[redacted]

UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF: [redacted]

DOCKET NUMBER: BC-2021-01849

COUNSEL: [redacted]

HEARING REQUESTED: YES

APPLICANT'S REQUEST

Her mental health condition of adjustment disorder with mixed depression and anxiety be found unfitting and her retirement disability percentage be increased to no less than 90 percent with backpay and benefits.

APPLICANT'S CONTENTIONS

Her mental health condition of adjustment disorder with mixed depression and anxiety was not properly evaluated during the Disability Evaluation System (DES) process. Because of her disability, she cannot obtain gainful employment as a nurse and lives in fear her pacemaker will malfunction and cause death or further injury. The Department of Veterans Affairs (DVA) corrected her service-connected rating for her mental health disorder to 70 percent, which is more consistent with the severity of her unfitting condition, which was effective the day after her separation. She was assigned a rating of 30 percent for Wolff Parkinson White Syndrome during the Physical Evaluation Board (PEB) but was not properly evaluated for her mental health condition, which is secondary to the disability caused by the medical professional's botched procedure. She is clearly disabled due to the botched medical procedure she underwent while on active duty and should have been retired at a rate of no less than 90 percent based on evidence of no fewer than three established unfitting conditions which existed at her time of her separation.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a medically retired Air Force second lieutenant (O-1).

On 27 Feb 15, AF IMT 618, *Medical Board Report*, indicates the applicant was referred to the Informal Physical Evaluation Board (IPEB) for Wolff Parkinson White Syndrome, Pulmonary Embolism, and Permanent Pacemaker (Atrioventricular Block Complete).

On 13 Mar 15, the DVA proposed a disability rating for her Category I unfitting medical conditions of Supraventricular Arrhythmia, heart block, implanted Cardiac Pacemaker (referred to as Wolff Parkinson White Syndrome which existed prior to service) at 30 percent and Pulmonary Embolism at 30 percent. The DVA also rated her adjustment disorder with anxiety at 10 percent.

On 20 Mar 15, AF Form 356, *Informal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to her medical conditions of Pulmonary Embolism with a disability compensation rating of 30 percent and Wolff Parkinson White Syndrome with a disability compensation rating of 30 percent. The Board recommended "Permanent Retirement" with a combined compensation rating of 50 percent. The Board noted all other medical conditions rated by the DVA were considered and found not to be unfitting.

On 26 Mar 15, AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, indicates the applicant agreed with the findings and disposition of the board and requested a one-time reconsideration of the disability ratings found unfitting, specifically Wolf Parkinson White Syndrome which was assigned a disability compensation rating of 30 percent.

On 17 Apr 15, the DVA decision was rendered on the applicant's reconsideration request stating no change was warranted in the proposed evaluation of Supraventricular Arrhythmia or atrioventricular block and Wolff Parkinson White Syndrome status post cardiac pacemaker, currently rated at 30 percent disabling for each condition.

Dated 15 May 15, Special Order Work-Product indicates the applicant was permanently disability retired in the grade of second lieutenant with a compensable percentage for physical disability of 50 percent, effective 26 Jul 15.

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

AIR FORCE EVALUATION

AFPC/DPFDD recommends denying the applicant's request to add her mental health condition to her disability rating. The applicant was referred to the Medical Evaluation Board (MEB) for potentially unfitting conditions of Wolff Parkinson White Syndrome, Pulmonary Embolism, and Permanent Pacemaker (Atrioventricular Block Complete). A mental health addendum to the MEB Narrative Summary (NARSUM) was prepared by the staff psychiatrist on 6 Feb 15 which contributed to the DVA's diagnosis of adjustment disorder with anxiety to the placement of her pacemaker following cardiac ablation. Her mental health treatment records indicated she was initially evaluated on 1 Dec 14 for sleep problems and was given a diagnosis of insomnia. She was prescribed Zoloft on 2 Dec 14 which was discontinued on 16 Dec 14. The addendum also shows the applicant reported having one to two panic attacks in Oct 14, a few weeks after placement of the pacemaker. She denied having such experiences since that time. The Axis I diagnosis states this applicant's reactions were identified as an adjustment disorder with anxiety; however, based on her current symptoms, she does not meet any criteria for psychiatric diagnosis

at this time. Furthermore, she is not prescribed any psychotropic medications, nor does she appear to require further medication trials at this time. Impairment for Military Service states the applicant's degree of military service impairment is deemed no impairment, from a mental health perspective. This is particularly the case since she does not appear to have a clinical psychiatric diagnosis per this assessment. Finally, the Social and Industrial Impairment states the applicant's degree of social and industrial impairment is deemed as none, based on her previously demonstrated abilities, her future-oriented thinking, and her enthusiasm to engage in activities which incites her passion to care for others. On 12 Feb 15, the applicant concurred with the MEB assessment of her potentially unfitting conditions and did not request an impartial review or submit a rebuttal to have adjustment disorder with anxiety added to her list of potentially unfitting conditions.

