Work-Product

# UNITED STATES AIR FORCE
# BOARD FOR CORRECTION OF MILITARY RECORDS

## RECORD OF PROCEEDINGS

**IN THE MATTER OF:** Work-Product

**DOCKET NUMBER:** BC-2023-02775

**COUNSEL:** Work-Product

**HEARING REQUESTED:** YES

## APPLICANT'S REQUEST

1. He be given a permanent medical retirement or be placed on the Temporary Disability Retired List (TDRL).

2. He be promoted to the next higher grade.

## APPLICANT'S CONTENTIONS

He was never referred to the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) nor was he considered for the TDRL or a military retirement as a hasty judgement led to his discharge reason which was unrelated to a prior PEB unfitness determination. A line of duty (LOD) investigation was not initiated, there was a failure to initiate an MEB to determine whether he was unfit for duty by his command, and his command neglected his underlying medical conditions, which caused further injury, depression, and anxiety due to their inaction and negligence. His doctors informed him his current requirements, which involve continuous use of painkillers and frequent doctor visits due to his three back surgeries, render him unfit for duty and his commander agreed with this assessment. However, the fundamental reason for his discharge was significantly flawed and his command did not possess the proper authority to administratively discharge him. Additionally, liberal consideration should be applied to his request due to his Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI), as these conditions were service-connected.

The applicant's complete submission is at Exhibit A.

## STATEMENT OF FACTS

The applicant is a former Air National Guard (ANG) major (O-4) awaiting retired pay at age 60.

On 18 Feb 05, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was honorably discharged in the grade of captain (O-3) after serving four years, five months, and two days of active duty for this period. He was discharged, with a narrative reason for separation of "Interdepartmental Transfer."

Dated 22 Jul 09, Special Order AGA-133 indicates the applicant was relieved from assignment from the Air Force Reserve (AFR) and voluntarily ordered to extended active duty for the period of 19 Aug 09 to 18 Aug 12.

On 18 Aug 12, DD Form 214 reflects the applicant was honorably discharged in the grade of major (O-4) after serving three years of active duty for this period. He was discharged, with a narrative reason for separation of "Completion of Required Active Service."

On 9 Apr 15, NGB Form 22, *National Guard Bureau Report of Separation and Record of Service*, reflects the applicant was honorably discharged from the ANG after serving 2 years, 7 months, and 22 days of service for this period. He was discharged, with a narrative reason for separation of "Appointment in ANG another State/Territory."

On 27 Jun 18, the applicant's administrative LOD determination found his chronic back pain with the use of narcotics was originally incurred during a period of active duty and was determined to be in the line of duty (ILOD). He was found non deployable and no longer fit for military service.

On 16 Nov 18, AF IMT 618, *Medical Board Report*, indicates the applicant was referred to the Informal Physical Evaluation Board (IPEB) for chronic back pain with use of narcotics.

On 20 Nov 18, the Department of Veterans Affairs (DVA) proposed a disability rating for his Category I unfitting medical condition of lumbosacral strain, status post lumbar disc fusion at 10 percent. The DVA rated several other service-connected medical/mental health conditions with combined overall disability rating of 90 percent.

On 8 Jan 19, AF Form 356, *Informal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to his medical condition of degenerative lumbar disc disease (DLDD) manifested as chronic lower back pain requiring narcotic use; DVA rated as lumbosacral strain, status post lumbar disc fusion with a disability compensation rating of 10 percent with a recommendation of "Disability with Severance Pay (DWSP)." It is noted the board considered all other medical conditions rated by the DVA related to his military service; however, found these conditions were not currently unfitting for duty, separately or collectively.

On 10 Jan 19, 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 14 Feb 19, the applicant's counsel requested a one-time rating reconsideration for the proposed disability evaluation rating decision stating his chronic lower back pain warrants a 40 percent rating due to the severity of his symptoms.

