



**CUI//SP-MIL/SP-PRVCY**

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

---

---

**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2021-02904

*Work-Product*

**COUNSEL:** *Work-Product*

**HEARING REQUESTED:** NO

---

---

**APPLICANT'S REQUEST**

1. His disqualification from flight status and the denial of his flight waiver be set aside.
2. He be returned to flight status and his Air Force Specialty Code (AFSC) 11M2K (pilot, C-17 aircraft) be reinstated.
3. He be reassigned to a new unit of assignment without a conflict of interest.
4. He be provided retroactive special flight pay and allowances.

**APPLICANT'S CONTENTIONS**

The applicant, through counsel, contends he was processed through a mental health evaluation for an allegation of a psychiatric disorder suffered in 2019, a relapse of a single episode of adjustment disorder in 2017. The Secretary of the Air Force (SECAF) determined he was not unfit to continue as a pilot; however, his commander and medical officials determined he was unfit for the 2019 relapse of his adjustment disorder and disqualified him from flying duties, prompting a denial of his waiver. He was then reclassified into a non-flying AFSC.

His records should be corrected based on procedural errors and unlawful actions, to include: (1) collateral estoppel (issue preclusion decided by SECAF), (2) violation of official medical ethics rules, (3) Conflict of interest and (4) Gross injustice violating traditional notions of a fundamental fair process.

Counsel contends he was the victim of an injustice when a former friend fabricated an allegation he was not mentally fit to fly a plane due to suicidal ideation, which was the sole basis for the denial of his flight privileges. It was a false statement and the individual who made the false statement provided a sworn affidavit attesting his previous statement was baseless. Despite the signed admission of a false statement, the applicant's flying career has yet to be restored. A lone medical provider perpetuated the injustice by refusing to acknowledge the recantation by the witness.

He has secured medical opinions from Air Force and civilian medical professionals rendering findings he is fit to fly and that any denials of previous flight waivers were based on improper and erroneous information.

The applicant's complete submission is at Exhibit A.

**AFBCMR Docket Number BC-2021-02904  
CUI//SP-MIL/SP-PRVCY**

Controlled by: SAF/MRB  
CUI Categories: SP-MIL/SP-PRVCY  
Limited Dissemination Control: N/A  
POC: [SAF.MRBC.Workflow@us.af.mil](mailto:SAF.MRBC.Workflow@us.af.mil)

**STATEMENT OF FACTS**

The applicant is a currently serving Regular Air Force major (O-4).

The Aeronautical Order (AO) for Aviation Service dated 18 Feb 20 reflects the applicant was placed in a duties not involving flying (DNIF) status on 13 Feb 19. The applicant's entitlement to aviation incentive pay was terminated.

AF Form 469, *Duty Limiting Condition Report*, dated 22 Apr 19, reflects the applicant was placed on DNIF and mobility restrictions through 21 Apr 20. The applicant was undergoing a medical evaluation board (MEB) to determine medical fitness for continued worldwide duty and retention.

The Commander's Impact Statement for MEB dated 8 May 19, reflects his commander recommended he be disqualified as a pilot but he be considered for cross training into another AFSC. His commander stated due to repeated incidents with mental health and personal relationships since arriving in the squadron, he was unable to be trusted with flight duties. His condition led to him being grounded.

The Mental Health Narrative Summary (NARSUM) dated 10 May 19, reflects the applicant on 9 Feb 19 was at an intermediate stop at Ramstein AB, GE during a mission. After consuming several alcoholic beverages, he had an argument with his girlfriend on the phone that led to him remarking he did not care if the plane went down. The comment, coupled with several previous issues concerning relationships as well as a previous suicide attempt, prompted leadership to coordinate a wellness check, remove him from flight orders and return him home. According to the applicant's friend who made the concerned call, he had an outburst of anger. The applicant had issues with multiple women over the past few years. The most concerning was a relationship that led to his attempted suicide when he drank a bottle of Windex and was hospitalized. The evaluator noted his primary concern was the applicant's ability to lead aircrew abroad and be responsible for aircraft. The evaluator stated a non-special duty assignment/career field would be more suitable if medical professionals deemed him mentally fit to continue to serve. The applicant's diagnoses was adjustment disorder with mixed emotions and conduct.

The MEB Narrative Summary (NARSUM) dated 30 May 19, reflects the applicant was diagnosed with adjustment disorder on 1 Mar 19, with initial onset date of Jun 17. His history includes adjustment disorder, history of suicide attempt and history of anxiety.