The applicant agreed with the IPEB findings but requested a one-time DVA reconsideration for an increase to her DES disability ratings which was disapproved by the DVA. It is also noted, during DES processing, the DVA assigned a 10 percent rating for adjustment disorder with anxiety; however, since this condition was not considered unfitting by the PEB it was not included in her Air Force disability ratings. The PEB noted, according to the local NARSUM Addendum statement dated 27 Feb 15, and on review of submitted documentation, the board finds no other conditions referred to in the DVA Compensation & Pension (C&P) evaluation currently considered unfitting.

As part of this AFBCMR submission the applicant provided a DVA rating decision dated 12 Dec 19 which upgrades adjustment disorder with anxiety (also claimed as Insomnia) to adjustment disorder with mixed depression and anxiety with an increased rating percentage of 70 percent effective 29 Aug 19, almost 4.5 years after her separation from the Air Force. However, as previously mentioned above, adjustment disorder with anxiety was not considered unfitting for DES purposes. The Air Force and the DVA disability systems operate under separate laws. Under the Air Force system (Title 10, U.S.C.), the PEB must determine whether an airman's medical condition renders them unfit for continued military service relating to their office, grade, rank or rating. To be unfitting, the condition must be such that it alone precludes the member from fulfilling their military duties. The PEB then applies the rating best associated with the level of disability at or near the time of disability processing. That rating determines the final disposition (discharge with severance pay, placement on the temporary disability retired list, or permanent retirement) and is not subject to change after the service member has separated. Under the DVA system (Title 38, U.S.C), the member may be evaluated over the years and their rating may be increased or decreased based on changes in the member's medical condition at the current time. However, a higher rating by the DVA based on new and/or current exams conducted after discharge from service does not warrant a change in the total compensable rating awarded at the time of the member's separation.

The complete advisory opinion is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 27 Jan 22 for comment (Exhibit D). On 18 Feb 22, the applicant responded through counsel, asking for more time to respond to the advisory; therefore, the case was closed. On 27 Apr 23, the applicant responded through counsel, requesting the case be reopened. In her response, counsel contends the advisory opinion attempts to justify the recommendation for denying her application on the grounds that a later increase to her disability percentage for anxiety does not mean her condition warranted that percentage at the time of her retirement. Furthermore, the advisory opinion fails to acknowledge each justification and error asserted in her original application and fails to properly acknowledge the evidence presented. She was improperly placed on the Permanent Disability Retired List (PDRL) despite the fact her heart condition was not stable, and she required numerous hospitalizations for her heart condition shortly after being medically retired. Furthermore, medical evidence establishing the severity of her mental health condition has also been ignored.

Her anxiety was of sufficient severity to render her unfit for further military service. While her rating was not increased until several years after she had been retired, the mere fact the error was corrected by the DVA after her retirement from service does not mean the symptoms justifying an increase in her rating were not present at the time she was being evaluated for a medical retirement. As the medical evidence indicates, she was suffering from suicidal ideations, panic attacks that occurred during the workday, sleep impairment, depression, anxiety, irrational fears, and nightmares. This evidence was clearly ignored by the Physical Evaluation Board Liaison Office (PEBLO) and MEB during the processing of her case. Additionally, her placement on the PDRL was inappropriate given that her condition was not stable at the time of her retirement. AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, requires placement on the TDRL when the member's disability is not considered stable at the time of retirement. Had she been placed on the TDRL, this would have triggered a second review of her case roughly eighteen months post-retirement. This review would have allowed the PEB to reassess her mental health condition, as well as her heart condition. Upon review, the severity of her symptoms would have been discovered and this condition would have been deemed unfitting by the PEB and resulted in an increase in her combined disability percentage.

The applicant's complete submission is at Exhibit E.

