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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2024-03605

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COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

She be granted a medical discharge.

APPLICANT'S CONTENTIONS

Her record states she overdosed when she was 16 years old and that she had a long history of unstable mood. She overdosed while on active duty in Mar 04 and she does not have a long history of unstable mood. She was misdiagnosed with Bipolar Disorder (BPD). She has been diagnosed with Post-Traumatic Stress Disorder (PTSD) by two different doctors due to being raped while in technical school. The correction should be made so she may get proper care for her PTSD.

In Aug 03, she went to life skills after she was raped in technical school. She sought help for harassment while at work after refusing to sleep with a co-worker who reported her for cheating. Instead of trauma informed care, she was put on three different sedatives. She overdosed and was quickly discharged after a misdiagnosis of BPD. She is still unable to get proper care due to the incorrect information and misdiagnosis.

In support of her request, she provides her discharge paperwork, a mental health evaluation, medical and mental health care notes, a Department of Veterans Affairs (DVA) Rating Decision and other documents in support of her request.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former Air Force airman (E-2).

On 8 Apr 03, the applicant enlisted in the Regular Air Force.

AFBCMR Docket Number BC-2024-03605

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The applicant's discharge paperwork is not included in her Automated Records Management System (ARMS) record but was provided by the applicant.

On 15 Mar 04, the applicant was notified of the commander's referral for mental health evaluation. The reason for the referral was on or about 5 Feb 04, she proceeded to the Military Equal Opportunity (MEO) Office, Family Support Center and the base emergency room (ER) and expressed emotional problems. It was deemed necessary by the ER technicians with coordination from a medical provider that she be Baker Act (involuntarily admitted). She was admitted to the civilian medical center for a period of one week. Before making the referral, her commander consulted with her mental health care provider about her recent actions.

The Commander Directed Mental Health Evaluation dated 22 Mar 04 reflects the applicant was seen on 22 Mar 04 at the life skills support center. On 5 Feb 04, she was hospitalized due to suicidal thoughts and that she had a long history of depression and anxiety. The evaluation was requested to assist in determining the applicant's suitability for future adaptability to military life. The evaluation revealed a long history of unstable mood (depression and anxiety) with suicidal thoughts and behaviors (attempted suicide by overdose when 16 and hanging when 17), self-mutilation and significantly impaired social functioning which increased in severity following entry into military service and marriage. The applicant's test profile was associated with a severe personality disorder characterized by mood instability, socially withdrawn behavior, punctuated by angry outbursts with an increased risk of self-destructive behavior and psychotic symptoms, including auditory hallucinations during periods of increased stress. The applicant was diagnosed with Axis I: Adjustment Disorder, with Anxiety, Nicotine Dependence, and Occupational Problem. Axis II: BPD, Primary Diagnosis: Exist Prior to Service (EPTS). Axis III: Ovarian Cysts with mild symptoms. The applicant was deemed unsuitable for continued military service on the basis of the diagnoses. She was potentially dangerous to herself based upon a long continuing history of self-mutilation, suicidal thinking and occasional auditory hallucinations. The applicant was scheduled for intensive outpatient follow up treatment and was returned to her command with a recommendation for expeditious administrative separation.

In an undated memorandum, the applicant's commander recommended the applicant be discharged from the Air Force, under the provisions of AFI 36-3208, *Administrative Separation of Airmen*, for reasons that interfere with military service, specifically, mental disorders-adjustment disorders. The specific reason for the action was she was diagnosed with an Adjustment Disorder with Anxiety and BPD per the 22 Mar 04 life support skills center memorandum. It stated the applicant was not suitable for continued access to classified material or weapons, permanent change of station (PCS), temporary duty (TDY), deployment or duties where impaired concentration or judgment could result in grave consequences. The applicant's condition was so severe her ability to function effectively in the military environment was significantly impaired.

On 12 Apr 04, the applicant received an honorable discharge, with narrative reason for separation of "Condition Not a Disability," corresponding separation code "JFV" and Reentry (RE) Code "2C" for Involuntarily separated with an honorable discharge or entry level separation without characterization of service. She was credited with 1 year and 5 days of total active service.

The applicant provides DVA Rating Decision dated 16 Nov 05. The applicant was service connected for PTSD with an evaluation of 30 percent, effective 13 Apr 04.

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

APPLICABLE AUTHORITY/GUIDANCE

On 3 Sep 14, the Secretary of Defense issued a memorandum providing guidance to the Military Department Boards for Correction of Military/Naval Records as they carefully consider each petition regarding discharge upgrade requests by veterans claiming PTSD. In addition, time limits to reconsider decisions will be liberally waived for applications covered by this guidance.

