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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

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DOCKET NUMBER: BC-2023-02339

COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

His medical condition of ulcerative colitis (UC) be rated as combat-related.

APPLICANT'S CONTENTIONS

He was deployed to Work-Product during Operation Work-Product and Work-Product and would like his UC rated as combat-related. He was fed by third-world nationals and got sick and was forced into retirement. He was taking medication for nine years but had to have surgery to alleviate the issue. This is a known problem with Gulf War veterans.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a retired Air Force master sergeant (E-7).

On 15 Jun 80, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was honorably discharged in the grade of sergeant (E-4) after serving four years of active duty. He was discharged, with a narrative reason for separation of "Expiration Term of Active Obligated Service."

On 27 May 97, the applicant was advised of the requirement for a medical examination for voluntary separation or retirement. The applicant opted to have a medical examination which was scheduled for 12 Jun 97.

On 28 Feb 98, DD Form 214, reflects the applicant was honorably discharged in the grade of master sergeant (E-7) after serving 16 years, 1 month, and 18 days of active duty for this period. He was discharged, with a narrative reason for separation "Sufficient Service for Retirement."

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

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Controlled by: SAF/MRB

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Limited Dissemination Control: N/A

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

APPLICABLE AUTHORITY/GUIDANCE

Under Title 10, U.S.C., the Physical Evaluation Board (PEB) must determine if a member's condition(s) renders them unfit for continued military service relating to their office, grade, rank, or rating. Additionally, per DoDI 1332.18, *Disability Evaluation System (DES)*, Appendix 5 to Enclosure 3, *Combat-Related*, covers injuries and diseases attributable to the special dangers associated with armed conflict or the preparation or training for armed conflict. A disability is considered combat-related if it makes the member unfit or contributes to unfitness and the preponderance of evidence shows it was incurred under any of the following circumstances; as a direct result of armed conflict; while engaged in hazardous service; under conditions simulating war; or caused by an instrumentality of war. Armed conflict is defined as a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerilla action, riot, or any other action in which service members are engaged with a hostile or belligerent nation, faction, force, or terrorist.

In accordance with 10 U.S.C. Section 1413a and DoD Financial Management Regulation, Vol 7B, Chapter 6, the fact that a member incurred the disability during a period of war; while serving in an area of armed conflict; and/or while participating in combat operations is not sufficient by itself to support a combat-related determination. When making combat-related determinations, with regard to Armed Conflict, Hazardous Service, Simulation of War or an Instrument of War, the board looks for definite, documented, causal relationship between the armed conflict and the resulting disability. The DVA awards service-connected disabilities based on their standards. They resolve doubt in the interest of the veteran and grant service connection for injuries or diseases incurred while in service. While service connection for disabilities is required for initial eligibility for CRSC consideration, the CRSC program is designed to provide compensation for combat-related injuries and its standards are much more rigorous when determining if claimed disabilities qualify as combat-related. There needs to be evidence that confirms both the injuries and how they occurred (combat-related event) to confirm the disabilities were a direct result of Armed Conflict, Hazardous Service, Simulation of War or an Instrument of War.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the applicant's request finding insufficient evidence the applicant had any unfitting medical condition to include the reported UC that would have been eligible for processing through the DES to determine fitness for duty with a combat-related consideration by the PEB. The overall separation process was fair, appropriate, in accordance with regulatory guidance, and without evidence of an applied error or rendered injustice occurring on behalf of the Department of Defense. The burden of proof is placed on the applicant to submit evidence to support his contentions/request.

According to the National Institute of Health, UC is chronic inflammatory bowel disease (IBD) in which abnormal reactions of the immune system cause inflammation and ulcers on the inner lining of the large intestine. Its symptoms can vary from person to person and may include diarrhea, passing blood in one's stool, and abdominal pain. Experts are not sure what causes UC, but think genes, abnormal immune reactions, the microbiome, and the environment play a role. Treatment

for the condition typically involves medications to reduce inflammation in the large intestine and help bring on and maintain remission. In some cases, medical providers may recommend surgery to treat the condition or possible complications. According to the Mayo Clinic there's no firm evidence diet causes UC, but certain foods and beverages can make symptoms worse, especially during a flare-up of UC. The exact cause of UC is unknown, although it is thought to be the result of a problem with one's immune system, possibly, genetics and or environmental factors may be involved. There is no firm evidence found within the medical community diet alone causes UC. According to the Medical Standards Directory, UC is disqualifying for service entry or retention; however, given under certain parameters, the condition can be waived.

The main question in this case is did the applicant have such a condition while in service that was severe enough to render him unable to perform the duties required of his office, grade, rank, or rating and thus rendering him unfit and be processed through the Pre-Integrated Disability Evaluation System (IDES) and DES for a possible military medical retirement. Having no medical records submitted with this application, the Medical Advisor has no way to attest to the condition itself or the severity of the same near the time of service separation.

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 24 Jul 24 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 the AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board finds no indication the applicant's medical condition of ulcerative colitis qualifies for a combat-related rating. In order to designate a medical condition as combat-related with the Air Force, it must be determined the condition made the applicant unfit or contributed to unfitness during his time in the service and the preponderance of evidence showed it was incurred as a direct result of armed conflict; while engaged in hazardous service; under conditions simulating war; or caused by an instrumentality of war. There needs to be evidence that confirms how the injury occurred in a combat-related event. The Board finds the preponderance of evidence does not indicate the applicant's medical condition rendered him unfit for service nor was it incurred as a direct result of an engagement with enemy forces. Therefore, the Board recommends against correcting the applicant's records. 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

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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 and finds the application untimely.

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-2023-02339 in Executive Session on 22 Aug 24 and 25 Aug 24:

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Panel Chair
, Panel Member
Panel Member

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

Exhibit A: Application, DD Form 149, dated 23 Jun 23.

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

Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 17 Jul 24.

Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 24 Jul 24.

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.

9/6/2024

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Board Operations Manager, AFBCMR
Signed by: USAF

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