ADDITIONAL AIR FORCE EVALUATION

The AFRBA Psychological Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for the desired changes to her record. There is insufficient evidence to suggest she had any mental health condition that was unfitting during her time in service or at discharge. Evidence suggests the applicant was thoroughly evaluated at the time of her discharge as demonstrated by her mental health encounters, Disability Benefits Questionnaire (DBQ), and NARSUM Addendum, none of which found she had an unfitting mental health condition. Her mental health notes show the applicant had some initial anxiety and adjustment after her procedure, but her symptoms improved during her mental health treatment. Her notes indicated she was initially diagnosed with insomnia and adjustment disorder, but this resolved, and she was later diagnosed with no psychiatric diagnosis. Her mental health encounters

from 3 Dec 14 to 6 Jan 15 noted she felt better on Zoloft and her sleep challenges were resolved/controlled on Lunesta. Her anxiety was resolved/managed with self-help cognitive behavior therapy (CBT) techniques, and she stated since the last two weeks she had not had any anxiety about her medical condition. She reported no symptoms, no more nightmares, and had started to exercise. She reported she was doing well and appeared to have resolved anxiety regarding her medical condition and stated she was doing fine mental health wise. Her DBQ noted she denied any social or occupational impairment related to her mental health symptoms. Her NARSUM Addendum was completed on 2 Feb 15, a few months before her discharge. The examiner reviewed her DVA C&P evaluation and determined she did not meet any Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria for a mental health disorder. The examiner noted resolution of sleep problems such that she is sleeping throughout the night and wakes up feeling restored. She denied having a persistence of nightmares or disturbed sleep at that time and denied recurrent memories, intrusive thoughts/images, or flashbacks to her medical procedure to such a degree where she felt overly distressed or unable to function. She further denied there is any reduction in her interest, denied feelings of guilt/worthlessness or hopelessness, and denied ever having concerns related to suicidal ideation. Regarding her anxiety symptoms, she reported having one or two panic attacks in Oct 14, a few weeks after placement of the pacemaker; however, denied having such experiences since that time. She was not currently taking psychotropic medications and she denied having symptoms/behaviors related to incontrollable mood swings, chronically depressed mood stated, anxiety disorder, significant traumatic history, ritualistic behaviors, no current abnormal eating behaviors, or psychosis. The examiner concluded she did not meet any criteria for a psychiatric diagnosis at this time finding no impairment, from a mental health perspective and her social and industrial impairment was deemed as none.

Based on these evaluations and findings, the PEB concluded the applicant did not have any other conditions that were considered unfitting, including any mental health condition. After thoroughly reviewing the applicant's record the Psychological Advisor concurs with this previous conclusion the applicant did not have any unfitting psychological condition at the time of her discharge. The AFPC/DPFDD advisory completed on 22 Nov 21 examined the applicant's record, and arrived at the same conclusion, despite the applicant having a 10 percent DVA rating for adjustment disorder with anxiety (also claimed as insomnia). The reviewer also noted during DES processing, the DVA assigned a 10 percent rating for adjustment disorder with anxiety; however, since this condition was not considered unfitting by the PEB it was not included in her Air Force disability ratings. The DVA, increased her mental health rating effective 29 Aug 19 to 70 percent, based on her current mental health symptoms. It should be noted the military's DES, can by law 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 at or near the time of separation and not based on post-service progression of disease or injury. To the contrary, the DVA, operating under a different set of laws, Title 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 time transpired since the date of discharge. The DVA may also conduct periodic reevaluations for the purpose of adjusting the disability rating awards as the level of impairment from a given medical condition may vary

(improve or worsen) over the lifetime of the veteran. The applicant's counsel contends this increase was not based on the applicant's worsening symptoms that occurred after her military discharge but were present at the time of her discharge stating while her rating was not increased until several years after she had been retired, the mere fact the error was corrected by the DVA after her retirement from service does not mean the symptoms justifying an increase in her rating were not present at the time she was being evaluated for a medical retirement. As the evidence indicates, she was suffering from suicidal ideations, panic attacks that occurred during the workday, sleep impairment, depression, anxiety, irrational fears, and nightmares. Counsel submitted a mental health note from 10 Dec 21 and other mental health notes post-service, which documented her level of symptoms following her discharge from the military. Her mental health encounters during service documented she was not suffering from, suicidal ideations, panic attacks that occurred during the workday, sleep impairment, depression, anxiety, irrational fears, and nightmares, as counsel contends. Counsel also contends the DVA swiftly corrected their error and assigned a 70 percent rating; however, her "correction" to her DVA rating, after over four years post-military service, indicates a worsening of symptoms, which the DVA can reevaluate periodically and based on the level of severity of symptoms can raise the disability rating over the lifetime of the veteran. This change of rating does not indicate the applicant was unfit for military service from a mental health perspective at the time of her discharge. As mentioned above, the applicant was thoroughly evaluated and was not found unfitting from a psychological perspective. A change in the DVA rating would therefore not warrant a change in her DES rating after discharge from the military.

