Work-Product

UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2023-00920

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

He be given a medical retirement.

APPLICANT'S CONTENTIONS

He was not properly diagnosed prior to his discharge for failing the physical standards. He was diagnosed with diabetes in Aug 12, shortly after his discharge. His military records show signs of the disease; however, he was untreated/misdiagnosed during service. Due to his disease, he was unable to maintain physical standards. During his separation physical, the medical provider asked about his various medical complaints to include polyuria, polydipsia, hairy tongue, weight loss, and fatigue but he was not properly diagnosed. Two weeks after his separation, he was hospitalized. Being a Security Forces member, his disease should have rendered him nondeployable. The reason he did not seek care was due to his increased fear and anxiety. The Department of Veterans Affairs (DVA) determined his illness to be service connected.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former Air Force technical sergeant (E-6).

On 24 Aug 12, the applicant's commander recommended the applicant be discharged from the Air Force, under the provisions of AFI 36-3208, *Administrative Separation of Airmen*, paragraph 5.26.6 for failure to meet minimum fitness standards. The specific reasons for the action were the five fitness failures he received between the period of 18 Apr 11 through 7 May 12. It is noted the applicant was medically examined on 7 Mar 12 and was determined to have no conditions limiting his ability to pass his fitness assessment.

On 7 May 12, the applicant requested a hearing before an administrative discharge board.

On 11 Jul 12, according to the Findings and Recommendations Worksheet, the board found the applicant did fail his fitness test on five different occasions and recommended he be honorably discharged without being offered probation and rehabilitation.

On 27 Jul 12, the Staff Judge Advocate found the discharge action legally sufficient and the discharge authority directed the applicant be discharged for failing to meet fitness standards, with a honorable service characterization. Probation and rehabilitation were considered, but not offered.

On 13 Aug 12, the applicant received a honorable discharge. His narrative reason for separation is "Physical Standards" and he was credited with 15 years, 5 months, and 2 days of total active service.

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

AIR FORCE EVALUATION

The AFBCMR Medical Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for the desired changes to his record. The applicant did not have a disqualifying physical condition while serving on active duty nor was he unable to fulfill his required duties, other than passing his fitness assessment (FA) tests. In accordance with AFI 36-2905, *Fitness Program*, the applicant was properly separated due to achieving four unsatisfactory FA scores within a 24-month period. Paragraph 10.1.5.1 of the AFI states unit commanders must make a discharge or retention recommendation to the separation authority once an Airman receives four unsatisfactory FA scores in a 24-month period and a military medical provider has reviewed the Airman's medical records to rule out medical conditions precluding the Airman from achieving a passing score. All such actions occurred in this case and therefore, the applicant's separation process was fair and appropriate without evidence of an applied error or calculated injustice.

A brief summary and definition of the claimed condition is provided for the Boards awareness. According to the Centers for Disease Control and Prevention (CDC-P), diabetes is a chronic (long-lasting) health condition that affects how your body turns food into energy. Your body breaks down most of the food you eat into sugar (glucose) and releases it into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. With diabetes, your body either does not make enough insulin or cannot use the insulin as well as it should. When there is not enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, this situation can cause significant health issues. In this case, both the applicant and his spouse have laid claims involving medical misdiagnosis, non-treatment of a disease condition, and physical complaints not addressed; however, reviewed medical records contained in the electronic data base have revealed various inconsistencies related to said claims. First, long before his separation, records revealed his military providers requested, because of his elevated body mass index (BMI) of 37 (obese), he should come in for fasting glucose as to screen for diabetes. Over

