



CUI//SP-MIL/SP-PRVCY

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

ADDENDUM TO RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2019-01435-2

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

The Board reconsider his request to have his records corrected to reflect that he was wrongfully diagnosed with sickle cell trait (SCT) and his current diagnosis of sickle cell disease beta-thalassemia disease (SCD-B-Thal) be found service aggravated.

RESUME OF THE CASE

The applicant is a former Regular Air Force sergeant (E-4).

On 19 February 2020, the Board considered and denied his request to have his records corrected; finding a preponderance of the evidence does not substantiate the applicant's contentions and the applicant is not the victim of an error or injustice.

For an accounting of the applicant's original request and the rationale of the earlier decision, see the AFBCMR Letter and Record of Proceedings at Exhibit F.

On 24 April 2020, the applicant requested reconsideration of his request to have his record corrected. He again contends SCD was present as he performed duties working with toxic, hazardous, and concentrated chemicals that aggravated the disease.

In support of his reconsideration request, the applicant submitted additional medical documentation.

The applicant's complete submission is at Exhibit G.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the application, indicating there is insufficient evidence to favorably grant the applicant's request for a change in his records. This case brings out the necessity to first understand the difference between SCT, SCD and thalassemia. SCD, traits and thalassemia are genetic disorders caused by errors in the genes for hemoglobin (Hgb), which is responsible for carrying oxygen within the red blood cell. SCT is when an individual has only *one* sickle cell gene whereas SCD is when an individual has *two* sickle cell gene changes. Since these two separate conditions are hereditary, SCT (one altered gene) cannot turn into SCD (two altered genes) later in life. Knowing that the condition is hereditary, it clearly existed prior to service (EPTS) and therefore, the question to answer was the EPTS condition permanently aggravated above the expected natural progression of the condition. The applicant

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states that he was exposed to various toxic chemicals as part of his military duties and further states that what he believes was the correct diagnosis of SCD while on active duty later manifested its presence (was aggravated) by such prior chemical exposures. This sort of worsening manifestation to SCD could not have occurred by any exposure if indeed the in-service diagnosis of SCT was correct, which is the opinion of this medical advisor. As previously explained, SCT and SCD are two separate conditions and the trait cannot later in life develop into SCD. This entire case rest on what was the diagnosis while the applicant was on active duty in the 1970's timeframe. The applicant never had a SCD crisis and even his own words noted him being diagnosed with SCT. Medical testing while on active duty clearly revealed his condition as a classic case of SCT. Additionally, this advisor saw no purposeful error or injustice occurred with the applicant's eventual discharge processing. It was completed in accordance with applicable military and Department of Defense Instructions.

The complete advisory opinion is at Exhibit H.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 29 March 2022 for comment (Exhibit I), and the applicant replied on 20 April 2022. The applicant disagrees with the advisory opinion and is asking for proper restitution for physical defects suffered or aggravated by military service. He was denied his rights under the Occupational Safety and Health Administration (OSHA) laws. If federal law had been observed, he would not have languished in the Entomology career field for two and a half years and suffered from the chemical poisoning through the decades that led to his SCD. He should be compensated for that and other service related injuries.

The applicant's complete response is at Exhibit J.

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, the Board remains unconvinced the evidence presented demonstrates an error or injustice. The Board concurs with the rationale and recommendation of the AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The Board notes the applicant was not diagnosed with sickle cell disease (SCD) while on active duty; therefore, no purposeful error or injustice occurred with the applicant's discharge processing. Further, the applicant states he was denied rights under the Occupational Safety and Health Administration (OSHA); however, the applicant has not provided any evidence to substantiate this claim. Therefore, the Board recommends against correcting the applicant's records.
4. The applicant has not shown a personal appearance, with or without counsel, would materially add to the Board's understanding of the issues involved.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

CERTIFICATION

The following quorum of the Board, as defined in Air Force Instruction (AFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 1.5, considered Docket Number BC-2019-01435-2 in Executive Session on 27 April 2022 and 11 August 2022:

Work-Product, Panel Chair
Work-Product, Panel Member
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All members voted against correcting the record. The panel considered the following:

- Exhibit F: Record of Proceedings, w/ Exhibits A-E, dated 19 February 2020.
- Exhibit G: Application, DD Form 149, w/atchs, dated 24 April 2020.
- Exhibit H: Advisory Opinion, AFBCMR Medical Advisor, dated 23 March 2022.
- Exhibit I: Notification of Advisory, SAF/MRBC to Applicant, dated 29 March 2022.
- Exhibit J: Applicant's Response, w/atchs, dated 20 April 2022.

Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by AFI 36-2603, paragraph 4.11.9.

8/12/2022

Work-Product

Board Operations Manager, AFBCMR
Signed by: USAF