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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2023-02507

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COUNSEL: Work-Product

HEARING REQUESTED: NO

APPLICANT'S REQUEST

Her reentry (RE) code be changed from "2Q" which denotes personnel medically retired or discharged to "1A" which denotes ineligible to reenlist, but condition waived.

APPLICANT'S CONTENTIONS

She is fit for duty and wants her RE code changed so she can reenlist back into the service. According to her medical records, she discovered her condition was healed, and her injury would not resurface in 2021 after an ocular laser resurfacing was performed. She was discharged for medical disability and given severance pay. During the Medical Evaluation Board (MEB) process she was frustrated with the lack of care provided by her Physical Evaluation Board Liaison Officer (PEBLO) and was given bad advice throughout the process. While it is true her condition at the time interfered with her duties, her condition was treatable and has now fully healed. Although she was suffering from herpes of the left eye, her RE code is inequitable and serves as a complete bar to enlistment despite her condition affecting 80 percent of adults, being stable and unlikely to flare up again. She received treatment for Herpes Simplex Virus type I (HSV-1) for the past three years in her left eye and according to her doctor, her treatments were successful, her eye is stable, she has not had a flare up since 2017, and her chances of a future flare up is unlikely. Therefore, there is no reason for a continued bar to service for a condition that no longer afflicts her.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

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

On 10 Feb 16, AF IMT 618, *Medical Board Report*, indicates the applicant was referred to the Informal Physical Evaluation Board (IPEB) for herpes simplex keratitis of the left eye, scleritis/episcleritis of the left eye, diplopia, and paralysis of accommodation.

On 10 Mar 16, the Department of Veterans Affairs (DVA) proposed a disability rating for her unfitting medical condition of left eye episcleritis/scleritis status post (s/p) herpes simplex keratitis

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with resultant paralysis of accommodation and complaints of diplopia (also claimed as both eyes) at zero percent.

On 16 Mar 16, AF Form 356, *Informal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to her medical condition of left eye episcleritis/scleritis s/p herpes simplex keratitis with resultant paralysis of accommodation and complaints of diplopia with a disability compensation rating of zero percent with a recommendation of “Discharge with Severance Pay (DWSP).”

On 18 Mar 16, AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, indicates the applicant disagreed with the findings of the board and requested a formal hearing.

On 23 May 16, the applicant requested waiver of the Formal Physical Evaluation Board (FPEB) after receiving an explanation of the findings by the IPEB from her attorney and concurred with the IPEB findings and recommendation.

On 28 Aug 16, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was honorably discharged in the grade of staff sergeant (E-5) after serving seven years eight months of active duty. She was discharged, with a narrative reason for separation “Disability, Severance Pay, Non-Combat (Enhanced).”

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

APPLICABLE AUTHORITY/GUIDANCE

Per Air Force Instruction (AFI) 36-2606, *Reenlistment and Extension of Enlistment in the United States Air Force*, paragraph 5.12, RE codes determine whether or not airmen may reenlist, or enlist in a military service at a later time. They are annotated on military discharge documents and document the airman’s RE code at the time of discharge.

Per Department of the Air Force Manual (DAFMAN) 36-2032, *Military Recruiting and Accession*, paragraph 3.4.1, for enlistment waiver authority, the AETC/SG (or appropriate Regular Air Force major command Surgeon General), ANG Command Surgeon (NGB/SG), or AFRC Command Surgeon (AFRC/SG), as appropriate, is the authority to waive physical standards for enlistment in accordance with AFI 48-123, *Medical Examinations and Standards*. Per paragraph 3.7.1.1, the applicant’s ability to enlist is determined by reviewing prior service reenlistment eligibility code and other factors. Individual components will do a service eligibility determination to determine applicant’s eligibility. Per paragraph 3.7.2, a waiver is a formal request to consider the suitability for service of an applicant who because of inappropriate conduct or morals violations, dependency status, current or past medical conditions may not be qualified to serve. Upon the completion of a thorough examination using a “whole person” review, the applicant may be granted a waiver if the applicant has displayed sufficient mitigating circumstances that clearly justify waiver consideration. For medical conditions, this may require a new physical examination with