the phone, the applicant voiced an understanding and expressed an intent to comply. Although seen and or spoken to via telephone consults as well as Physical Health Assessments (PHA) and Post-Deployment Health Assessments (PDHA) conducted between 2008 and 2011, there were no blood laboratory tests in evidence. It was not until the first part of 2012 where laboratory tests were obtained which included Thyroid hormone and a Basic Metabolic Panel (BMP). It is important to know a BMP consists of eight specific blood chemistries to include glucose. The eight chemistries are glucose, calcium, sodium, potassium, carbon dioxide, chloride, blood urea nitrogen, and creatinine. In clinical settings, blood tests are commonly ordered as either routine (collect sample any time), short turnaround time (collect sample NOW… emergent setting), or fasting (no eating or drinking except for water for a period before collecting the sample of blood). In this case, the BMP was ordered as routine; usually ordered in this manner. As previously noted, the applicant's spouse wrote within the timeframe of 2008 through 2012 she was shown a printout of her husband's lab results noting an elevated blood glucose. However, according to the list of laboratory tests within the electronic medical record data base, there was only a single blood glucose test reported during the timeframe noted by his spouse. The serum glucose result of 116 mg/dL was reported on 8 Feb 12. This result was part of the routine (non-fasting) ordered BMP. Although that encounter listed impaired fasting glucose as a diagnosis, there was no evidence the BMP blood draw was indeed a fasting sample. According to the American Diabetes Association, a non-fasting glucose level of 200 mg/dL or above is diagnostic for diabetes and a fasting level between 100 mg/dL and 125 mg/dL is considered prediabetes; a condition whereby blood sugar levels are higher than normal, but not yet at the point that defines diabetes. For awareness sake, the primary treatment for prediabetes is the same as what you would do to prevent diabetes: lose weight, exercise, and eat a healthy diet. These three actions may help control blood sugar levels and keep them from getting higher and in some cases, blood sugar levels may even decrease. Even if the blood sample was obtained in a fasting state, the 116 mg/dL level noting a prediabetic condition, another confirming fasting lab would be standard of care. In this case, once the glucose level was reported, the provider specifically ordered a known fasting glucose; however, there was no evidence within the case file of a reported result from that ordered test.

Both the applicant and his spouse claimed he had the daily symptoms of polydipsia (excessive thirst) and polyuria (excessive urination), but on 7 Mar 12, the applicant denied any increase in thirst or frequent urination. Additionally, 17 days prior to separation, his review of symptoms noted no change in urinary frequency and no feelings of urinary urgency. These encounters were inconsistent with said claims. Additionally, the Medical Advisor did not see evidence to verify the spouse's claim her husband's command requested to keep him on active duty because he was an outstanding noncommissioned officer. Both stated the reason for not seeking care was due to his reported increased fear/anxiety of such places. The Medical Advisor assumes the comment of such places is referring to medical clinics and or seeing medical providers. Although he claimed of such fear/anxiety, the record does not reveal evidence, either voiced or recorded, he was seen and or diagnosed for such a degree of anxiety. Records revealed the applicant was seen by medical providers at various clinics 34 times during the period of Jun 04 through Jul 12. It remains quite clear, during the course of the applicant's active service, the medical providers, from early on, considered the possibility of the applicant having diabetes due to his excessive BMI and elevated lipids. The chronology noted above revealed requests were appropriately made for the applicant to report for lab tests, but the evidence did not show that was accomplished when requested. Such

non-compliant action may have been due to his reported fear/anxiety of such places; however, there were ample examples of him seeking medical care for a skin condition and multiple physical assessments.

The applicant was well aware of his family history, his wife's concern for diabetes, and his reported symptoms of polyuria, polydipsia, hairy tongue, weight loss, and fatigue *(*none of which were evidenced in the reviewed medical records), and still, he only reported eczema and psoriasis on his separation physical. At no time was the applicant diagnosed with diabetes while on active service. According to Air Force Instruction 48-123, *Medical Examinations and Standards*, paragraph 5.3.16.5, diabetes mellitus, diagnosed, including diet controlled and those requiring insulin or oral hypoglycemic drugs is disqualifying for service retention. Additionally, this paragraph denotes the criteria for the diagnosis of diabetes consist of (a) diabetic symptoms with a casual (non-fasting) glucose greater than or equal to 200 mg/dl, (b) fasting plasma glucose greater than or equal to 126 mg/dl, or (c) two-hour plasma glucose greater than or equal to 200 mg/dl during an oral glucose tolerance test (OGTT). Values for fasting plasma glucose greater than or equal to 110 but less than 126 mg/dl are considered to represent impaired fasting glucose; two hours postprandial glucose levels greater than or equal to 140 but less than 200 mg/dl represent impaired glucose tolerance. As in this case, even given the sole diagnosis of impaired fasting glucose with a serum glucose of 116 mg/dL would not, according to the AFI, be a disqualifying condition for service retention. As previously noted, in such a case, the treatment would consist of weight loss, exercise, and a healthy diet.