On 25 Aug 17, the Under Secretary of Defense for Personnel and Readiness (USD P&R) issued clarifying guidance to Discharge Review Boards and Boards for Correction of Military/Naval Records considering requests by veterans for modification of their discharges due in whole or in part to mental health conditions [PTSD, Traumatic Brain Injury (TBI), sexual assault, or sexual harassment]. Liberal consideration will be given to veterans petitioning for discharge relief when the application for relief is based in whole or in part on the aforementioned conditions.

Under Consideration of Mitigating Factors, it is noted that PTSD is not a likely cause of premeditated misconduct. Correction Boards will exercise caution in weighing evidence of mitigation in all cases of misconduct by carefully considering the likely causal relationship of symptoms to the misconduct. Liberal consideration does not mandate an upgrade. Relief may be appropriate, however, for minor misconduct commonly associated with the aforementioned mental health conditions and some significant misconduct sufficiently justified or outweighed by the facts and circumstances.

Boards are directed to consider the following main questions when assessing requests due to mental health conditions including PTSD, TBI, sexual assault, or sexual harassment:

- a. Did the veteran have a condition or experience that may excuse or mitigate the discharge?
- b. Did that condition exist/experience occur during military service?
- c. Does that condition or experience actually excuse or mitigate the discharge?
- d. Does that condition or experience outweigh the discharge?

On 25 Jul 18, the Under Secretary of Defense for Personnel and Readiness issued supplemental guidance, known as the Wilkie Memo, to military corrections boards in determining whether relief is warranted based on equity, injustice, or clemency. These standards authorize the board to grant relief in order to ensure fundamental fairness. Clemency refers to relief specifically granted from a criminal sentence and is a part of the broad authority Boards have to ensure fundamental fairness. This guidance applies to more than clemency from sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on

equity or relief from injustice grounds. This guidance does not mandate relief but rather provides standards and principles to guide Boards in application of their equitable relief authority. Each case will be assessed on its own merits. The relative weight of each principle and whether the principle supports relief in a particular case, are within the sound discretion of each Board. In determining whether to grant relief on the basis of equity, an injustice, or clemency grounds, the Board should refer to paragraphs 6 and 7 of the Wilkie Memo.

On 4 Apr 24, the Under Secretary of Defense for Personnel and Readiness issued a memorandum, known as the Vazirani Memo, to military corrections boards considering cases involving both liberal consideration discharge relief requests and fitness determinations. This memorandum provides clarifying guidance regarding the application of liberal consideration in petitions requesting the correction of a military or naval record to establish eligibility for medical retirement or separation benefits pursuant to 10 U.S.C. Section 1552. It is DoD policy the application of liberal consideration does not apply to fitness determinations; this is an entirely separate Military Department determination regarding whether, prior to "severance from military service," the applicant was medically fit for military service (i.e., fitness determination). While the military corrections boards are expected to apply liberal consideration to discharge relief requests seeking a change to the narrative reason for discharge where the applicant alleges combat- or military sexual trauma (MST)-related PTSD or TBI potentially contributed to the circumstances resulting in severance from military service, they should not apply liberal consideration to retroactively assess the applicant's medical fitness for continued service prior to discharge in order to determine how the narrative reason should be revised.

Accordingly, in the case of an applicant described in 10 U.S.C. Section 1552(h)(1) who seeks a correction to their records to reflect eligibility for a medical retirement or separation, the military corrections boards will bifurcate its review.

First, the military corrections boards will apply liberal consideration to the eligible Applicant's assertion that combat or MST related PTSD or TBI potentially contributed to the circumstances resulting in their discharge or dismissal to determine whether any discharge relief, such as an upgrade or change to the narrative reason for discharge, is appropriate.

After making that determination, the military corrections boards will then separately assess the individual's claim of medical unfitness for continued service due to that PTSD or TBI condition as a discreet issue, without applying liberal consideration to the unfitness claim or carryover of any of the findings made when applying liberal consideration.

On 4 Mar 25, the Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit C).

AIR FORCE EVALUATION

AFBCMR Docket Number BC-2024-03605

The AFRBA Psychological Advisor finds insufficient evidence to support the applicant's request for a medical discharge based on her mental health condition. There is no evidence or records she had any unfitting mental health conditions, including PTSD from MST, while in service that met the criteria for a referral to the MEB for a potential medical discharge/retirement. There is no error or injustice identified with her administrative discharge for having an unsuiting mental health condition identified as a personality disorder or BPD. There is no evidence she was misdiagnosed. Her personality disorder diagnosis given during service was determined to be valid and consistent with her clinical presentation at the time of service.

