Work-Product

UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF: Work-Product

DOCKET NUMBER: BC-2022-01644

COUNSEL: Work-Product

HEARING REQUESTED: YES

APPLICANT'S REQUEST

His military record be corrected to reflect the following:

a. He be promoted to the grade of technical sergeant (E-6), effective 1 Aug 01, and be award all back pay and allowances.
b. His weigh-ins that failed to follow Air Force Instruction (AFI) 40-501, *Air Force Fitness Program* be removed.

APPLICANT'S CONTENTIONS

Counsel, on behalf of the applicant contended, in 1983, the applicant attempted to enlist in the Air Force Delayed Entry Program but was prevented due to a diagnosed undescended testicle. In Dec 83, the applicant had the left testicle surgically lowered without incident. Subsequently, on 25 Sep 84, weighing 141 pounds, the applicant enlisted in the Air Force as a Security Policeman. In 1988, the applicant began to develop breasts, and to prevent ridicule, he began wearing heavier clothing to conceal his body change. In Aug 92, while stationed at Work-Pr... Air Force Base, Nevada, a doctor informed him he could qualify to have the excessive breast tissue surgically removed. This was the first time the applicant heard of gynecomastia. In Dec 92, he underwent bilateral gynecomastia surgery to remove the excess breast tissue; however, following the surgery, the breast tissue began to re-appear and the applicant began experiencing difficulty keeping his weight down.

In 1991, the applicant married, and after five years, when his spouse was unable to become pregnant, they saw doctors to address fertility issues. The applicant was informed he had zero sperm count, and needed to see a specialist, who later informed him he was born sterile, and they were unable to determine a cause. The doctor specifically notes in the applicant's records that Klinefelter's Syndrome may be the cause of his issues; however, he received no follow up or testing recommendations regarding the cause or treatment for his condition.

In 2000, the applicant continued to struggle with his weight despite maintaining a very active lifestyle and was placed on the Weight Management Program (WMP). Due to the combination of the stress of being on the WMP and personal issues at that time, the applicant began experiencing panic attacks. He again sought medical attention and received varying opinions. One doctor stated the applicant was hypogonadal after a prostate biopsy; however, this diagnosis was never followed up and he was not provided any treatment recommendations. This was the first time the applicant heard the term hypogonadal.

In 2001, the applicant was selected for promotion to technical sergeant (E-6), effective 1 Aug 01. Unfortunately, due to his inability to lose approximately five pounds or one percent body fat, he

was red-lined from the promotion list. He was also unable to test for the following year due to not meeting standards in Dec 01. The applicant was again selected for promotion in 2003, and again removed from the promotion list due to his inability to lose weight. Following his removal from the promotion list, the applicant spoke with the flight surgeon who referred him to an off-base surgeon. This surgeon noted the applicant experienced low testosterone, prominent gynecomastia, sparse pubic hair, and atrophied testicles, and referred him to an endocrinologist. The endocrinologist diagnosed the applicant with hypogonadism and prescribed Androgel Testosterone Replacement. Almost immediately, the applicant experienced a significant change in his energy level. He was approved for another bilateral gynecomastia surgery; however, it was cancelled due to his pending retirement. His condition was not acknowledged or officially diagnosed until after his last opportunity for promotion. He never received the opportunity to benefit from the hormone replacement therapy (HRT) or progress further in the Air Force due to reaching high year of tenure.

In Sep 04, the applicant retired as a staff sergeant (E-5) with an honorable characterization of service. The failure of his doctors to diagnose him in 2001 prevented the applicant from benefitting from the HRT or to progress in the Air Force. He does not blame the Air Force for his condition, but he was definitely at a disadvantage due to not being treated for hypogonadism. His medical history clearly demonstrates his condition inhibited his ability to control his weight.