On 19 Sep 19, the Informal Physical Evaluation Board (IPEB) found the applicant's condition of history of adjustment disorder with suicidal gesture as unfitting and recommended he be permanently retired with a disability rating of 50 percent. The IPEB noted the applicant, a C-17 pilot, required emergent hospitalization due to a suicidal gesture in May 17 after his girlfriend broke up with him. He was also referred to the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program. His care was formally terminated on 23 Oct 18 with a diagnosis of adjustment disorder and conduct and cluster B personality traits. The applicant was able to obtain an aeromedical waiver and return to flying. However, he had another incident in Feb 19 while on a mission. He got drunk and proceeded to break up with his girlfriend after they argued on the phone. His girlfriend called a mutual acquaintance (a Navy corpsman) whose conversation with the applicant became heated when he asked about his current state of inebriation and the mission. The applicant apparently made a statement he did not care if the plane went down. The Navy corpsman was worried and contacted a chaplain and the applicant's supervisors who took the applicant to the emergency room. He was removed from the mission, medically evacuated and placed in a DNIF status. The applicant was referred for a command directed evaluation (CDE), which led to his referral for a medical evaluation board (MEB) by the Deployment Availability

**CUI//SP-MIL/SP-PRVCY**

Working Group (DAWG). The applicant's commander indicated he was unable to function in his primary AFSC but recommended retention in a non-flying AFSC. The IPEB found the applicant's medical condition represented a medical risk to aviation safety and the health and safety of others with continued service and that he was subject to situational exacerbations; thus, the IPEB found the applicant's condition was incompatible with the rigors of military service and unfitting.

On 7 Oct 19, the applicant nonconcurred with the findings and recommendation of the IPEB and requested a formal hearing.

On 23 Oct 19, the Formal Physical Evaluation Board (FPEB) found the applicant's adjustment disorder prevented him from reasonably performing the duties of his office, grade, rank or rating and recommended he be permanently retired with a disability rating of 50 percent.

Aeromedical Summary dated 3 Dec 19, states the applicant was admitted to the Army Medical Center inpatient psychiatric ward on 28 May 17 after presentation at a hospital by emergency services for an apparent suicide attempt/gesture. Earlier that day, he had been abruptly dumped by his girlfriend. In a moment of despair, he drank a bottle of Windex and several beers. He then proceeded to apologize to family members. A concerned family member called emergency services. At the time of their arrival, he was conscious and coherent. He was then voluntarily admitted to the psychiatric ward for three days. During his admission, he stated he felt embarrassed and guilty for the trouble he caused his unit and endorsed a strong will to live. He was diagnosed with adjustment disorder, with mixed emotions and conduct. It was also noted the applicant had been seen by mental health intermittently from Sep 14 to Apr 15 for partner and relationship issues. It was also discovered he had relational issues with his father. No formal diagnosis was given, nor were any medications started at that point. The applicant started regular counseling/therapy sessions for the following six months showing good improvement of symptoms. An ADAPT referral was placed for review of his alcohol consumption following his inpatient stay. He was discharged after six visits with no diagnosis. A waiver was granted on 29 Jan 18 with an expiration date of 30 Jun 19. On 9 Feb 19, an incident occurred. Upon his redeployment to his home unit, he was referred to the base mental health where he was assessed. At the time, he denied any feelings of suicidality and felt deep remorse over the comments about self-harm. The applicant was sent for a CDE. His mental health provider felt that the applicant was adept at portraying a façade of his better self and that it was difficult to trust his assessments of his private life. After thorough discussions with the base mental health providers and the loss of faith from his commander, it was determined the applicant did not meet the retention standards for his role as a C-17 pilot. The applicant's diagnoses include adjustment disorder, with disturbance of conduct, suicide attempt, problems in relationship with spouse or partner and other specified disorders of adult personality and behavior, Adaptability Rating for Military Aviation-Unsatisfactory (ARMA-UNSAT), secondary to a pattern of maladaptive behavior that significantly interferes with safety of flight, crew coordination or mission completion.

On 12 Dec 19, the Secretary of the Air Force Personnel Council (SAFPC) directed the applicant be returned to duty. Upon reviewing the applicant's contentions, to include testimony presented by the FPEB, remarks by the FPEB, the applicant's record, the MEB NARSUM, the Department of Veterans Affairs (DVA) medical examination and the additional information provided by the applicant, the Air Force Personnel Board (AFPB) directed the applicant be returned to duty. The AFPB noted the applicant's commander recommended he be retained in a non-flying position, he had not had a formal flying evaluation board (FEB) with the Aerospace Consultation Service (ACS) since 2017, when granted a waiver to continue flying. The AFPB opined the singular presence of adjustment disorder did not in itself indicate it is unfitting for duty or that the conditions and/or symptoms actually affect a member's ability to satisfactorily complete their duties. The AFPB noted it was possible the applicant may require an assignment limitation code

**CUI//SP-MIL/SP-PRVCY**

(ALC) and/or flying waiver, which may impact his ability to deploy. Additionally, if his condition worsens or changes, a new MEB may be required.

