



Work-Product

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

RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2023-03404

COUNSEL: Work-Product

HEARING REQUESTED: YES

APPLICANT’S REQUEST

He be processed through the Disability Evaluation System (DES) and be given a medical retirement retroactive to 4 Dec 78 for his physical and mental health conditions.

APPLICANT’S CONTENTIONS

He was denied referral to a Medical Evaluation Board (MEB) for his combat-related injuries and injuries sustained due to his motorcycle accident. Evidence shows he was recommended for processing through a MEB for his medically disqualifying conditions of limited right shoulder motion, nerve damage to his neck, head, and lumbar spine, and moderate arthritis in lumbar thoracic. Additionally, he was diagnosed with depression, and in-service evidence supports he was unfit from a mental health perspective. He was rated S-2 on his psychological profile which is a strong indicator he had a mental health condition requiring a referral to a MEB. Even though he does not claim mental health on his Department of Veterans Affairs (DVA) petition, he does have a head injury and trouble sleeping due to nightmares from his motorcycle accident. Furthermore, he was not properly treated for his mental health issues, Post-Traumatic Stress Disorder (PTSD), stemming from his combat and his petition should be considered under liberal consideration as outlined in the 2017 Kurta Memo. He is 100 percent disabled rated by the DVA for several physical and neurological, service-connected issues. His claims with the DVA were not handled properly and he was finally awarded the proper rating in 2016, retroactive to 2003 for his physical and neurological conditions which were contributing factors to his unfitness in 1978 following combat injuries and a serious motorcycle accident. His above-mentioned disabilities were unfitting at the time of his discharge. The overall effect of two or more impairments, even though each of them, standing alone, would not cause him to be referred to the MEB and found unfit, should be considered in his case.

The applicant’s complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former Air Force senior airman (E-4).

AFBCMR Docket Number BC-2023-03404

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Controlled by: SAF/MRB
Wo... Categories: Work-Product
Limited Dissemination Control: N/A
POC: SAF.MRBC.Workflow@us.af.mil

Dated 13 Aug 75, AF Form 348, *Line of Duty Determination*, indicates the applicant was involved in a motorcycle accident on 12 Aug 75. He was hospitalized for one day and diagnosed with a dislocated right shoulder which was determined to be in line of duty (ILOD).

On 2 Oct 78, AF Form 418, *Selective Reenlistment Consideration*, indicates the applicant was not selected for reenlistment due to his duty performance not measuring up to military standards, constantly being reminded to get haircuts, failing to maintain academic standards, and developing a negative attitude. It is further noted efforts to correct these deficiencies resulted in negative improvement.

On 10 Oct 78, AF Form 3070, *Notification of Intent to Impose Nonjudicial Punishment*, indicates the applicant received nonjudicial punishment (NJP), Article 15 for wrongfully appropriating Government property. He received a reduction in grade to airman first class (E-3), suspended until 1 Apr 79, and forfeiture of pay of \$50.00 for two months.

On 9 Nov 78, a letter from the applicant's unit indicates he was to be voluntarily discharged, effective 4 Dec 78, under the authority of AFR 39-10, *Separation Upon Expiration of Term of Service, for Convenience of Government, Minority, Dependency and Hardship*. It is further noted he was not reenlistment eligible.

On 5 Dec 78, DD Form 214, *Report of Separation from Active Duty*, reflects the applicant was honorably discharged in the grade of senior airman (E-4) after serving four years of active duty. He was discharged, with a narrative reason for separation of Separation Program Designator (SPD) "KBK" which denotes Expiration Term of Service (ETS).

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

APPLICABLE AUTHORITY/GUIDANCE

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 (USD P&R) 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 25 Jul 18, the Under Secretary of Defense for Personnel and Readiness issued supplemental guidance, known as the Wilkie Memo to military corrections boards in determining whether relief is warranted based on equity, injustice, or clemency. These standards authorize the board to grant relief in order to ensure fundamental fairness. Clemency refers to relief specifically granted from a criminal sentence and is a part of the broad authority Boards have to ensure fundamental fairness. This guidance applies to more than clemency from sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. Each case will be assessed on its own merits. The relative weight of each principle and whether the principle supports relief in a particular case, are within the sound discretion of each Board. In determining whether to grant relief on the basis of equity, an injustice, or clemency grounds, the Board should refer to paragraphs 6 and 7 of the Wilkie Memo.

