



**CUI//SP-MIL/SP-PRVCY**  
**UNITED STATES AIR FORCE**  
**BOARD FOR CORRECTION OF MILITARY RECORDS**

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**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2022-00208

*Work-Product*

**COUNSEL:** NONE

**HEARING REQUESTED** NO

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**APPLICANT'S REQUEST**

1. His Entry Level Separation (ELS) with an uncharacterized service characterization be changed to a medical discharge.
2. His narrative reason for separation and corresponding separation code be changed

**APPLICANT'S CONTENTIONS**

After seeing the military doctor, he was informed he would get a discharge due to a medical condition.

The applicant's complete submission is at Exhibit A.

**STATEMENT OF FACTS**

The applicant is a former Air Force airman basic (E-1).

On 15 Oct 02, the applicant's commander recommended the applicant be discharged from the Air Force, under the provisions of AFI 36-3208, *Administrative Separation of Airmen*, specifically, Paragraph 5.14 under Basis for Discharge for Erroneous Enlistment. The specific reason for the action was a Chronological Record of Medical Care dated 27 Sep 02 indicates that he was diagnosed with Sickle Cell Trait, and it was determined this condition existed prior to service (EPTS) and had not been permanently aggravated by service.

On 15 Oct 02, the Deputy Chief, Adverse Actions found the discharge action legally sufficient.

An undated letter shows the discharge authority directed the applicant be discharged for Erroneous Enlistment.

On 29 Oct 02, the applicant received an uncharacterized discharge. His narrative reason for separation is "Erroneous Entry (OTHER)," with the corresponding separation code of "JFC." He was credited with 3 months and 20 days of total active service.

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

**APPLICABLE AUTHORITY/GUIDANCE**

**AFI 36-3208, *Administrative Separation of Airmen*.**

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Controlled by: SAF/MRB  
CUI Categories: SP-MIL/SP-PRVCY  
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Paragraph 5.14. Basis for Discharge for Erroneous Enlistment. Errors in the enlistment process occur when the Air Force does not have the true facts or does not take the right action. An airman is subject to discharge from an erroneous enlistment, reenlistment, or extension of enlistment if:

5.14.1. It would not have occurred had the relevant facts been known by the Air Force and the eligibility criteria of AFIs 36-2002 (formerly AFR 33-3) and 36-2606 (formerly AFR 35- 16, volume 1), had been followed;

5.14.2. It was not the result of fraudulent conduct on the part of the member; and

5.14.3. The defect is unchanged in any material respect

***DAFI 36- 3211, Military Separations.***

A6.5. Entry-Level Separation. This type of separation is given only when the person is in the person's first 180 days of continuous active military service or the first 180 days of continuous active military service after a break of more than 92 days of active service. This is a discharge that does not attempt to characterize the type of service as either good or bad.

**AIR FORCE EVALUATION**

AFBCMR Medical Advisor recommends denying the application. Based on the submitted documentation, it appeared that the administrative discharge processing as well as the narrative reasoning for separation were appropriate and accomplished in accordance with Air Force policy. Hemoglobin (Hgb) is a protein in red blood cells (RBC's) that carries oxygen to the body's organs and tissues and transports carbon dioxide from the organs and tissues back to the lungs. If Hgb levels are lower than normal, it means you have a low RBC count, A.K.A. anemia. There are many different types of Hgb and all are identified by "Hgb and an additional letter or number such as HgbA, HgbA2, or HgbE, or S, or C, or E." Healthy adults only have significant levels of HgbA and HgbA2; however, some folks may also have small amounts of HgbF. Hemoglobin S (Hgb'S') is an abnormal type of Hgb that you inherit from your parents. HgbS causes RBCs to become stiff and abnormally shaped. Instead of having a normal round, disk shape, these RBCs become sickle-shaped, or crescent-shaped. Because of their shape, they get stuck inside small blood vessels. These problems can cause symptoms of having sickle cell disease (SCD) which is not the same as having sickle cell trait (SCT). If a person inherits one normal Hgb gene and one abnormal HgbS gene, that person is said to have the SCT. If the person inherits the HgbS gene from both parents, that person will have SCD. The applicant's screening test for abnormal Hgb on 27 Sep 02 revealed nearly the perfect percentage (39.10%) to fit the 'classic case' for the diagnosis of SCT. Also, being two completely separate conditions (SCT versus SCD), the trait condition cannot turn into the disease condition later in life. Knowing that the condition is hereditary, it clearly EPTS and in the absence of abnormal manifestation of adverse symptoms, his condition was not known prior to service entry. Therefore, the remaining question to answer was if the EPTS condition permanently aggravated above the expected natural progression of the condition? Evidence of such aggravation above what is medically known about the condition was not present. The medical advisor is of the opinion that the Air Force followed what it believed to be an appropriate use of established policies for the separation of members, who within the first 180 days of service, demonstrate the inability to complete military requirements. The Medical Advisor provided the following extracted definitions taken from AFI 36-3208, Chapter 5, Reasons for Involuntary Separation, Section 5C, Defective Enlistments, in an effort to further facilitate an informed Board decision. Paragraph 5.13.3. Erroneous Enlistments reads, 'An erroneous enlistment is one the AF should not have accepted, but it does not involve fraud.' 5.13.4. Fraudulent Entry, reads, 'A fraudulent entry is one involving deliberate deception on the part of the member.' Medical circumstances meeting the aforementioned criteria are generally determined to have EPTS and either was not known to the applicant at the time of entry (Erroneous Entry) or was known by the member, but deliberately concealed or misrepresented at the time of entry to military service. This case equates to the former description. Therefore, in the absence of evidence to the contrary, the

Medical Advisor finds no compelling basis to recommend granting the relief sought in this application.

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 3 Nov 22 for comment (Exhibit D) but has received no response.

**FINDINGS AND CONCLUSION**

1. The application was not 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 AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant’s contentions. The Board also notes the applicant did not file the application within three years of discovering the alleged error or injustice, as required by Section 1552 of Title 10, United States Code, and Air Force Instruction 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*. The Board does not find it in the interest of justice to waive the three-year filing requirement. Therefore, the Board finds the application untimely and recommends against correcting the applicant’s records.

**RECOMMENDATION**

The Board recommends informing the applicant the application was not timely filed; it would not be in the interest of justice to excuse the delay; 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 the 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-2022-00208 in Executive Session on 25 Jan 23:

- 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 22 Dec 21.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 2 Nov 22.
- Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 3 Nov 22.

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Taken together with all Exhibits, this document constitutes the true and complete Record of Proceedings, as required by AFI 36-2603, paragraph 4.12.9.

10/21/2023

*Work-Product*

Board Operations Manager, AFBCMR  
Signed by: USAF

**AFBCMR Docket Number BC-2022-00208**

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