On 13 Mar 20, AF/SG3P found the applicant disqualified for Flying Class II (FCII). The applicant was medically disqualified for FCII waiver for the following diagnoses: 1. Suicidal attempt and behavior (2017 and 2019), indicating substandard resilience and coping abilities, even after inpatient hospitalization and outpatient therapy. 2. ARMA-UNSAT, secondary to a pattern of maladaptive behavior that significantly interferes with safety of flight, crew, coordination or mission completion. 3. History of relational distress causing suicidal attempt and behavior (2017 and 2019). 4. History of adjustment disorder with mixed disturbance of emotions and conduct, 2017, resolved. AF/SG3P recommended no alcohol use to mitigate risk of interfering with coping abilities, potential to stimulate depressive symptoms, impair judgment and instigate suicidal ideations/statements/attempts. Health lifestyle interventions and follow-up with psychotherapy to bolster and build coping strategies and resilience was recommended.

The applicant was reclassified into AFSC 17D1 (Cyberspace Operations) effective 9 Nov 20.

On 15 Dec 21, the AFBCMR administratively closed the applicant's case per his request for change in counsel and additional time to review the advisory opinion. The applicant's case was re-opened on 14 Aug 23 per counsel's request.

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

**AIR FORCE EVALUATION**

AFMRA/SG3PF recommends denial. There is no evidence of an error or injustice to warrant the requested action. Expungement of a prior medical disqualification decision would be an extreme action. The details of the case and justification fall far short of justifying the request.

The applicant characterizes the decision for medical disqualification as based on a diagnosis of recurrent adjustment disorder. The medical disqualification was, in fact, based primarily upon a previous diagnosis of suicidal gesture that was, and is, medically disqualifying regardless of diagnosis. While an aeromedical waiver was previously granted, aeromedical waivers are time limited and require demonstration of continued clinical stability or improvement to support renewal per AFI 48-123, *Medical Examinations and Standards*. The disposition decision notes indicate consideration of professional disagreement over the exact diagnosis. However, the waiver authority deemed the aeromedical risk of future disruptive behavior to be unacceptable and a medical disqualification decision was rendered on 13 Mar 20. AFMRA/SG3PF provides a timeline of events from Sep 14 to 13 Mar 20, when the Aeromedical disqualification decision was rendered.

The correction requested portrays the decision process for medical certification as a question of the specific diagnosis code and mischaracterizes attempts to estimate the aeromedical risk as speculative. The estimation of future flight safety risk is at the core of an appropriate waiver decision for any mental health condition. The diagnostic code applied to the underlying condition is relevant but of less central importance to the calculation of future aeromedical risk than the underlying pattern of behavior.

The aeromedical risk assessment rendered in this case indicates appropriate consideration of all pertinent details relevant to this case, while acknowledging the conflicting nature of some reports. The aeromedical disposition rendered in light of an appropriate risk assessment is valid.

**AFBCMR Docket Number BC-2021-02904**

**CUI//SP-MIL/SP-PRVCY**

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 15 Dec 21 for comment (Exhibit D), and counsel replied on 14 Aug 23. Counsel states the advisory opinion relevantly states the correction requested portrays the decision process for medical certification as primarily a question of the specific diagnosis code. At the core of an appropriate waiver decision for any mental health condition is the estimation of future flight safety risk. The diagnostic code applied to the underlying condition is relevant, but of less central importance to the calculation of future aeromedical risk than the underlying pattern of behavior. In the time since the advisory opinion, the applicant has obtained several relevant opinions. From a medical and fitness standpoint, there have been multiple developments that suggest he has no limitations. First, on 19 Oct 20, he was returned to full duty without any ALCs. Specifically, his ALC was removed and he was once again worldwide qualified (WWQ) and deployable.

On 26 May 22, the base flight surgeon submitted a waiver indicating his mental health demonstrated "good insight" and required no treatment since 2017. However, the waiver was denied. On 7 Sep 22, the flight doctor and the medical group (MDG) Chief of Aerospace Medicine disagreed with the AFRMA decision. It is worth noting the AFRMA conclusion was made by individuals who never evaluated the applicant, or who based their opinions on statements from the former friend. His squadron commander (SQ/CC) encouraged him to continue pursuing a waiver to return to flight status. It was his opinion the applicant did not pose a risk to the mission, safety of flight, himself or others and he is mentally fit to perform flying duties.

The advisory opinion makes multiple erroneous and improper conclusions and must be disregarded. The recommendation is based on previous decisions and subjective conclusions. The advisory opinion fails to mention the fact that the sole reason for the supposed condition requiring a waiver in the first place was a false allegation and report. If a signed admission of a lie does not rise to the level warranting an extreme action and cannot be considered as an example of an error in justice, it then becomes difficult to fathom what would rise to that level.

