



[REDACTED]

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

ADDENDUM TO RECORD OF PROCEEDINGS

IN THE MATTER OF:

[REDACTED]

DOCKET NUMBER: BC-2020-00276-2

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

The Board reconsider his request to be medically retired.

RESUME OF THE CASE

The applicant is an honorably discharged Air Force staff sergeant (E-5).

On 6 Dec 20, the Board considered and denied his request to have his records corrected to show he was medically retired due to asthma; finding the applicant had provided insufficient evidence of an error or injustice to justify relief.

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 E.

On 11 Dec 22, the applicant requested reconsideration of his request to be medically retired. He again contends he was found unfit for a nickel allergy and not unfit for asthma and the Air Force Reserve and Air National Guard disqualified him from service for asthma and not the nickel allergy. If asthma is an unfitting condition for entry than it should have been unfitting for continued service.

In support of his reconsideration request, the applicant submitted the following new evidence: (1) A timeline of his application processing; (2) A personal statement; (3) An e-mail communication with a recruiter; and (4) An Occupational Health Assessment.

The applicant's complete submission is at Exhibit F.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor opines that the submitted evidence is insufficient to demonstrate the existence of an applied error or injustice. This case has to do with medical standards; standards for "retention" and standards for "enlistment or induction" into military service. Medical standards to remain in military service are not (or may not be) the same medical standards to enter military service...this includes going from active duty (AD) (retention standards) to joining the Air Force Reserve or National Guard (enlistment/induction standards). Some standards for both service induction and service retention are the same, but others are not.

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[REDACTED]

[REDACTED]



[REDACTED]

According to DoD Instruction (DoDI) 6130.03 “*Medical Standards for Appointment, Enlistment, or Induction in the Military Services*,” Enclosure 4, Chapter 11, paragraph (d) states the following as disqualifying for enlistment into AD or components of the Air Reserve Component (ARC).

(d): Airway hyper responsiveness including asthma, reactive airway disease, exercise induced bronchospasm, or asthmatic bronchitis, reliably diagnosed and symptomatic after the 13th birthday.

The applicant met this enlistment disqualification standard by the notion of airway hyper responsiveness by exercise induced bronchospasm which corresponds to his statement of “... experiencing exertional short of breath with high intensity exercise for several years. Has found the dyspnea to be worse when running outside in hot / humid weather...”

Air Force Instruction (AFI) 48-123 “*Medical Examinations and Standards*,” Chapter 5, Section 5B, Continued Military Service (Retention Standards) paragraph 5.3.6.5. states, the following as disqualifying for Service retention: “Asthma, recurrent bronchospasm, or reactive airway disease.”

Therefore, in this case, by letter of the law, his respiratory condition was disqualifying for both AD service retention and service enlistment in the ARC. However, despite the respiratory condition as being identified as disqualifying, it was not found as being unfit with the result of the applicant not being able to fulfil the duties of his office, grade, rank, or rating. Credible evidence to this finding is bolstered by the fact that the applicant maintained his ability to consistently pass his physical training tests, his involvement of 150 minutes of moderate intensity exercise per week, muscle strengthening activities two or more days per week, and the provider’s comment of “...do not suspect his disease should limit his ability to perform job tasks.” Additionally, as noted by the medical boards, there were no restrictions referable for his respiratory condition and he has not required profiling for the same.

Finally, it remains paramount to brief the difference between the military and Department of Veteran’s Affairs (DVA) disability evaluation. For awareness’ sake, the military’s Disability Evaluation System, established to maintain a fit and vital fighting force, can by law, under Title 10, United States Code (U.S.C.), only offer compensation for those service incurred diseases or injuries which specifically rendered a member unfit for continued active service and were the cause for career termination; and then only for the degree of impairment present near the time of service separation and not based on future progression of injury or illness. On the other hand, operating under a different set of laws (Title 38, U.S.C.), with a different purpose, the DVA is authorized to offer compensation for any medical condition 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.

The applicant was not deemed unfit regarding his respiratory condition in the performance of the duties of his office, grade, rank, or rating while in active military service. Based on reviewed records, it appeared that the discharge processing as well as the narrative reasoning for separation were appropriate and accomplished in accordance with Air Force and DoD policy.

The complete advisory opinion is at Exhibit G.

APPLICANT’S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 14 Jun 23 for comment (Exhibit H) but has received no response.



FINDINGS AND CONCLUSION


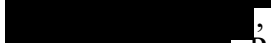
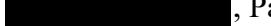
1. The application was timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board remains unconvinced the evidence presented demonstrates an error or injustice. The Board concurs with the rationale and recommendation of AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant’s contentions. The discharge processing as well as the narrative reasoning for separation were appropriate and accomplished in accordance with Air Force and DoD policy. The applicant was not deemed unfit regarding his respiratory condition while on active duty. 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 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-2020-00276-2 in Executive Session on 3 Oct 23:

- , Panel Chair
- , Panel Member
- , Panel Member

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


- Exhibit E: Record of Proceedings, w/ Exhibits A-D, dated 6 Dec 02.
- Exhibit F: Application, DD Form 149, w/atchs, dated 12 Dec 22.
- Exhibit G: Advisory Opinion, Advisory, AFBCMR Medical Advisor, dated 12 Jun 23.
- Exhibit H: Notification of Advisory, SAF/MRBC to Applicant, dated 14 Jun 23.





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.

8/29/2025

X 

Board Operations Manager, AFBCMR
Signed by: 