ineligibility for worldwide deployment – medical disqualification], and Reenlistment Eligibility: 6P [Medically disqualified – Pending waiver].

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

APPLICABLE AUTHORITY/GUIDANCE

In accordance with USD (P&R) memorandum, Subject: Directive-type Memorandum (DTM)-20-001 - Policy Revisions for the Disability Evaluation System (DES), dated 12 Feb 20, it is Department of Defense (DoD) policy that:

- The requirement to offer an appeal of the recommendation of the FPEB is eliminated from the DES process for all cases referred after 1 Mar 20. This change applies to both the Legacy DES (LDES) and Integrated DES (IDES) processes. This change does not affect a service member's ability to appeal the FPEB decision to the Board for the Correction of Military/Naval Records of the Military Department concerned.

In accordance with PD-ASA(M&RA) memorandum, Subject: Elimination of the Formal Physical Evaluation Board (FPEB) Appeal for the Disability Evaluation System (DES), dated 7 Jul 20, all changes to the DES policy per USD (P&R) DTM-20-001 will be incorporated into AFI 36-3212, 15 Jul 19, and AFI 36-2023, *Secretary of the Air Force Personnel Council (SAFPC)*, 3 Apr 18, within 120 days of the date of this memorandum.

AIR FORCE EVALUATION

NGB/SGPS recommends denying the application. Based on the documentation provided by the applicant and analysis of the facts, there is no evidence of an error or injustice regarding the applicant's discharge from the [State] ANG and reenlistment code. The applicant was afforded due process and elected to enter the Non-Duty DES (NDDDES). The IPEB and the FPEB reviewed the applicant's case and rendered their disposition.

The applicant contends she was misdiagnosed with Bipolar Disorder which resulted in erroneous discharge. While on a temporary Active Guard Reserve tour, the member reported to her unit medical group displaying symptoms of mania and psychosis. She was escorted to the emergency room and hospitalized from 24 Apr 19 through 1 May 19. After her hospitalization discharge, the applicant began monthly individual psychiatric therapy. The applicant was diagnosed on 13 Jun 19 with delusional disorder, persecutory type by her treating provider. The applicant continued with outpatient psychiatric therapy and was referred for DES processing to address her fitness for continued military service for Delusional with Bipolar Disorder, manic condition. The applicant elected to enter the NDDDES process on 5 Mar 20 by selecting the statement "I desire to enter into

the Disability Evaluation System. I understand that my case is non-duty related and that it will be for Fitness determination only. If returned to duty by NGB/SG or Air Force DES as fit, NGB/SG will review case to determine if an Assignment Limitation Code (ALC)-C needs to be placed in the Personnel Data System (PDS) or if case needs to be referred to the Physical Evaluation (Board). I further understand that, if eligible to retire (20 years satisfactory service), I am afforded the opportunity to apply for retirement in lieu of discharge.” on the Selection of Rights to Separate or enter the Non-Duty Disability System form. The applicant’s case was referred to the IPEB for review. On 25 Mar 20, the IPEB found the applicant’s medical condition prevents her from reasonably performing the duties of her office, grade, rank or rating; is subject to sudden and unpredictable exacerbations, recurrences, or progression; requires frequent follow-up with a medical specialist; and limits the applicant from performing the duties of her AFSC and deploying. Thus, the IPEB finds the applicant’s Delusional Disorder with Bipolar Disorder, Manic, is incompatible with the rigors of military service and unfitting.

The applicant did not agree with the IPEB disposition and on 18 Apr 20 elected to have her case referred to the FPEB by selecting the statement on the AF Form 1180, “I do not agree with the finding and recommended disposition of the Informal PEB and request a formal hearing of my case. If the IPEB recommended return to duty, I understand I must provide justification for my request and that my request for a formal hearing may be denied.” The applicant had a hearing with the FPEB, and they reviewed the current and new documentation submitted. On 23 Jul 20, the FPEB found the applicant’s Delusional Disorder with Bipolar Disorder, Manic prevents her from reasonably performing the duties of her office, grade, rank or rating; is subject to sudden and unpredictable exacerbations, recurrences, or progression and limits her from performing the duties of her AFSC and deploying. Thus, the FPEB found the applicant’s Delusional Disorder with Bipolar Disorder, Manic, is incompatible with the rigors of military service and unfitting. The applicant elected on 15 Aug 20 to have her case referred to the Secretary of the Air Force Personnel Council (SAFPC) for review as she did not agree with the FPEB disposition. She elected the “I do not agree with the findings and recommended disposition of the Formal PEB and request my case be referred to SAFPC for review and final decision” statement on the AF Form 1180.