On 23 May 19, the DVA re-evaluated his medical condition and found evaluation of DLDD, manifested as chronic low pain (also diagnosed as lumbosacral strain, status post lumbar disc

fusion), which was currently 10 percent disabling, was increased to 20 percent. It was noted the assigned 20 percent evaluation for the applicant's lumbosacral strain, status post lumbar disc fusion was based on guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis; and muscle spasm severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis. A higher evaluation of 40 percent was not warranted for spinal fusion unless the evidence showed favorable ankylosis of the entire thoracolumbar spine or forward flexion of the thoracolumbar spine 30 degrees or less.

On 4 Jun 19, AF Form 356 indicates the applicant was found unfit due to his medical condition of DLDD manifested as chronic lower back pain requiring narcotic use; DVA rated as lumbosacral strain, status post lumbar disc fusion with a disability compensation rating of 20 percent with a recommendation of "DWSP."

On 12 Jun 19, the applicant elected to be transferred to the Inactive Status List Reserve Section (ISLRS) for the purpose of applying for early retirement under Title 10, U.S.C. Section 12732 and if otherwise eligible, receive Reserve retired pay upon application (normally 60 years of age).

On 28 Jul 19, NGB Form 22, reflects the applicant was honorably discharged from the ANG after serving 4 years, 3 months, and 19 days of service for this period. His was discharged, with a narrative reason for separation of "Disability, Revert to Inactive Status for Retirement in lieu of DWSP."

Dated 25 Feb 22, Reserve Order Work-Product indicates the applicant was assigned to the retired Reserve and placed on the Retired Reserve List (RRL) effective 28 Jul 19.

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**

Per AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*, dated 2 Feb 06, in effect at the time of disability processing, paragraph 3.24 states the PEB determines the permanence of the impairment and classifies it as either "Permanent" or "May Be Permanent." Furthermore, paragraph 3.24.1. further explains the use of the TDRL stating when the PEB finds a disability may be permanent in character, but not stable in degree, and the member otherwise qualifies for disability retirement, the Air Force places the member on the TDRL. The TDRL is a way to further observe unfit members whose disability has not stabilized and for whom the PEB cannot accurately assess the degree of severity, percent of disability, or ultimate disposition.

On 3 Sep 14, the Secretary of Defense issued a memorandum providing guidance to the Military Department Boards for Correction of Military/Naval Records as they carefully consider each petition regarding discharge upgrade requests by veterans claiming PTSD. In addition, time limits to reconsider decisions will be liberally waived for applications covered by this guidance.

On 25 Aug 17, the Under Secretary of Defense for Personnel and Readiness issued clarifying guidance to Discharge Review Boards and Boards for Correction of Military/Naval Records considering requests by veterans for modification of their discharges due in whole or in part to mental health conditions [PTSD, Traumatic Brain Injury (TBI), sexual assault, or sexual harassment]. Liberal consideration will be given to veterans petitioning for discharge relief when the application for relief is based in whole or in part on the aforementioned conditions.

Under Consideration of Mitigating Factors, it is noted that PTSD is not a likely cause of premeditated misconduct. Correction Boards will exercise caution in weighing evidence of mitigation in all cases of misconduct by carefully considering the likely causal relationship of symptoms to the misconduct. Liberal consideration does not mandate an upgrade. Relief may be appropriate, however, for minor misconduct commonly associated with the aforementioned mental health conditions and some significant misconduct sufficiently justified or outweighed by the facts and circumstances.

Boards are directed to consider the following main questions when assessing requests due to mental health conditions including PTSD, TBI, sexual assault, or sexual harassment:

a. Did the veteran have a condition or experience that may excuse or mitigate the discharge?
b. Did that condition exist/experience occur during military service?
c. Does that condition or experience actually excuse or mitigate the discharge?
d. Does that condition or experience outweigh the discharge?

On 3 May 24, the Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit F).