appropriate medical evaluation to determine medical qualification to enter the Air Force per Department of Defense Instruction (DoDI) 6130.03, *Medical Standards for Appointment, Enlistment, or Induction in the Military Services*, and AFI 48-123.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the application finding insufficient evidence to support any change in her current separation documents. The reviewed medical records revealed a prolonged and complicated treatment period with appropriate referrals and specialty consultation. The nature of her medical condition met the necessary criteria for Disability Evaluation System (DES) entry and her separation process was in accordance with regulatory guidance. There was no calculated error or rendered injustice committed by the DoD in the applicant's medical separation proceedings. The burden of proof is placed on the applicant to submit evidence to support her request. The evidence she did submit were assessed to not support her request for the change in her separation documents.

Herpes zoster, also known as shingles, is caused by re-activation of the varicella-zoster virus (VZV), the same virus that causes varicella (chickenpox). After a person has varicella, the virus remains latent in the dorsal root ganglia of the nervous system. VZV can reactivate itself anytime later in a person's life and cause herpes zoster, a painful and irritating rash with inflammation that can breakout anywhere on the body to include the face and eye. This was the back-ground etiology in this case. Unfortunately, the applicant's condition was prolonged and complicated to the point of her becoming unable to continue to fulfill the duties of her office, grade, rank, or rating, and therefore, having an unfitting and disqualifying medical condition, commencing to a MEB was appropriate. The Medical Advisor finds, at the time of her processing through the DES, she indeed had developed adverse and disqualifying sequelae from her primary zoster condition. Records revealed the applicant waived a formal physical evaluation board and signed an acceptance of the IPEB's disposition.

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 22 Apr 24 for comment (Exhibit D), and the applicant replied on 26 Apr 24. In her response, the applicant contends, through counsel, even though her condition at the time rendered her unfit for service, her condition is now healed after her successful ocular laser resurfacing in 2021 and is not likely to flare up again. It is an injustice because she cannot serve due to her RE code even though her condition is healed. Other than her eye condition, she was completely healthy when she separated, and she is now medically fit to serve. The AFBCMR Medical Advisor is not a specialist and is not qualified to render an opinion regarding her current eye condition; however, her doctor is an ophthalmologist and specializes in medical and surgical care of the eyes and vision. Last year the Air Force missed their recruiting goal, and it is in the best interest of the Air Force to grant her request so she can enlist.

The applicant's complete response is at Exhibit E.

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 remains unconvinced the evidence presented demonstrates 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. The Board finds her discharge was consistent with the substantive requirements of the discharge regulation and was within the commander’s discretion. Furthermore, they find no error or injustice occurred during the disability processing of her case. The applicant has provided no evidence which would lead the Board to believe her RE code was contrary to the provisions of the governing regulation at the time of her separation. The Board understands the applicant’s desire to remove the RE code claiming her medical condition no longer exists; however, the RE code annotated on her DD Form 214 represents the condition to which she was separated and is not subject to change unless an error was made in the original annotation. This decision does not preclude the applicant from perusing a medical waiver through recruiting services for reentry into the military as outlined in DAFMAN 36-2032. Each component can waive the RE code and enlist an individual if they determine the needs of the component outweigh the reason for the RE code condition/risks; the AFBCMR is not the reenlistment waiver authority. Therefore, the Board recommends against correcting the applicant’s records.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, 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-2023-02507 in Executive Session on 23 May 24, 30 May 24 and 4 Jun 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 4 Jul 23.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, dated 16 Apr 24.

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Exhibit D: Notification of Advisory, SAF/MRBC to Applicant, dated 22 Apr 24.
Exhibit E: Applicant's Response, w/atchs, dated 26 Apr 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.

6/10/2024

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Board Operations Manager, AFBCMR
Signed by: USAF

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