The applicant requested her case be referred to SAFPC for review and final decision. The applicant did seek a second opinion from 14 Sep 20 – 3 Nov 20 after the FPEB disposition. It is unclear if the second opinion medical notes were furnished to SAFPC for review as there is no documentation submitted nor in the available electronic health record indicating SAFPC rendered their final disposition.

The complete advisory opinion is at Exhibit C.

The AFRBA Psychological Advisor finds there is insufficient evidence to support the applicant was misdiagnosed with Bipolar Disorder or that she was erroneously discharged from a psychological perspective.

This Psychological Advisor finds her diagnosis of Bipolar Disorder appears to be a valid diagnosis based on a complete record review, and there does not appear to be an error in the DES which led to her discharge from the military.

Counsel contends the applicant was misdiagnosed in the military with Bipolar Disorder. There is insufficient evidence to support this contention. The applicant was regularly diagnosed with Bipolar Disorder while she was in the military. She was not only diagnosed with Bipolar Disorder by military providers but also by civilian providers. Counsel provided partial documentation which shows the applicant is improving. A thorough record review revealed pages from mental health encounters that were not submitted. The pages that were omitted included the applicant’s

mental health diagnosis. Her diagnosis remained Bipolar I Disorder throughout her military career and at discharge. While she appeared to show stability, she continued to meet the criteria for a Diagnostic and Statistical Manual diagnosis of Bipolar I Disorder. The applicant's post-service encounter from one civilian provider did not include a diagnosis. This does not mean the provider determined the applicant did not have a mental health condition. It just indicates the provider did not fill out the note completely.

Counsel contends the medical review boards disregarded more current medical evidence. Review of the medical review boards' decisions appears to have included military and civilian records, including current encounters. What counsel is referring to as recovery is likely the applicant stabilizing from a manic phase and becoming stable. Again, the applicant's record indicates she was diagnosed with Bipolar I Disorder throughout her military career, even after she showed stability.

Counsel contends the applicant's discharge was in error because she was reasonably able to perform the duties of her rate, rank, or office. With all due respect to counsel, this is not a determining factor in deciding if the applicant meets retention standards. DoD Instruction (DoDI) 6130.03, Volume 2, *Medical Standards for Military Service: Retention*, outlines Disqualifying Conditions (Section 5). It notes under Behavioral Health (5.28):

The following conditions, defined using the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, unless otherwise stated, are not compatible with retention and the Service should initiate appropriate medical and personnel actions upon diagnosis.

Behavioral Health Section 5.28(b) lists Bipolar I Disorder, which by the definition cited above, requires referral to the DES process despite the ability to perform duties and is not compatible with retention.

There is some evidence the applicant had Bipolar Disorder before entering the military. Records show she was diagnosed with Cyclothymic Disorder four months before entering the military (Initial Active Duty Training). Cyclothymic Disorder is similar to Bipolar Disorder in that it is a mood disorder which causes emotional highs and lows, but the mood shifts in Cyclothymia are not as extreme as for those with Bipolar Disorders. The applicant was taking Lamictal for at least eight months, a medication typically used to treat Bipolar Disorder. Again, while counsel contends the applicant was erroneously diagnosed with Bipolar Disorder in the military, there is evidence she was diagnosed with Cyclothymia Disorder before her military (Initial Active Duty Training) service and was treated with a medication used for Bipolar Disorder. This occurred 11 months before she entered military (Initial Active Duty Training) service.

