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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2023-00251

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COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

His official military personnel records be amended to reflect a medical discharge.

APPLICANT'S CONTENTIONS

He is requesting this change due to his struggle with Post-Traumatic Stress Disorder (PTSD) with nightmares and degenerative neck condition caused by assault from his drill sergeant while at Lackland Air Force Base. These assaults contributed to PTSD and other health issues that he struggles with daily. During one occasion, his drill sergeant choked him with force while he had to fight for his life.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is an honorably discharged Air Force airman basic (E-1).

On 19 Oct 72, according to DD Form 4, *Enlistment Contract – Armed Forces of the United States*, the applicant enlisted in the Regular Air Force.

On 17 Nov 72, according to ATC Form 582, *Mental Health Evaluation of Airman*, the applicant was evaluated for medical/mental health and recommended for administrative separation.

On 17 Nov 72, according to Wilford Hall USAF Medical Center/SGHHB memorandum, the applicant was evaluated psychiatrically by the Mental Hygiene Service of the Department of Mental Health and was recommended for administrative separation. The applicant was not found to have any psychiatric disease or condition which would warrant separation from the service under the provisions of Air Force Manual (AFM) 35-4, *Physical Evaluation for Retention, Retirement, and Separation*.

On 21 Nov 72, Commander Letter of Notification, the applicant was notified the commander initiated action to effect his discharge from the Air Force. Reason for action: [applicant] is socially and emotionally unable to adjust to military life as indicated by numerous complaints of physical disabilities. Applicant acknowledged receipt by signature on 21 Nov 72.

On 22 Nov 72, according to Lackland TC Form 42, *Recommendation for Discharge*, the discharge authority approved the applicant's discharge with an honorable characteriza

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On 6 Dec 72, the applicant was furnished an honorable discharge, with Reason and Authority: AFM 39-10, Paragraph 3-8Q, COG [Convenience of the Government]: ATCR 39-2 and Lackland TC Form 42, 22 Nov 72; SDN 41G.

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

AIR FORCE EVALUATION

AFRBA Psychological Advisor finds insufficient evidence to support the applicant's request for a medical discharge based on his mental health condition.

This advisory is limited to the applicant's mental health condition. This psychological advisor recommends the Board receive/review an advisory from the medical advisor to address the applicant's physical condition.

A review of the applicant's available records finds no evidence to support the applicant's contention pertaining to his mental health condition. He claims he developed PTSD from being physically assaulted by his drill sergeant but there is no evidence to corroborate his claims from his objective military records. There is no evidence he reported being physically assaulted by his drill sergeant at the time of service and no evidence he developed PTSD from this experience, or any other traumatic experiences incurred from service. He was diagnosed with PTSD by the Department of Veterans Affairs (DVA) over 30 years after discharge for these alleged traumatic experiences and endorsed experiencing nightmares, lack of trust, flashbacks, irritability, anxiety, depressed mood, and other unspecified PTSD symptoms. There is no evidence he experienced any of these symptoms caused by his traumatic experiences during service and it appeared more likely than not, he had a delayed onset of PTSD. Delayed onset of PTSD is not an uncommon occurrence. The applicant is requesting a medical discharge for PTSD and, since there is no evidence this condition had existed during service, there certainly is no evidence this condition was potentially unfitting meeting the criteria for a referral to the Medical Evaluation Board (MEB) for a potential medical discharge. There are no records he was placed on a duty limiting condition for PTSD or any other mental health condition, was never deemed not worldwide qualified due to his mental health condition, and no statements from his leadership that his mental health condition of PTSD had interfered with his ability to reasonably perform his military duties in accordance with his office, grade, rank, or rating. Furthermore, his mental health evaluation performed during service found he did not have any psychiatric disease or condition that would warrant separation from service under the provisions of AFM 35-4 (medical discharge). As a result, his request for a medical discharge is not supported by his records.

As mentioned, the applicant received a mental health evaluation during his brief time in service on 17 Nov 72 and was assessed as being socially and emotionally unable to adjust to the military as manifested by his numerous complaints of his physical disabilities. He was noted to have carried written evidence of being in an auto accident on 7 Sep 72 from which he had developed back and neck pains with severe headaches. His auto accident and its residual physical symptoms had occurred prior to his service as he had entered the Air Force on 19 Oct 72. There is no evidence his military service permanently aggravated his prior service condition beyond the natural progression of the disease or illness. The military mental health provider did report the stressors and pressures of Basic Military Training (BMT) and his lack of motivation to remain in the military had added to his emotional factors and underlying various pains. This assessment indicated his military service had exacerbated his emotional distress and pains. The terms "exacerbation" and "aggravation" may be confusing and need clarification. A pre-existing condition is considered

“exacerbated” when it is made temporarily worse by the new event (BMT for the applicant) or injury, but the individual will at some point return to or towards the same mental health condition before the worsening event. On the other hand, if the pre-existing condition has been made permanently worse by the subsequent event or injury, the pre-existing condition is said to have been aggravated. There are no records the applicant continued to experience emotional distress following his discharge indicating his emotional distress was abated once his situational stressors of military service had been terminated. The assessment that the applicant had problems adjusting to the military was determined to be appropriate and valid based on his clinical presentation at the time of service and discharge. His adjustment problems were unsuiting for continued military service and he was recommended to be administratively separated from the military. Unsuiting conditions meet the criteria for an administrative separation whereas unfitting conditions meet the criteria for a medical discharge. He appropriately received an administrative separation for his unsuiting condition and thus, there is no error or injustice identified with his discharge.