The applicant's original waiver based on the 2017 suicidal gesture incident was granted in Jan 18. The advisory opinion incorrectly states that the actual diagnosis requires a waiver. AFI 48-123 states waivers are valid for the specified condition. Any significant exacerbation of the condition, or other changes in the medical status, automatically invalidates the waiver and they are placed in a DNIF status until the medical evaluation is complete and a new waiver is requested and approved. In view of this, the applicant is being asked to obtain a waiver for a condition he does not actually have. An impartial and objective review of the medical records and opinions provided will demonstrate there is no rational basis to support this continued injustice.

The advisory opinion focused on dated and erroneous conclusions. In addition to the lack of evidence, there are multiple independent evaluations that did not diagnose the applicant with any adjustment disorder or any disqualifying medical condition. The applicant also returned to duty in Oct 20, without an ALC, which was not acknowledged in the advisory opinion.

Since the time he requested administrative closure of his case in 2021, he has gathered additional evidence in support of his request. First, he continued his efforts to prove he had no disqualifying conditions by frequently meeting with the base flight medicine clinic, which resulted in another waiver submitted in May 22. On 7 Jul 22, AF/SG3P denied the waiver based on improper evidence and conclusions.

**CUI//SP-MIL/SP-PRVCY**

In the time since his disqualification, he has been a model officer and has garnered strong support from his command. Although mental health notes a “moderate risk of recurrence” for an “emotional disturbance,” the overall aeromedical risk is felt to be low from a flight surgeon standpoint. The MDG Chief of Aerospace Medicine stated he did not personally find the applicant to be ARMA-UNSAT, while he acknowledged the subjective nature of the ARMA rating and that he and AFMRA did not come to the same conclusion.

He has no disqualifying conditions and it is in the interest of justice he be permitted to fly. This case has set a dangerous precedent that the Board has the power to resolve. Service members should not have to go through a rigorous and costly process where they are required to prove a negative. It is respectfully requested the Board disregard the advisory opinion and grant the requested relief.

In support of his request, the applicant provides medical opinions from a licensed clinical psychologist dated 20 Oct 19, the base staff clinical psychologist dated 11 Jun 19, and a board certified psychiatrist dated 30 Oct 19. The medical opinions indicate he did not have adjustment disorder or associated functional impairment per the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) after the event in 2019 and recommended he be allowed to continue in the Air Force as a pilot. There was no act or gesture and he did not cry for help in any way. Instead, there was a conflict between he and his girlfriend and he dissolved his relationship with her. The medical opinions disagreed with the conclusions of the MEB and PEB and concluded the applicant was capable of serving as a pilot without a medical restriction. The applicant also provides an undated letter of support from his wife. She states he has proven himself over the past three years he is able to handle high stress and put in the work to be a pilot. He has been dealing with tremendous stress from this situation but has still been able to deal with everything life has thrown his way, which spoke to his character and mental health. He has disproven many doctors and his situation enlightened her to see how mental health is treated in the Air Force. Despite public statements, the focus is clearly not on the wellbeing of airmen and their families but instead is focused on protecting the careers of those in leadership. What her husband has been put through is wrong and he has lost much because of it.

The applicant’s complete response is at Exhibit G.

**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 AFMRA/SG3PF and finds a preponderance of the evidence does not substantiate the applicant’s contentions. The Board notes the applicant’s case includes differences in opinions and risk assessments for flying duties; however, the disagreements do not rise to a level of an error or injustice. The Board finds the aeromedical disqualification decision rendered on 13 Mar 20 considered the totality of the evidence while acknowledging the conflicting nature of some reports. The Board finds the aeromedical disposition rendered in light of an appropriate risk assessment is valid and the applicant has not sustained his burden of proof to warrant his return to flight status as a C-17 pilot. 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 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-2021-02904 in Executive Session on 23 May 24 and 30 May 24:

|                     |                |
|---------------------|----------------|
| <i>Work-Product</i> | Panel Chair    |
| <i>Work-Product</i> | , Panel Member |
| <i>Work-Product</i> | Panel Member   |

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

- Exhibit A: Application, DD Form 149, w/atchs, dated 21 Aug 22.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, AFMRA, dated 5 Nov 21.
- Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 10 Nov 21.
- Exhibit E: Applicant’s request for administrative closure, dated 10 Dec 21.
- Exhibit F: Notification of Administrative Close, SAF/MRBC, dated 15 Dec 21.
- Exhibit G: Applicant’s response, w/atchs, dated 14 Aug 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.

6/4/2024

*Work-Product*

Board Operations Manager, AFBCMR  
Signed by: USAF