The applicant received a letter of support from his former commander, dated 12 Jul 13. Specifically, the commander noted, "[the applicant] always presented a profession military appearance; I was unaware that he had medical issues directly related to weight and body fat issues. Based on the diagnosis recently provided by [the applicant], and his maintenance of a professional military appearance despite his weight issues, I would have requested an(d) actively advocated for an upward body fat adjustment at that time."

The applicant's medical providers failed to correctly identify his issues which prevented his command from knowing about his condition and advocating on his behalf. Air Force Instruction (AFI) 40-502, *The Weight Management Program*, Section A-10 provides:

10. *Processing Body Fat Standard Adjustments*. The unit commander considers an individual for an upward body fat standard adjustment if they are over the body fat limits according to the body fat percent charts in PC-III but otherwise appear physically fit. Only increases to the body fat percentage will be considered.

10.1. To assess whether an individual should receive a body fat standard adjustment, the unit commander:

- Refers the individual to DBMS for a medical evaluation to determine if a body fat standard adjustment is appropriate.
- Sends the recommendation and the results of the DBMS evaluation to the installation commander for consideration.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a retired Air Force staff sergeant (E-5).

On 20 Jul 01, according to Region 1/DP email to All Region 1 CC/SACs, provided by the applicant, the applicant's name appeared on the Aug 01 promotion listing, for promotion to technical sergeant (E-6), effective 1 Aug 01.

On 24 Jul 01, according to AF Form 933, *Individual Record for the Weight Management and Fitness Improvement Training (FIT) Programs*, provided by the applicant, he was entered into the Weight Management Program, Phase I, with Entry Weight/Body Fat Percentage: 230/31%, Height: 70.5 inches, Medical Evaluation Date: 6 Apr 01, and Initial Diet Counseling Date: 12 Apr 01.

On 2 Jul 03, according to AFOSI Region 1/CC memorandum, provided by the applicant, his commander congratulated him on his promotion to the grade of technical sergeant (E-6).

On 30 Sep 04, according to Special Order No. Work-Product, dated 17 Mar 04, the applicant was relieved from active duty, organization, and station of assignment, and retired effective 1 Oct 04, in the grade of staff sergeant (E-5).

On 30 Sep 04, the applicant was furnished an honorable discharge, in the grade of staff sergeant (E-5), with Narrative Reason for Separation: Maximum Service or Time in Grade, and credited with 20 years, 6 days active service.

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

APPLICABLE AUTHORITY/GUIDANCE

AFI 40-502, *The Weight Management Program*, dated 7 Nov 94, Section B - *Program Elements*:

7. *The Air Force Body Fat Standard*. These are the Air Force's maximum body fat standards:
- 20 percent for men 29 years old and younger.
- 24 percent for men 30 years old and older.
- 28 percent for women 29 years old and younger.
- 32 percent for women 30 years old and older.

10. *Processing Body Fat Standard Adjustments.* The unit commander considers an individual for an upward body fat standard adjustment if they are over the body fat limits according to the body fat percent charts in PC-III but otherwise appear physically fit. Only increases to the body fat percentage will be considered.

10.1. To assess whether an individual should receive a body fat standard adjustment, the unit commander:

- Refers the individual to DBMS for a medical evaluation to determine if a body fat standard adjustment is appropriate.
- Sends the recommendation and the results of the DBMS evaluation to the installation commander for consideration.

10.2. Installation commanders approve upward body fat standard adjustments for 6-month periods only. Individuals must submit for a reevaluation before the commander renews the request.

11. *When to Conduct Weight Checks, Body Fat Measurements, and Height Measurements.* Weigh or measure individuals at least once a year and before these changes in status:

11.1. *Promotions and Appointments*. Weigh or measure before processing individuals for promotion, Regular Air Force (RegAF) appointments, Conditional Reserve Status (CRS), and before selecting officers for selective continuation.

Section C – *Weight Management Program Phases*

12. *Assessment Period*. The WMP manager ensures that all overfat individuals get medically cleared and receive diet counseling before entering the WMP.