According to DVA electronic medical records, the applicant first had complaints of mental health issues on 17 Jan 12, eight years after discharge, when as a military spouse she met with a military primary care manager. She denied suicidal ideation and depression and was diagnosed with anxiety. She would receive intermittent medication management treatment services from various primary care managers at the base over the years primarily for anxiety and Attention-Deficit/Hyperactivity Disorder. A letter from her civilian provider dated 30 Jul 15, reported she was receiving outpatient psychotherapy and met the diagnostic criteria for PTSD and Depressive Disorder, Not Otherwise Specified. The cause of her PTSD was not noted. On 17 Nov 17, she met with a mental health provider at the mental health clinic on base. She presented to address depressive and anxiety symptoms and her diagnosis of PTSD by history. A diagnosis of Adjustment Disorder with Mixed Anxiety and Depressed Mood was annotated.

It is accepted the DVA's review of her service treatment records that she reported being sexually assaulted and she was diagnosed with PTSD from this experience during service. There are also records showing the applicant had concerns about sexual harassment in the workplace. The applicant's MST experiences are not disputed, but the question is whether she had a mental health condition developed from these experiences that would cause her to be unfit for military service to support her request for a medical discharge. Her records do not support this notion.

According to records, PTSD was not the only mental disorder diagnosis the applicant received during service. She was also diagnosed with BPD, major depressive disorder (MDD) and Adjustment Disorder with Anxiety, in addition to PTSD. Receiving a mental disorder diagnosis does not automatically render a condition unfit. Her records demonstrated her mental health condition of BPD was her primary condition and not PTSD. According to the mental health evaluation report dated 22 Mar 04, the results of her command directed mental health evaluation, her BPD was reported as her primary diagnosis and that this condition existed prior to service (EPTS). There is no evidence her EPTS condition was permanently aggravated by her military service. PTSD was not discussed, nor was it assessed to be her primary mental health condition. There were many markers, factors and symptoms identified to support her BPD was her primary condition. She completed psychological testing as a part of her command directed mental health evaluation and she was identified to have a severe personality disorder characterized by mood instability, socially withdrawn behavior punctuated by angry outbursts, increased risk of self-destructive behavior and psychotic symptoms of auditory hallucinations during times of increased stress. These symptoms impaired her functioning in the military and are more consistent with BPD and not PTSD. She was hospitalized during service for having suicidal ideation and engaging

in a suicide attempt by cutting her wrist. She was noted to have been superficially cutting her arms to decrease stress since she was 16. Self-mutilation to relieve stress is a symptom of BPD and not PTSD.

The DVA also acknowledged the applicant carried a diagnosis of PTSD and BPD during service and that she had the same symptoms during the DVA examination as when she was on active duty. Personality disorders are enduring patterns of inner experience and behavior that deviates markedly from the norms and expectations of the individual's culture, are pervasive and inflexible, have an onset in adolescence or early adulthood, are stable over time and lead to distress or impairment. The fact the DVA examiner detected symptoms of BPD after her military service further supports her BPD diagnosis was valid.

Although the applicant was diagnosed with PTSD during service per the DVA Rating Decision letter, her symptoms reported in her available service treatment records were not consistent with PTSD. She was assessed for PTSD by the DVA in Nov 24 and endorsed symptoms of nightmares, trying hard not to think about the traumatic event or avoiding reminders of the event, constantly being on guard, watchful or easily startled, feeling numb or detached from people, activities or her surroundings and feeling guilty or unable to stop blaming herself or others for events/problems the event may have caused. There is no evidence she had any of these reported symptoms during service. She was granted a 30 percent rating for PTSD by the DVA for symptoms of occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks. Except for anxiety, panic attacks and depression, there is no evidence she had or experienced the remaining symptoms and problems during service as noted by the DVA rating decision. Her symptoms may have developed further after her service according to her records. Again, her symptoms were more consistent with BPD than PTSD during service.

The applicant was service connected by the DVA for PTSD caused by her sexual assault/MST and not BPD because BPD is an unsuiting mental health condition. Unsuiting mental health conditions, such as BPD, are not ratable conditions by the DVA. For awareness, the military's Disability Evaluation System (DES), established to maintain a fit and vital fighting force can by law, under 10 U.S.C., only offer compensation for those services 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 post-service progression of disease or injury. To the contrary, the DVA, operating under 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.