The complete advisory opinion is at Exhibit F.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 15 Feb 24 for comment (Exhibit G); and the applicant responded on 15 Mar 24 asking for their case to be closed, which it was on 27 Mar 24 (Exhibit H). On 18 Oct 24, the applicant sent in a response to the advisory opinion on 18 Oct 24, and her case was resumed. In this response, the applicant contends, through counsel, the advisory opinion ignores clear medical evidence establishing the presence of a mental health condition, the severity of that condition, and the fact that it was unfitting at the time of her discharge. She complained of mental health symptoms prior to her separation from service. The advisory opinion misconstrues the laws surrounding DVA disability ratings and compensation. The fact that she did not file for an increase in her DVA disability compensation until after her separation does not mean these symptoms did not exist at the time of her separation. Additionally, the rating issued by the DVA at the time of her separation was clearly in error as her prior suicide attempts in 2014 warrant a 70 percent rating and these two suicide attempts were clearly overlooked during her DES processing. While the advisory opinion suggests she did not complain of symptoms associated with a mental health condition at the time of her separation, this Board should not overlook the fact that individuals suffering from severe mental health conditions often downplay the severity of their symptoms.

She should have been placed on the TDRL as her condition was not stable, her condition was getting worse as she had a heart block following her dual-chamber implant and she was suffering from heart palpitations. Due to this, her supraventricular tachycardia (SVT) should have been found as unfitting at the time of her discharge. Per DoDI 6130.03 V2, *Military Standards for Military Service: Retention*, paragraph 5.11.e, atrial and ventricular arrhythmias, such as SVT, fails medical retention standards unless the condition can be successfully ablated, and the member can be cleared by a cardiologist for unrestricted exercise. The applicant cites other AFBCMR cases which provided relief for SVT.

The applicant's complete submission is at Exhibit I.

ADDITIONAL AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the applicant's request for a medical retirement due to her implied contention her botched medical procedure which resulted in her disability should allow for 90 percent medical retirement. The only pertinent medical issue in this case concerns the question of whether the applicant's condition of Wolff Parkinson White syndrome and subsequent treatment should have resulted in a higher rating. Medical separations are based on several factors and processes; however, there are no documents submitted showing the applicant was not afforded due process through the medical board process. The condition in question that resulted in ablation then dual chamber insertion started prior to the applicant entering the Air Force and the Air Force found a final diagnosis and treated it adequately. Pulmonary embolism is frequently seen after surgery and the risk of its occurrence is higher in surgical candidates on birth control pills as was the case with this applicant. The outcome of anxiety as a result had been adequately covered by the mental health advisory. There is no physical outcome that was not adequately addressed.

The complete advisory opinion is at Exhibit J.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 6 Jun 25 for comment (Exhibit K); however, the applicant has not replied.

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 concludes the applicant is not the victim of an error or injustice. The Board concurs with the rationale and recommendation of the various medical advisories and finds a preponderance of the evidence does not substantiate the applicant's contentions. The applicant's mental health condition did not warrant a higher rating above 10

percent at the time of her discharge nor does the Board find any indication her unfitting conditions were temporary; therefore, finds no error in her placement on the PDRL. The DVA reevaluated her four years after her separation to which she was awarded a 70 percent rating. However, a higher rating by the DVA, based on new and/or current examinations conducted after discharge from service, does not warrant a change in the total compensable rating awarded at the time of the member's separation. The DVA 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. Furthermore, the Board finds her pulmonary embolism after surgery does not make her eligible for an unfitting finding and separate rating. This is frequently seen after surgery, especially in the applicant's case since she was on birth control pills. 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-2021-01849 in Executive Session on 23 Feb 22 and 18 Jul 25:

Work-Product Panel Chair
Panel Member
Work-Product, Panel Member

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 2 Mar 21.
Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, AFPC/DPFDD, w/atchs, dated 22 Nov 21.
Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 27 Jan 22.
Exhibit E: Applicant's Response, w/atchs, dated 27 Apr 23.
Exhibit F: Advisory Opinion, AFRBA Psychological Advisor, dated 15 Feb 24.

[redacted]

Exhibit G: Notification of Advisory, SAF/MRBC to Applicant, dated 15 Feb 24.
Exhibit H: Notification to Close case, SAF/MRBC to Applicant, dated 27 Mar 24.
Exhibit I: Applicant's Response, atchs, dated 18 Oct 24.
Exhibit J: Advisory Opinion, AFBCMR Medical Advisor, dated 4 Jun 25.
Exhibit K: Notification of Advisory, SAF/MRBC to Applicant, dated 6 Jun 25.

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.

9/1/2025

[redacted]

Board Operations Manager, AFBCMR
Signed by: USAF

[redacted]