12.1. The DBMS determines whether individuals can safely and feasibly reduce weight or body fat, and be entered into a 90-day exercise program.

13. *Phase I (Initial Entry and Body Fat Loss Period)*.

13.1. The unit commander:

- Places individuals in Phase I of the WMP when their body fat percentage exceeds Air Force standards.
- Informs individuals that they must remain in Phase I until meeting the body fat standard or getting approval for a body fat standard adjustment.
- Ensures that individuals receive a medical examination, get initial and quarterly diet counseling and enter a 90-day exercise program.

Attachment 3 – *Weight Management Program Overview* (relevant excerpts)

- Entry into WMP occurs when you exceed Air Force body fat standards
  - -- Entry requires medical evaluation, diet counseling, and a body fat measurement
    - --- The Installation Commander may adjust your body fat standard upward based on the recommendation of the unit commander if you exceed your body fat standard but present a professional military appearance. You need a medical evaluation.
  - -- Entry into Phase I of WMP results in:
    - --- Cannot assume higher grade, if selected (enlisted only)
- Weight and body fat loss evaluated by unit commander or WMP manager monthly
  - -- Must reduce body fat 1 percent each month or lose 3 pounds (women) or 5 pounds (men) per month
- Unsatisfactory progress occurs when you fail to comply with the above monthly loss requirements or are reentered into Phase I from Phase II or Probation Period
- You progress to the 6-month observation (Phase II) when you reach your body fat standard

AFI 36-2502, *Airman Promotion Program*, dated 6 Aug 02, Table 1.1. *Determining Ineligibility for Promotion*:

Item 20. If on or after promotion eligibility cutoff date, and the airman is serving in grade SrA through SSgt, then the airman is ineligible for promotion during a particular cycle when he or she (includes testing and consideration if already tested) is making unsatisfactory progress on the weight management program, Phase I (weight status code 2). PES code 2. (See Note 2).

NOTE 2: Airmen will not receive supplemental promotion consideration for any cycle for which they were ineligible under this rule.

AIR FORCE EVALUATION

The BCMR Medical Advisor recommends granting the application. The science in the case indicates there is a reciprocal [reversible] cause and effect relationship between hypogonadism, resultant low testosterone levels, and obesity.

The applicant was twice selected for promotion to technical sergeant (E-6), but also twice "red-lined" due to not meeting Air Force weight standards or failing to meet designated weight loss milestones. Accordingly, a high-year tenure (HYT) date was established, resulting in his mandatory retirement after achieving 20 years of active service. The applicant contended his hypogonadism resulted either in weight gain or difficulty losing weight, and had it been timely

treated, he would not have encountered the weight issues that blocked his promotion. He also contended his condition was not acknowledged or officially diagnosed until after his last opportunity for promotion. Further, he never received the opportunity to benefit from the HRT. Finally, medical providers failed to identify his condition which prevented the commander from advocating on his behalf.

The applicant's enlistment *Report of Medical Examination* reflects an undescended left testicle which was disqualifying for service entry. He entered service after receiving an orchiopexy. Subsequent periodic *Report of Medical Examination* shows bilateral gynecomastia and atrophied testicles. On the reverse of this document, the provider noted the applicant exceeded his maximum allowable weight (MAW), along with additional medical conditions. The provider entered a plan for diet change for weight loss as well as instruction regarding the other conditions, as well as a referral to the Surgery Clinic to address the bilateral gynecomastia. On 11 Sep 92, the surgeon documented a plan for bilateral simple mastectomies. On 16 Oct 92, upon assignment to a classified location, the applicant's screening indicated no chronic medications and no special/chronic medical conditions. Between 1 Jul 96 – 17 Oct 96, the applicant was tested for low testosterone and diagnosed with Sertoli Only Syndrome and provided counseling on infertility.