On 4 Apr 24, the Under Secretary of Defense for Personnel and Readiness issued a memorandum, known as the Vazirani Memo, to military corrections boards considering cases involving both liberal consideration discharge relief requests and fitness determinations. This memorandum provides clarifying guidance regarding the application of liberal consideration in petitions requesting the correction of a military or naval record to establish eligibility for medical retirement or separation benefits pursuant to 10 U.S.C. § 1552.It is DoD policy the application of liberal consideration does not apply to fitness determinations; this is an entirely separate Military Department determination whether, prior to "severance from military service," the applicant was medically fit for military service (i.e., fitness determination). While the military corrections boards are expected to apply liberal consideration to discharge relief requests seeking a change to the narrative reason for discharge where the applicant alleges combat- or military sexual trauma (MST)-related PTSD or TBI potentially contributed to the circumstances resulting in severance from military service, they should not apply liberal consideration to retroactively assess the applicant's medical fitness for continued service prior to discharge in order to determine how the narrative reason should be revised.

Accordingly, in the case of an applicant described in 10 U.S.C. § 1552(h)(l) who seeks a correction to their records to reflect eligibility for a medical retirement or separation, the military corrections boards will bifurcate its review.

a. First, the military corrections boards will apply liberal consideration to the eligible Applicant's assertion that combat- or MST-related PTSD or TBI potentially contributed to the circumstances resulting in their discharge or dismissal to determine whether any discharge relief, such as an upgrade or change to the narrative reason for discharge, is appropriate.

b. After making that determination, the military corrections boards will then separately assess the individual's claim of medical unfitness for continued service due to that PTSD or TBI condition as a discreet issue, without applying liberal consideration to the unfitness claim or carryover of any of the findings made when applying liberal consideration.

A copy of this memorandum was sent to the applicant on 28 May 24 (Exhibit G).

**AIR FORCE EVALUATION**

AFPC/DPFDD recommends denying the application finding no indication an error or injustice occurred at the time of disability processing nor is he eligible for promotion. He did not meet the basic eligibility requirements to qualify for a disability retirement at the time of Disability Evaluation System (DES) processing and instead elected transfer to the Inactive Status List (ISL) to await Reserve retirement at age 60 instead of being DWSP. Due to his election for a Reserve retirement, he is not eligible for promotion to the next higher grade.

Per AFI 36-3212, paragraph 8.18, Air Reserve Component (ARC) members approved for disability separation under 10 U.S.C. 1203 or 1206 and who have 20 or more years of satisfactory federal service computed under 10 U.S.C. 12732 may elect either disability DWSP, or transfer to the ISL with retirement at age 60 under 10 U.S.C. 12732. Per 10 U.S.C. 12731D, selected Reserve members who have 15, but less than 20 years satisfactory service, the last 6 years of which was Reserve duty, may apply for early qualification for retired pay at age 60.

The IPEB found the applicant unfit for continued service and recommended DWSP with a 20 percent compensable disability rating based on a DVA rating reconsideration of his unfitting condition. Under the Integrated Disability Evaluation System (IDES) the PEB must utilize the DVA assigned disability rating. At the time of separation, the applicant had less than 20 years of creditable service as computed under 10 U.S.C. 1208. Per DoDI 1332.18, *Disability Evaluation System*, Appendix 3 to Enclosure 3, a service member will be disability retired if they have a disability rating of at least 30 percent or at least 20 years of service computed under 10 U.S.C. 1208. Service members who do not have at least a 30 percent disability rating and their service computed under 10 U.S.C. 1208 is less than 20 years will be disability separated. However, if the service member is eligible for transfer to the inactive status list and chooses to, he or she may be transferred to that list instead of being separated. The applicant elected transfer to the ISLRS for the purpose of applying for a Reserve retirement at age 60 versus being DWSP.