Finally, this psychological advisor opines liberal consideration is not appropriate to be applied to the applicant’s request for a medical discharge because this request is not covered under this policy.

The complete advisory opinion is at Exhibit C.

BCMR Medical Advisor finds the evidence insufficient to support changing the applicant’s discharge to a medical disability discharge.

The case file contains a brief discussion of the applicant’s accidental injury prior to entering military service, which did not disqualify him from entering military service, but contributed to frequently seeking care after entering military service, resulting in periodic placement on and release from Medical Hold. The limited record indicates that medical professionals were unable to identify a treatable physical abnormality during the applicant’s frequent presentations for care, which resulted in referral to a mental health professional. The Mental Health Advisor’s assessment of the facts need not be repeated here, but an independent review is recommended to supplement this [medical] advisory. However, the conclusion reached was there was insufficient evidence to support a retroactive medical separation due to an unfitting and compensable mental health condition.

While the Medical Advisor did find several AF Forms 422, *Physical Profile Serial Reports*, in the case file, there is no objective medical evidence of a cervical, thoracic, or lumbar spine condition; nor for a mental health condition that warranted referral to an MEB, and Physical Evaluation Board (PEB), for processing as a medical discharge under, then, AFM 35-4 (forerunner of today’s Air Force Instruction 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*). Additionally, given the applicant reportedly sustained an injury to his neck and/or torso prior to entering military in 1972, and given the negative physical findings on recurring examinations in 1972, this Medical Advisor has no objective evidence to support permanent service-aggravation of his pre-existing neck or back ailment; notwithstanding the rule of “clear and unmistakable” evidence.

Redirecting attention to the applicant’s AF Forms 422, under the profiling system at the time, the Air Force utilized an acronym, PULHES, which represented major body functions. The P represents physiologic/metabolic conditions, U is for upper extremity conditions, L for lower extremity and spine conditions, H for a hearing or auditory conditions, E for eye conditions or vision impairment, and S for psychiatric or mental health conditions. This is supplemented by a numerical system, 1 through 4, representing the condition’s impact on performance of duty or mobility and the necessity for access to a certain level of care, with 1 representing no duty or mobility restrictions, to 4, restricting duty and mobility, with assignments limited to CONUS

[continental United States] locations, Hawaii [currently Joint Base Pearl-Hickam], and Alaska [currently Joint Base Elmendorf-Richardson]. In the case under review, the provider elected to leave the PULHES spaces blank on each of the four AF Forms 422, and only entered hand-written restrictions in the remarks section of each document. Further details and conclusions reached by the mental health professionals are entered in the *Recommendation for Administrative Separation*, dated 17 Nov 72.

Although there is a clear recurring reference to neck pain on the applicant's AF Forms 422, it was determined the applicant's recurring complaints, in the absence of discernable abnormalities on repeat examinations, represented a maladaptive pattern of behavior rendering him unsuitable for continued military service. Thus, the applicant's military service was not foreshortened by a discernable neck ailment but was due to an enduring pattern of behavior with "little potential for overcoming his difficulties."

Finally, noting the applicant received an honorable service characterization, under current standards, his service would have been uncharacterized, as an Entry Level Separation, due to the very brief period of service, during which characterizing his service would have been inappropriate. Since the applicant has received an honorable service characterization, he is likely to be eligible to receive care and compensation by the DVA for any condition deemed service-incurred, or service-connected, by DVA officials; without regard to its demonstrated or proven impact upon a former service member's fitness to serve at the time of discharge, the narrative reason for discharge, or the time transpired since date of discharge.

The complete advisory opinion is at Exhibit D.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent copies of the advisory opinions to the applicant on 11 Dec 23 for comment (Exhibit E) 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 rationales of the AFRBA Psychological Advisor and BCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The applicant presented no evidence to support his contention he was assaulted by his drill sergeant, or experienced any other traumatic event during military service, which could have caused his PTSD. Further, there is no objective evidence provided by the applicant or found in his military service record that reflects him being diagnosed with a psychiatric disease or condition, or physical condition during service that meets the requirements of AFM 35-4 as unfitting for continued military service. His administrative separation was appropriately based on his inability to adjust to military life as an unsuiting condition. 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 Department of the 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 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-2023-00251 in Executive Session on 21 Feb 24:

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Panel Chair

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Panel Member

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, Panel Member

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

Exhibit A: Application, DD Form 149, w/atch, dated 22 Nov 22.

Exhibit B: Documentary evidence, including relevant excerpts from official records.

Exhibit C: Advisory Opinion, AFRBA Psychological Advisor, dated 28 Sep 23.

Exhibit D: Advisory Opinion, BCMR Medical Advisor, dated 7 Dec 23.

Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 11 Dec 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.

3/8/2024

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