On 15 Jul 99, the applicant was initially assessed for placement on the WMP and referred to the Health and Wellness Center. Between 12 Oct 00 and 13 Dec 00, the applicant was consulted and/or seen for gynecomastia, small testicles, and low testosterone, with a differential diagnosis of Klinefelter's, primary testicular failure, and tumor (unlikely). The applicant was provided counseling with respect to future testing and risks for prostate cancer. The provider explained his likely diagnosis of idiopathic primary hypogonadism.

Email traffic, dated 20 Jul 01, reflects the applicant's projected promotion, followed by his entry into the WMP on 24 Jul 01. A congratulatory letter from his commander, dated 2 Jul 03, reflects the applicant's selection for promotion to technical sergeant (E-6).

Additional medical examination between 27 Jul 03 and 20 Jan 04 reflects similar findings regarding low testosterone levels, gynecomastia, hypogonadism, and a new diagnosis of hypertension. The provider remarked his obesity may reflect his low testosterone levels. The applicant was prescribed Androgel and referred to an endocrinologist. On 20 Jan 04, a civilian specialist's response to the applicant's referring military provider recounts the applicant's medical history, and after an exceptionally detailed physical assessment, issued a diagnosis of hypogonadism with atrophic testicles. The provider entered a plan for several laboratory studies and follow up. The provider noted the applicant "managed to lose 34 pounds of weight over the past year, intentionally by diet and exercise." Finally, the provider noted consideration of appropriate testosterone replacement therapy and encouraged the applicant to pursue lifestyle measures including regular aerobic exercise and a low saturated fat diet. A medical annotation, dated 12 Apr 04, indicated the applicant presented for treatment of gynecomastia via bilateral mastectomy [previously performed in 1992]; however, the process was denied due to the applicant's pending separation within six months. On 12 Jul 13, the applicant's former commander offered a letter of support stating he always presented a professional military appearance. Further, the commander was not aware the applicant had medical issues directly related to weight and body fat. Had he been aware, the commander would have requested and actively advocated for an upward body fat adjustment.

With respect to the applicant's quality of care, the advisor opines the totality of medical evidence indicates that military and civilian healthcare provided an appropriate standard care and took an earnest interest in the applicant's overall health and wellbeing; through specialty referrals [surgical, endocrinologic, and urologic] to address negative cosmetic effects of *gynecomastia*, the

serious risks for prostate cancer, and the desire to address his reproductive capacity. The advisor cannot speculate on the probable outcome had the applicant been placed on HRT earlier or if it would have altered his weight prior to his final promotion opportunity. Nevertheless, medical literature does indicate that low testosterone may result in reduced muscle mass and increased adipose tissue, but that, conversely, obesity may also be the caused by a low testosterone. The advisor further presented examples of studies supporting the linkage between obesity and secondary hypogonadism.

Given the clinical evidence in the case file and the letter from the applicant's former commander, the advisor recommends granting the applicant's petition.

The complete advisory opinion is at Exhibit C.

AFPC/DPMSPP recommends denying the application. Based on the documentation provided and analysis of the facts, there is no evidence of an error or injustice.

The applicant was twice selected for promotion, with effective dates of 1 Aug 01 and 1 Aug 03; however, was "red-lined" on both promotions due to not meeting weight standards in accordance with Air Force Regulation 40-501 (sic). The applicant reached HYT which resulted in his mandatory retirement on 30 Sep 04.

The applicant's request is based on his medical condition of hypogonadism which resulted in his inability to maintain fitness standards. He stated if he had been treated, he would not have encountered the persistent weight issues that effected his promotion. He further stated medical providers failed to identify the condition, and if he were diagnosed correctly, his leadership would have been able to advocate on his behalf. The applicant's commander was unaware of the medical conditions during the promotion cycles when the applicant's promotion was red-lined, in accordance with AFI 36-2502, Table 1.1., Item 20 and Note 2. His commander provided a memo, dated 12 Jul 13, stating if he had been aware, he would have requested an upward body fat adjustment at that time.