To address the applicant’s request for advancement to the next higher grade, an undated screenshot is contained in his PEB case file showing he was selected for promotion but had not yet pinned on. Under 10 U.S.C. 1212 a disability separatee is entitled to severance pay in twice the amount

of monthly basic pay to which he would be entitled if serving in the permanent regular or reserve grade to which he would have been promoted had it not been for the physical disability for which he is separated. However, this provision does not apply to the applicant since he elected transfer to the ISLRS to await Reserve retirement at age 60. Additionally, 10 U.S.C. 1372 authorizes the Disability Office to retire a member in the permanent regular or reserve grade to which he would have been promoted had it not been for the physical disability for which he is retired if the member is disability retired under 10 U.S.C. 1201, 1202, 1204, or 1205; however, the applicant does not qualify under this rule.

The complete advisory opinion is at Exhibit C.

The AFRBA Psychological 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 and finds the applicant's legal counsel's contentions are not supported by his objective military and treatment records. There is no evidence the applicant had any unfitting mental conditions including PTSD during service and in fact, there is no evidence or records he was ever diagnosed with PTSD by his military or DVA providers. He was screened and assessed several times for PTSD during service and all evaluations were negative for this condition. He did seek and receive several iterations of mental health treatment during his time in service for adjustment difficulties from the situational stressors of his occupation, family/marital, and financial problems. These problems had caused him to develop anxiety, depression, and sleep problems. It appeared with albeit brief treatment, whether through supportive therapy or medication management, his symptoms would resolve, and he would be returned to duty or flying status.

Contrary to the applicant's legal counsel's claims, the applicant was referred to the MEB and IPEB to determine his fitness for duty. His mental health condition of adjustment disorder was considered and referenced in the MEB narrative summary (NARSUM) and was determined to meet retention criteria and did not meet the threshold for an MEB. He denied experiencing any symptoms of an adjustment disorder and declined treatment when it was offered to him by his DVA provider. His conditions of anxiety disorder and Circadian Rhythm Sleep Disorder were improved with the use of medications and did not cause any impairment to his overall functioning. These conditions were also considered and reviewed by the MEB and met retention standards. None of his mental health conditions were referred to the IPEB for fitness for duty determinations; this is because the IPEB would find his mental health conditions fit for duty based on the narrative that was provided for each condition by his primary care manager (PCM). The Psychological Advisor finds no error or injustice with his MEB process and concurs he did not have any unfitting mental health conditions.

In terms of a LOD determination for his mental health conditions, all of his mental health conditions are considered to be a prior service impairment or condition or had existed prior to service (EPTS). His adjustment disorder was identified to have begun in Jan 09 per the MEB NARSUM, although he had sought mental health treatment as early as Oct 06 for adjustment issues and work problems. This condition had begun during his regular Air Force and/or his Reserve service period and there is no evidence this EPTS condition was permanently aggravated by his military duties or service with the ANG, the last branch of service he had with the Air Force.

Furthermore, he was assessed to have met accession standards when he transferred to the ANG, and this would indicate he was fit for duty. Based on this information, his LOD determination for adjustment disorder would be EPTS-Not Service Aggravated (NSA). His anxiety and sleep problems had an initial onset in Aug 16 and Jan 17 respectively, per his MEB NARSUM. These dates were reported incorrectly on his MEB NARSUM. His service treatment records find there is evidence he had anxiety and sleep problems and was prescribed Zolpidem/Xanax for anxiety and Ambien for sleep as early as Sep 09. These events occurred during his second active duty/regular Air Force time. He was given a formal diagnosis of anxiety disorder, unspecified in May 14 during his time with the ANG. His anxiety and sleep problems would also be EPTS-NSA due to no evidence this condition was permanently aggravated beyond the natural progression of the disease or condition. Hypothetically should his mental health conditions be found unfit by the IPEB, he would not receive a compensable medical discharge because his mental health conditions are EPTS-NSA and would not support his request for a medical retirement or be placed on the TDRL.