Both the applicant as well as his spouse noted he should have been medically retired. For that to occur, the applicant would have to have a physical condition that was first disqualifying for retention and the condition was determined to be unfitting for further service. The process would have gone through the Disability Evaluation System (DES). The purpose of the DES, according to AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, is to maintain a fit and vital force, disability law allows the Secretary of the Air Force (SAF) to remove from active duty those who can no longer perform the duties of their office, grade, rank or rating and ensure fair compensation to members whose military careers are cut short due to a service-incurred or service-aggravated physical disability. The mere presence of a physical defect or condition does not qualify a member for disability retirement or discharge. The physical defect or condition must render the member unfit for duty. Clearly, the submitted medical records as well as those found in the database revealed an absolute critical diabetic condition diagnosed just two weeks after separation; however, it must be stressed the actual condition did not occur while in active service. The Medical Advisor is not opining the diabetic condition simply appeared overnight, but rather given the parameters of obesity, high fats, excessive BMI, and a strong family history, the underlying condition was suppressed, possibly from birth, indicating a genetic predisposition. Nonetheless, at no time while on active duty was he placed on a limited duty profile, medically barred from deployment, or restricted from physical fitness training. He continued to fulfill his duties and his career was not cut short due to a physical disability or disease. As both the applicant and spouse mentioned, his post-service diabetes condition was deemed service connected by the DVA; therefore, an understanding of the two systems should be reviewed. The military's DES, established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries which specifically rendered a member

unfit for continued active service and were the cause for career termination; and then only for the degree of impairment present at the time of separation and not based on future progression of injury or illness. On the other hand, operating under a different set of laws (Title 38, U.S.C.), with a different purpose, the DVA is authorized to offer compensation for any medical condition determined service incurred, without regard to and independent of its demonstrated or proven impact upon a service member's retainability, fitness to serve, or the length of time since date of discharge. In this case, the applicant was never deemed to have a disqualifying physical condition nor deemed to be unfit for continued service. It is the opinion of the Medical Advisor, the military providers made appropriate clinical decisions in the applicant's chronological care; however, a degree of non-compliance by the applicant was apparent.

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 16 Oct 23 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. It appears the discharge was consistent with the substantive requirements of the discharge regulation and was within the commander's discretion. The Board concurs with the rationale and recommendation of the AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board finds his diabetic condition was not diagnosed nor found unfit while he was on active duty rather finding he probably had a genetic predisposition of the disease due to his obesity, high fats, excessive BMI, and a strong family history. However, his disease did not degrade his military duties as he was not placed on a limited duty profile, medically barred from deployment, or restricted from physical fitness training. The Board noted the applicant's contention the reason did not seek care was due to his increased fear and anxiety; however, evidence in his medical records does not support this and it is the applicant's responsibility to seek proper medical care. The mere existence of a medical diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. A Service member shall be considered unfit when the evidence establishes the member, due to physical disability, is unable to reasonably perform the duties of his or her office, grade, rank, or rating. Additionally, a higher rating by the DVA, based on new and/or current exams conducted after discharge from service, does not warrant a change in the total compensable rating awarded at the time of the member's separation. The military's DES established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries, which specifically rendered a member unfit for continued active service and were the cause for career termination; and then only for the

degree of impairment present at or near the time of separation and not based on post-service progression of disease or injury. 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.

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 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-2023-00920 in Executive Session on 18 Jan 24:

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 Mar 23.
Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 7 Oct 23.
Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 16 Oct 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.

1/26/2024

Work-Product

Board Operations Manager, AFBCMR
Signed by: USAF