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. Section 1552. It is DoD policy the application of liberal consideration does not apply to fitness determinations; this is an entirely separate Military Department in determining 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. Section 1552(h)(1) 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.

On 16 Jul 24, the Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit C).

AIR FORCE EVALUATION

The AFRBA Psychological Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for a medical retirement/disability from a psychological perspective. There is insufficient evidence any mental health condition may have impacted his functioning in his ability to perform the duties of his office, grade, rank, and rating.

The applicant was never diagnosed with any mental health condition while he was in the service. Throughout his military career, he maintained satisfactory performance evaluations. He was promoted to senior airman, after his motorcycle accident. While he was placed on permanent profile for medical reasons, he was found S-1 or not considered/non-contributory (NC) on his physical capacity/stamina, upper extremities, lower extremities, hearing and ears, eyes, and psychiatric (PULHES) indicating he was fit for military services from a psychiatric perspective. His profile on 23 Aug 78 indicated he was T-2 under the Psychiatric section (S). The "T" indicated his psychiatric condition was temporary, which indicates it is likely to resolve. The "2" designation indicates the person may require some activity limitations. In the applicant's case none were recommended from a psychiatric perspective. More specifically an S-2 designation indicates worldwide qualified (WWQ) and diagnosis or treatment results in a low risk of impairment or potential impairment that necessitates command consideration of changing or limiting duties. Again, in the applicant's case, he had no duty limitations from a psychiatric perspective. Finally, the provider that determined his S-2 designation noted the applicant is depressed because he is unable to perform, not as a result of nightmares related to trauma, but because of his injuries and is inability to perform.

On his application, counsel highlights the applicant was rated S-2 on his PULHES and this profile is a strong indicator the applicant had a medical condition that would have required a referral to an MEB. As mentioned above an S-2 designation is not a strong indicator the applicant required a referral to an MEB. Additionally, his report of medical history at separation determined he did not have any depression, excessive worry, or nervous trouble of any sort while acknowledging his trouble sleeping. Additionally, counsel contends the applicant was diagnosed with depression, and in-service evidence supports he was unfit for behavioral health. There is no evidence the applicant was diagnosed with a Diagnostic Statistical Manual (DSM) diagnosis of depression. His profile noted he was depressed, but this is not the same as a DSM diagnosis of depressive disorder, depression, major depressive disorder, or any other mood disorder. Furthermore, counsel contends, as of the 2016, the applicant's behavioral health disability is service-connected to 2003. Undoubtedly, his behavioral health was a contributing factor to his unfitness in 1978 following combat injuries and a serious motorcycle accident and was unfitting independent of any other condition. There is no evidence the applicant was ever service-connected for a mental health condition. While the applicant is 100 percent service connected, none of his service connection is for any mental health condition. The applicant was regularly evaluated by the DVA and was never determined to have a mental health condition that was service-connected. A psychiatric Compensation and Pension (C&P) examination completed in 2004, approximately 26 years after his military service determined he did not meet diagnostic criteria for major depressive disorder or mood disorder and the symptoms he does experience do not cause any clinically significant distress or impairment in his social, occupational or other areas of functioning. DVA rating decisions up to 20 Apr 23 do not include a rating for mental health.