The applicant denied having a long history of unstable mood in her petition, but there is no evidence her mental health provider erroneously reported inaccurate or improper mental health history. She reported having an unstable mood or a mental health history prior to her military service at least twice during service, after she was discharged from the hospital and during her

command mental health evaluation. These reports do not demonstrate inaccurate documentation made from an isolated reporting incident, but rather, show consistency in her reporting.

The applicant was also reported to have a diagnoses of MDD and Adjustment Disorder with Anxiety in addition to PTSD and BPD. Her diagnoses of MDD and PTSD were never reported to have been elevated to potentially unfitting meeting criteria to be referred to the MEB for a medical discharge. She had an adjustment disorder that was considered to be acute and not chronic in presentation, and BPD. These are unsuiting mental health conditions that met criteria for an administrative separation. There are two different categories for mental health conditions and she met the criteria for an administrative separation and not a medical discharge.

The applicant marked “TBI” on her application to the AFBCMR. There are no records substantiating the applicant’s TBI existed or occurred during her military service. There are no records she was ever diagnosed or was treated for a TBI during service.

Finally, liberal consideration is not applied to the applicant’s request for a medical discharge. The updated clarifying guidance, the Vazirani Memo, published in Apr 24, clearly states liberal consideration does not apply to fitness determinations, which include medical discharge, disability and retirement requests. The applicant already received an honorable discharge; therefore, a bifurcated review is not necessary or required.

The complete advisory opinion is at Exhibit D.

APPLICANT’S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 1 Jul 25 for comment (Exhibit E) but has received no response.

FINDINGS AND CONCLUSION

1. The application was timely filed. Given the requirement for passage of time, all discharge upgrade requests under fundamental fairness or clemency are technically untimely. However, it would be illogical to deny a discharge upgrade application as untimely, since the Board typically looks for over 15 years of good conduct post-service. Therefore, the Board declines to assert the three-year limitation period established by 10 U.S.C. Section 1552(b).
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 of the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant’s contentions. In accordance with the Vazirani Memo, liberal consideration does not apply to the applicant’s request for a medical discharge. Further, since the applicant already received an honorable discharge, a bifurcated review of the applicant’s request is not required. The Board does not dispute the

applicant's contention of MST and acknowledges the applicant received mental health treatment while in service. However, the applicant was diagnosed with unsuiting conditions of Adjustment Disorder and BPD rather than any unfitting mental health conditions, to include PTSD due to MST. While the applicant contends she did not have a prior history of unstable mood, the 22 Mar 04 Commander Directed Mental Health Evaluation documents the applicant was involuntarily hospitalized on 5 Feb 04. The mental health evaluation and testing revealed she had a long history of unstable mood, to include suicidal ideations at age 16 by overdose and hanging, self-mutilation and significantly impaired social functioning which worsened following entry into military service and marriage. There is no evidence of an error in the applicant's in service diagnoses of Adjustment Disorder and BPD. The applicant's diagnoses of Adjustment Disorder and BPD are also supported by the applicant's DVA treatment records. The basis of the applicant's discharge was her unsuiting conditions and not PTSD due to MST. Moreover, the mere existence of a mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. The applicant's military duties were severely degraded due to the applicant's unsuiting mental health conditions, which required an administrative separation. 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 not based on medical conditions determined service incurred, without regard to and independent of its demonstrated or proven impact upon a service member's retainability, fitness to serve, or the length of time since date of discharge to which the DVA can offer compensation. The applicant also contends her honorable discharge is barring her from receiving proper mental health care. The Board recommends the applicant contact the DVA regarding any concerns she may have regarding eligibility for mental health care as her DVA records reflect she is service connected and has received care in the past. Therefore, the Board recommends against correcting the applicant's records.

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 DAFI 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2024-03605 in Executive Session on 10 Jul 25 and 4 Aug 25:

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Panel Chair

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Panel Member

Member

AFBCMR Docket Number BC-2024-03605

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

Exhibit A: Application, DD Form 149, w/atchs, dated 25 Sep 24.

Exhibit B: Documentary Evidence, including relevant excerpts from official records.

Exhibit C: Letter, SAF/MRBC, w/atchs (Post-Service Request and Liberal Consideration Guidance), dated 4 Mar 25.

Exhibit D: Advisory Opinion, AFRBA Psychological Advisor, dated 1 Jul 25.

Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 1 Jul 25.

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.

8/5/2025

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Board Operations Manager, AFBCMR
Signed by: USAF

AFBCMR Docket Number BC-2024-03605

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