Additionally, her documented diagnosis of Cyclothymia Disorder, which was prior to her military service, should have precluded her enlistment. DoDI 6130.03 Volume 1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction*, outlines Disqualifying Conditions (Section 6). It notes under Medical Standards (6.1):

Unless otherwise stipulated, the conditions listed in this section are those that do not meet the standard by virtue of current diagnosis, or for which the candidate has a verified past medical history.

Section 6.28(e) (Learning, Psychiatric, and Behavioral Disorders) notes:

History of bipolar and related disorders (formerly identified as mood disorders not otherwise specified) including, but not limited to, cyclothymic disorders and affective psychoses.

This DoDI clearly indicates a diagnosis of Cyclothymia, past or present, does not meet enlistment standards.

The complete advisory opinion is at Exhibit D.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent copies of the advisory opinions to the applicant on 3 Sep 24 for comment (Exhibit E) but has received no response.

FINDINGS AND CONCLUSION

1. The application was not timely filed. The Board notes the applicant did not file the application within three years of discovering the alleged error or injustice, as required by Section 1552 of Title 10, United States Code, and Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*. While the applicant asserts a date of discovery within the three-year limit, the Board does not find the assertion supported by a preponderance of the evidence. The Board does not find it in the interest of justice to waive the three-year filing requirement and finds the application untimely.

2. The applicant exhausted all available non-judicial relief before applying to the Board.

3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. The Board concurs with the rationale and recommendation of NGB/SGPS and the rationale of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions.

While counsel contended the FPEB disregarded current medical evidence, no specific documentation was identified as being omitted from the FPEB's consideration. Copies of the applicant's progress reports, submitted with the current application to the AFBCMR, were included in the FPEB's list of exhibits considered during adjudication of the applicant's case. Progress reports dated as late as 19 May 20 continued to reflect the applicant's Bipolar I Disorder diagnosis. Throughout his brief, counsel referenced a letter provided by the applicant's treating physician which addressed discontinuation of her medication and removal of the Bipolar Disorder diagnosis from her medical chart; however, this letter was dated 13 Aug 20, almost one month after the FPEB adjudicated the applicant's case. Additionally, copies of the applicant's psychiatric assessments, conducted on 14 Sep 20 and 1 Oct 20, provided by the applicant, continued to reflect a diagnosis of Bipolar Disorder. In sum, multiple providers, military and civilian, confirmed the applicant's Bipolar Disorder diagnosis throughout her service, before and after her FPEB. The applicant was appropriately afforded due process throughout her DES processing.

Further, while counsel references AFI 36-3212 in support of his contention the applicant was able to reasonably perform the duties of her office, grade, rank or rating, he did not address the additional requirement set forth in DoDI 6130.03, Volume 2, which states retention standards will be applied considering limitations due to medical conditions that are incompatible with the physical and psychological demands required for deployment. Worldwide duty qualification and deployment are included in the requirements which the applicant must meet. Moreover, upon review of the applicant's medical records, it was discovered she had a documented diagnosis of Cyclothymia Disorder prior to her military service, which should have disqualified her from enlistment in accordance with DoDI 6130.03, Volume 1.

Finally, the applicant's Reenlistment Eligibility code of 6P is based upon her medical disqualification. Consequently, as the Board finds no error or injustice in the processing of the applicant through the DES, this Board finds no error or injustice in the determination of her reenlistment eligibility. Therefore, the board 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 DAFI 36-2603, paragraph 2.1, considered Docket Number BC-2021-01503 in Executive Session on 20 Nov 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 A: Application, DD Form 149, w/atchs, dated 29 Dec 23.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, NGB/SGPS, dated 9 Aug 24.
- Exhibit D: Advisory Opinion, AFRBA Psychological Advisor, dated 28 Aug 24.
- Exhibit E: Notification of Advisory, SAF/MRBC to Counsel, dated 3 Sep 24.
- Exhibit F: Letter, SAF/MRBC to Counsel (SecAF Authority), dated 31 Oct 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.

12/11/2024

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Board Operations Manager, AFBCMR
Signed by: USAF

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