Counsel contends in the absence of any medical evidence to the contrary this profile serves as a very strong indicator the applicant, more likely than not, had medical conditions that would have required a referral to an MEB. The mental health provider who completed his C&P in 2004 specifically answered this, in that any mental health condition was not "more likely than not" related to a mental health condition. The provider noted concerning the opinion that was specifically asked for, this opinion being, "is it at least as likely as not the veteran's chronic depression, if found, is due to his service-connected injuries related to a motorcycle accident in Jun of 76. In my opinion, based upon the interview today, as well as psychological testing completed by a DVA psychologist in 2003, as well as a Beck Depression Inventory completed by the patient today, the veteran does not meet full DSM-4 criteria for a major depressive disorder or a mood disorder due to a general medical condition."

The complete advisory opinion is at Exhibit D.

The AFBCMR Medical Advisor recommends granting the applicant's request for a medical separation finding sufficient evidence from a medical perspective to support the applicant's contention he was likely medically unfit for continued military service at the time of his discharge, most notably chronic right shoulder pain with decreased range of motion, neck/back pain with neurologic deficits of the upper and lower extremities, and possibly left knee derangement, and post-traumatic migraine headaches. However, given the process for medical separation and retirement, in effect at the time of his discharge, differed significantly from current guidance, it is

beyond the scope of this advisory to comment whether the applicant should have been medically separated or retired rather than voluntarily discharged.

The applicant's counsel contends the conditions that would be considered unfitting that existed at the time of discharge are lumbar and cervical spine injuries, neurological complications, migraines and nightmares, likely stemming from behavioral health from combat service and right shoulder injuries and left knee damage, both of which required surgery. With respect to the medical aspects of this assertion, and without commenting upon the behavioral health component, which is addressed in the Mental Health Advisory, the available evidence appears to largely support this assessment. Perhaps the most substantial corroborating document, although not the only one, is the DA Form 3349, *Medical Condition-Physical Profile Record*, dated 23 Aug 78, contemporaneous with the applicant's discharge proceedings pursuant to the expiration of his term of enlistment. This report, completed by his orthopedic surgeon who at that point had cared for him for at least a year and knew his medical status well, emphatically and unequivocally conveyed the applicant was unfit for continued military duty.

Per the AFM 35-4, paragraph 1-6, in effect at the time of the applicant's discharge, normally, disability processing will be initiated when the member's medical condition indicates it is unlikely the member will physically be able to remain on active duty and further treatment in a military hospital will not materially alter the ultimate type of disposition or amount of Air Force retirement or discharge benefits. Upon examining the totality of the available evidence, it appears likely the applicant was indeed unfit to continue his military duties at the time of his discharge in 1978 for at least dysfunction of the right shoulder and of the cervical/thoracic/lumbar spine, with possible neurological impairments of the right arm and left leg, and migraine headaches. It also appears likely further treatment in a military hospital would not have significantly altered his condition, at least in the reasonably foreseeable term, as he had already reportedly undergone surgery and extensive physical therapy by the time he was placed on the permanent duty-limiting profile on 23 Aug 78.

Regarding the seminal question of whether the applicant should have undergone the recommended MEB and subsequent DES processing rather than the scheduled non-disability separation, this issue would have also been addressed in AFM 35-4, paragraph 1-9. However, this is an administrative and/or legal matter and is outside the scope of this medical advisory. Nonetheless, should the Board find a correction of the applicant's record is warranted to reflect disability separation or retirement, the following unfitting conditions and their corresponding Veterans Affairs Schedule for Rating Disabilities (VASRD) ratings may be supportable by the available evidence (including the compensation awarded to the applicant by the DVA in the period immediately following the completion of his military service):

- (1) VASRD code 5010-5201, residuals of a fracture and dislocation of the right (dominant) shoulder with traumatic arthritis, rated at 30 percent from 5 Dec 78.
- (2) VASRD code 5260, residuals of injury left knee with traumatic arthritis, rated at 10 percent from 18 Dec 81 (of note, this rating would also be supportable at the time of discharge, given the provider records describing ongoing knee pain and physical exam

abnormalities; however, there is relatively less evidence this condition was unfitting, given its omission in the MEB referral document, in contrast to some other listed conditions).