The complete advisory opinion is at Exhibit D.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 25 Jan 23 for comment (Exhibit E), and the applicant replied on 4 Apr 23. In response, counsel on behalf of the applicant, contended they received the advisory opinion on 23 Feb 23, with the letter stating to respond to the advisory within 30 days of the date of the 23 Jan 23 letter. The 30-day deadline had already passed by the time the letter with advisory was received; therefore, the response is within 30 days of receipt of the letter.

The medical provider in this case supports the applicant's requests based on the medical science indicating a reciprocal cause and effect relationship between Hypogonadism, resultant low testosterone levels, and obesity, and cited one medical journal that indicated the medical field is "only recently learning the ways in which these two conditions exacerbate each other…" At the time of the applicant's separation, the medical field did not know what they know now regarding these conditions. The applicant was slim when he joined the military. The only surgery he had before enlisting was an orchiopexy as age 18. His enlistment documents accurately described all issues he had prior to entering active duty. The photos provided show the applicant was nowhere close to having any weight issues, weighing approximately 152 pounds at enlistment.

The applicant's medical condition strongly affected his weight gain. Once he received treatment for Hypogonadism, he immediately noticed more energy and made progress with his weight. Unfortunately, he did not receive the hormone therapy early enough to affect his promotion and Air Force career.

The promotion advisory does not support the applicant's request based on no documentation demonstrating an error or injustice; however, his medical diagnosis, the medical advisory opinion, the opinion of his commander, and his military medical record demonstrate an injustice occurred. His medical providers failed to correctly identify his condition while he struggled with his weight, which prevented his command from knowing about his medical condition and advocating on his behalf. The commander's statement lending support for an upward body fat adjustment, in accordance with Air Force instruction, was submitted. The inability of his command to know about his condition caused an injustice because the outcome in the applicant's case was undeserved.

The applicant was an exceptional Airman, and his Performance Feedback Worksheets outline numerous achievements. Considering the totality of facts, the undiagnosed medical condition, his struggles with fertility, and his battle with weight loss despite his active lifestyle, the applicant's request is appropriate. He served honorably while fighting an unknown medical battle.

In an amended response, received on 11 Apr 23, counsel added if the applicant had been promoted to E-6 on 1 Aug 01, he would have continued his enlistment, and would have been able to test for E-7 three or four times before he reached his high year of tenure. The non-diagnosis of his medical condition nullified his chances of further promotion.

The applicant's complete response is at Exhibit F.

FINDINGS AND CONCLUSION

1. The application was not timely filed, but it is in the interest of justice to excuse the delay.

2. The applicant exhausted all available non-judicial relief before applying to the Board.

3. After reviewing all Exhibits, to include the applicant's rebuttal, the Board concludes the applicant is the victim of an error or injustice. While the Board notes the recommendation of AFPC/DPMSPP against correcting the record, the Board finds a preponderance of the evidence substantiates the applicant's contentions and concurs with the rationale and recommendation of the BCMR Medical Advisor. The applicant had a documented medical condition that impacted his ability to maintain fitness standards, and had it been diagnosed timely and had his commander been aware, the applicant would have had his leadership's advocacy regarding body fat adjustment and promotion. Therefore, the Board recommends correcting the applicant's records as indicated below.

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:

a. He was promoted to the grade of technical sergeant (E-6), effective 1 August 2001, and awarded all back pay and allowances.
b. His entry into the Air Force Weight Management Program is voided and all associated documentation removed from his records.

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-2022-01644 in Executive Session on 22 Mar 23 and 24 May 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 5 May 22.
Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, BCMR Medical Advisor, w/atchs, dated 5 Jan 23.
Exhibit D: Advisory Opinion, AFPC/DPMSPP, w/atch, dated 25 Jan 23.
Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 25 Jan 23.
Exhibit F: Applicant's Response, w/atchs, dated 4 Apr 23 and 11 Apr 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.

10/31/2023

Work-Product

Board Operations Manager, AFBCMR
Signed by: USAF