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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2022-01316

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COUNSEL: Work-Product

HEARING REQUESTED: YES

APPLICANT'S REQUEST

He be credited with pay and points for his 2018 retirement/retention (R/R) year.

APPLICANT'S CONTENTIONS

He was unable to participate due to the wing's medical group decision to take him off "present for duty" status due to a blood pressure issue which he believes to be extreme and unwarranted as he could have instead been placed on light duty. As a result, he lost approximately six months of being able to accrue pay and points. Additionally, due to his paperwork being misplaced and mishandled, he lost several more months of pay and points.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is an Air National Guard technical sergeant (E-6).

According to documents provided by the applicant:

On 6 Jan 18, according to Standard Form 600, *Chronological Record of Medical Care*, as of 8 Jan 18, his reserve medical unit (RMU) placed him on a Mobility Restriction Code 31 - No Duty (Diagnosis (Dx) is potentially disqualifying, confirm Dx before referral to Code 37 / May Not do Duty) for 60 days, for uncontrolled hypertension (High Blood Pressure) and was instructed to return for clearance for duty when his "BP is normal."

On 9 Feb 18, according to Hampton Veterans Affairs Medical Center (HVAMC) progress note, he was issued a BP monitor in the hypertension class.

On 30 Apr 18, according to a HVAMC progress note, the applicant presented to Home Telehealth requesting assistance in obtaining a letter stating his blood pressure is at goal. Statement is needed in order for the veteran to return to "fit for duty status". The note further states that patient is no longer in Home Telehealth and that his BP was averaged at goal at time of discharge. Summary chart reflects average BP: 111/75.

On 30 Apr 18, according to email addressed to his RMU, the applicant submitted his BP readings along with his medical providers statement of his now controlled BP status.

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POC: SAF.MRBC.Workflow@us.af.mil

On 2 Jun 18, in a response to an email query from the applicant, his squadron's command chief master sergeant replied that "I see you are GREEN in ASIMS". On 8 Jul 18, further email traffic between his squadron and the RMU confirmed that the applicant was cleared for duty.

On 2 Feb 23, a pull from the Military Personnel Database System provided the applicant's Point Credit Summary report, which reflects that for his 2018 retirement/retention (R/R) year he earned a total of 47 points (Annual Tour (AD)-14 points, Inactive Duty for Training (IDT)-18 points, Membership-15 points).

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

APPLICABLE AUTHORITY/GUIDANCE

Air Force Instruction (AFI) 36-2254 V1, *Reserve Personnel Participation*, dated May 2010:

1.6.1. All members must meet the medical standards in AFI 48-123, Volume I, and applicable Reserve medical guidance to be considered medically qualified to participate in any pay or point gaining active duty.

1.6.3. A member identified as having a potentially disqualifying condition in accordance with AFI 48-123, will not be allowed to participate in any pay or point gaining activity until the disqualifying condition has been removed or an approved waiver is received from AFRC/SG in accordance with AFI 48-123. Any IDT which is missed due to this medical limitation will be considered excused. Member will be excused from any type of military duty requirements until the profile has been finalized by AFRC/SGP or removed.

Air Force Instruction (AFI) 48-133, *Duty Limiting Conditions*:

Code 31—An AAC used to describe a MR condition which is expected to restrict deployment eligibility for at least 30 days but less than 365 days. AFI 36-2110, *Total Force Assignments*, discusses AACs further.

Code 37—An AAC used to describe a MR condition when the Airman does not meet USAF retention standards and will therefore need a disability evaluation via medical evaluation board (MEB) and/or RILO medical evaluation board. This code also impacts PCS, temporary duty, leave outside the local area, separation, and retirement. AFI 36-2110, discusses AACs further.

AIR FORCE EVALUATION

ARPC/DPTS, recommends denying the applicant's request. Based on the documentation provided by the applicant and analysis of the facts, there is no evidence of an error or injustice. In accordance with Air Force Manual (AFMAN) 36-2136, *Reserve Personnel Participation*, 6 Sep 19, Chapter 2, paragraph 2.2, *Crediting Points and Satisfactory Federal Service*. Award one point for each day of active duty. Award one point for each Inactive Duty Training period, not to exceed two Inactive Duty Training periods each calendar day. Points may only be credited to the date a reservist actually performed the duties.

ARPC/DPTS is unable to provide an opinion regarding his central assertion that he was erroneously placed and kept in a Code -37 No Pay, No Points status, and recommends obtaining an advisory opinion from AFRC/SG. If AFRC/SG determines that the Code 37 was erroneous,

then the preponderance of the evidence supports his contention that he was willing and able to participate but was prevented by the Code 37 and the Board should consider directing that the applicant be granted an additional 35 non-paid inactive duty points for his R/R year of 9 Dec 17-9 Dec 18.

The complete advisory opinion is at Exhibit C.

AFRC/SGO recommends partially granting the applicant's request. On 8 Jan 18, due to uncontrolled hypertension, a potentially disqualifying condition, he was appropriately placed on a Code 31 – No Duty for 60 days with an accompanying medical note from the military medical provider stating that he can return for clearance to duty when he is compliant with his medications and his blood pressure is normal. On 30 Apr 18, he was discharged from Telehealth for meeting blood pressure goals with an average of 111/75, and he provided the RMU with the required blood pressure record and asked to be returned to duty. On 2 Jun 18, the applicant was still asking medical if he could be returned to duty.

Based on the documentation provided by the applicant and analysis of the facts, there is evidence of an error or injustice as it should not have taken more than a month for the RMU to return him to duty after his condition was no longer considered disqualifying and recommends that the approval for the participation points missed beginning May 18.

The complete advisory is at Exhibit D.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 23 Jan 23 for comment (Exhibit D), 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 concludes the applicant is the victim of an error or injustice. The Board concurs with the rationale and recommendation of AFRC/SGO and finds a preponderance of the evidence substantiates the applicant's contentions in part. Specifically, the applicant has provided evidence that on 1 May 18, his Code 31- No Pay status should have been removed and he returned to duty effective that date. In this regard the Board recognizes that it was due to this administrative error that precluded the applicant from participating in any inactive duty training periods during the period of May 18 through Aug 18. However, given that the applicant did not actually perform the duty, the Board finds that the applicant should be credited a total of 16 non-paid inactive duty points for the typical monthly drill periods he may have otherwise performed during the months of May, Jun, July and August. In regard to the remainder of the applicant's request, the evidence presented did not demonstrate an error or injustice as he was appropriately placed on a "Code 31 – No Duty" due to uncontrolled hypertension, a potentially disqualifying condition until he was able to provide the reserve medical unit with the required medical clearance for return to duty which he did so on 30 Apr 18. Therefore, the Board recommends correcting the applicant's records as indicated below.

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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 pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show that he be credited an additional sixteen (16) non-paid equivalent training points in retirement/retention (R/R) year 9 Dec 2017 - 9 December 2018; thus receiving an additional one (1) year of career satisfactory service.

However, regarding the remainder of the applicant's request, the Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the application will only be reconsidered upon receipt of relevant evidence not already considered by the Board.

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-2022-01316 in Executive Session on 7 Mar 23:

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

All members voted to correct the record. The panel considered the following:

- Exhibit A: Application, DD Form 149, w/atchs, dated 10 May 22.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory opinion, ARPC/DPTS, dated 14 Jul 22.
- Exhibit D: Advisory opinion, AFRC/SGO, dated 20 Oct 22.
- Exhibit D: Notification of advisory, SAF/MRBC to applicant, dated 23 Jan 23.

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.

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Board Operations Manager, AFBCMR
Signed by: USAF

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