There is also no evidence the applicant was diagnosed or treated for a TBI during service. He claimed to his DVA provider he sustained a head injury in 2012 during a training event in Little Rock, AR, which would have occurred during his time with the ANG. The DVA provider reported there are no records of this incident, but more importantly, there is no evidence or records he experienced any lingering effects of this alleged head injury that had impaired his ability to perform his duties in accordance with his office, grade, rank, or rating. This condition, if it had existed or occurred, would be EPTS-NSA. He had a second head injury in Dec 20 from a bodyboarding incident that had occurred after his military discharge and had no relation to his military duties or service.

There is evidence the applicant had received mental health treatment for various mental health conditions and symptoms during service; however, receiving mental health treatment or a mental disorder diagnosis does not automatically render a condition unfitting to receive a medical retirement or placed on the TDRL. He appeared to have been able to manage his symptoms with mental health treatment and on his own, but they had no long-lasting impact on his ability to perform his military duties. He would be briefly and temporarily placed on duty restrictions or duties not including flying (DNIF) but was ultimately cleared to be returned to full duty. There is no evidence his mental health condition had elevated to be potentially unfitting meeting the criteria to be referred to the MEB and PEB for a medical retirement or be placed on TDRL. There is also no evidence any of his mental health conditions including adjustment disorder, anxiety disorder, sleep disorder, etc. had caused any of his misconducts, had a direct impact, or was a contributing factor to his reason for discharge from service. After an exhaustive review of the available records, the Psychological Advisor finds no error or injustice with his discharge from service from a mental health perspective.

For awareness since the applicant has received service-connection for his mental health condition from the DVA; 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 post-service progression of disease or injury. To the contrary, the DVA, operating under a different set of laws, Title 38, U.S.C., is empowered to offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length time transpired since the date of discharge. The DVA may also conduct periodic reevaluations for the purpose of adjusting the disability rating awards as the level of impairment from a given medical condition may vary [improve or worsen] over the lifetime of the veteran. The applicant was reported to have overused, misused, or did not report his use of narcotics. He used this medication to treat his lower back pain or other physical pain he was experiencing at the time. There is no evidence or records he used narcotics to self-medicate or cope with his mental health condition. Substance use or abuse is an unsuiting condition for military service and would meet the criteria for an administrative and not medical discharge.

Finally, the applicant's legal counsel is requesting liberal consideration to be applied to the applicant's request for a medical retirement, be placed on the TDRL, or receive a military retirement. This policy is not appropriate to be applied to fitness determination, medical discharge/retirement requests, or LOD determinations. He already received an honorable discharge so this policy would not improve his current discharge. Should the Board choose to apply liberal consideration to the applicant's request for a medical retirement despite this policy not being appropriate for this type of request, the following are answers to the four questions from the Kurta Memorandum from the available records for review. It is reminded, liberal consideration does not mandate an upgrade per policy guidance.

1. Did the veteran have a condition or experience that may excuse or mitigate the discharge?
The applicant and/or his legal counsel marked "PTSD" and "OTHER MENTAL HEALTH" on his application to the AFBCMR. They did not clearly discuss his traumatic experiences, PTSD symptoms he had, how he sustained a TBI, when he was diagnosed with any of these conditions during service, and how any of these conditions may excuse or mitigate his discharge or impair his ability to function in a military setting. His legal counsel contends his command neglected his underlying medical condition, which caused further injury, depression, and anxiety due to their alleged inaction and negligence.

2. Did the condition exist or experience occur during military service?
There is no evidence or record that his condition of PTSD or TBI occurred or existed during his military service. He was assessed several times for PTSD during service and the results repeatedly found he did not meet the diagnostic criteria for PTSD. There are no records he was ever diagnosed with PTSD by his military or DVA providers. He was never diagnosed or treated for a TBI during service. He claims to his DVA provider he sustained a head injury in 2012 during a training event in Little Rock AR, which occurred during his time with the ANG and not during his last service with the ANG. There are no records he experienced any lingering effects of this alleged head injury that had impaired his ability to perform his duties in accordance with his office, grade, rank, or rating. This condition if had existed or occurred would be EPTS-NSA. He had a second head injury in Dec 20 from a bodyboarding incident that occurred after his military discharge and was not caused by his military duties. The applicant sought mental health treatment as early as Oct 06 and received recurring mental health treatment throughout his time in the service for adjustment

problems from his occupational, marital, and financial problems causing him to experience anxiety, depressed mood, and sleep problems. He was given diagnoses of adjustment disorder, adjustment reaction, anxiety disorder, unspecified, circadian rhythm sleep disorder, occupational problems, and partner relationship problems during service.

3. Does the condition or experience actually excuse or mitigate the discharge?
There is no evidence the applicant's mental health condition had a direct impact or was a contributing factor to his discharge from service. There is no evidence he had any unfitting mental health conditions that met the criteria for a medical retirement or to be placed on the TDRL. His mental health conditions of adjustment disorder, anxiety disorder, and circadian rhythm sleep disorder were considered and reviewed in his MEB NARSUM, and it was determined these conditions did not meet the threshold for an MEB. There is no error or injustice identified with this assessment. These conditions were also determined to be EPTS-NSA and did not occur in the line of duty during his service with the AR ANG, his last branch of service. Therefore, his mental health condition or experience does not excuse or mitigate his discharge.

4. Does the condition or experience outweigh the discharge?
Since the applicant's mental health condition or experience does not excuse or mitigate his discharge, his mental health condition or experience also does not outweigh his original discharge.

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 3 Apr 24 for comment (Exhibit E), but has received no response.

**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 concludes the applicant is not the victim of an error or injustice. The Board concurs with the rationale and recommendations of the AFRBA Psychological Advisor and AFPC/DPFDD and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board finds the applicant was properly evaluated for his chronic lower back pain with a recommendation of DWSP. Furthermore, the Board does not find he had any unfitting mental health conditions to include PTSD or a TBI that rose to the level of unfit whereas he could not reasonably perform the duties of his office, grade, rank, or rating. His mental health conditions of adjustment and anxiety disorder were determined to meet retention criteria and did not meet the threshold to be referred to the IPEB. The mere existence of a mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. The applicant elected to be transferred to the ISLRS and to await Reserve retirement at age 60 instead of being DWSP. Due to this decision, he was not eligible for promotion to the next higher grade under any provision in the law unless he is disability

retired under 10 U.S.C. 1201, 1202, 1204, or 1205 which the Board does not find the preponderance of the evidence supports this outcome. Additionally, the Board did not find the applicant's medical conditions warranted placement on the TDRL. Placement or continuation of TDRL status is justified only when the disability of one or more conditions reaches the minimum 30 percent rating and the conditions are considered unstable. The preponderance of evidence does not support the applicant's medical or mental health conditions, individually or combined, meet the minimum 30 percent rating requirement; therefore, removing the stability of his conditions from the decision. Lastly, based on the 4 Apr 24 memorandum from the Under Secretary of Defense for Personnel and Readiness, known as the Vazirani Memo, stating boards should not apply liberal consideration to retroactively assess the applicant's medical fitness for continued service prior to discharge in order to determine how the narrative reason should be revised; the Boards finds the applicant's request for a medical retirement to be considered under liberal consideration is not warranted. Therefore, the Board 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 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-2023-02775 in Executive Session on 18 Jun 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, w/atchs, dated 1 Aug 23.
Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, AFPC/DPFDD, w/atchs, dated 13 Mar 24.
Exhibit D: Advisory Opinion, AFRBA Psychological Advisor, dated 2 Apr 24.
Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 3 Apr 24.
Exhibit F: Letter, SAF/MRBC (Liberal Consideration), dated 3 May 24.
Exhibit G: Letter, SAF/MRBC (Supplemental Liberal Consideration), dated 28 May 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.

7/15/2024

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Board Operations Manager, AFBCMR
Signed by: USAF