(3) VASRD code 5242, degenerative joint and disc disease thoracolumbar spine, rated at 40 percent from 26 Jun 06 (of note, the rating at the time of discharge would likely have been lower, perhaps more appropriately 10 percent, given this condition progressed in severity by the time it was finally service-connected by the DVA).

(4) VASRD code 8100, mixed post-traumatic migraine headaches, residuals of head injury, rated at 10 percent from 21 Feb 03 (of note, this rating would also be supportable at the time of discharge, given the provider records describing at least two incapacitating episodes per month; however, there is relatively less evidence this condition was unfitting, notwithstanding its mention in the MEB referral document, in contrast to some of the other issues).

(5) VASRD code 5242, degenerative joint disease cervical spine with spinal stenosis, rated at 20 percent from 14 Jan 03 (of note, the rating at the time of discharge would likely have been lower, perhaps more appropriately 10 percent, given this condition progressed in severity by the time it was finally service-connected by the DVA).

(6) VASRD code 8599-8516, causalgia/reflex sympathetic dystrophy, right upper extremity associated with residuals of a fracture and dislocation of the right (dominant) shoulder with traumatic arthritis, rated at 10 percent from 21 Feb 03 (of note, unclear whether this condition would have been unfitting at discharge, although the existence of right arm pain and neurologic deficits was well documented at the time).

Depending on whether and how the above conditions are considered, the combined disability rating for potentially unfitting conditions at the time of the applicant's discharge would therefore have ranged between 30 and 60 percent, resulting in medical retirement.

It should be noted the applicant has had a long and complex medical history that included multiple progressively degenerative conditions and numerous legal proceedings involving the DVA. However, 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. In short, a finding by the DVA the applicant's conditions were service connected and compensable does not in itself constitute evidence these conditions would or should have made him eligible for a medical separation or retirement under the DES, or, for that matter, should have impacted any aspect of his discharge proceedings. In this case, after consideration of the record in its entirety, there is sufficient evidence to conclude the applicant may have had several medical conditions at the time

of his voluntary separation that would have significantly and permanently limited his military duty performance and potentially disqualified him from continued military service.

The complete advisory opinion is at Exhibit E.

AFPC/JA finds the applicant, given he had potentially unfitting conditions at the time of his separation, and in the absence of any documentation he was informed of his ability to extend past his ETS in order to undergo DES evaluation, was denied a disability review to which he was entitled. Therefore, based on the records provided, the applicant's voluntary separation at his ETS was not legally sufficient.

At the time of his ETS separation, the applicant was likely unfit to physically return to full duty for at least disfunction of the right shoulder, the cervical thoracic/lumbar spine, possible neurological impairments of the right arm and left leg, and migraine headaches. Per Air Force Manual (AFM) 35-4, *Physical Evaluation for Retention, Retirement and Separation*, dated 26 Jan 76, section 1-6 disability processing should have been initiated when the member's medical condition indicated it was unlikely the member was physically able to remain on active duty. Per section 1-9(b), when the effective date of a non-disability separation would occur during disability processing, enlisted members may be retained with their consent beyond their ETS. Airmen must indicate in writing whether they consent to be retained. In these cases, the manual directs actions must be taken to ensure that orders directing such non-disability retirement or separation are revoked before the effective date. Per AFR 39-10, dated 3 Jan 77, 3-3(e) airmen whose enlistments or terms of service will expire during the course of a medical evaluation (to include appearing before a Physical Evaluation Board (PEB)) may, with their consent, be retained and continue to review, at Government expense, medical care, hospitalization, pay and allowances, and are subject to the obligations of military service in the same manner and to the same extent as if their terms of service had not expired. The AFR provides sample language for statements expressing the desire to be retained or not retained. The sample language expressing retention not retired states "I desire to be discharged upon expiration of my term of service and do not desire retention in the service beyond the time for such hospitalization as I may require. The advantages of continued hospitalization and possible subsequent separation or retirement for physical disability under AFM 35-4 have been explained to me." This statement was to be filed in the applicant's Field Record Group (FRG). Based on the medical review and in accordance with the relevant guidance in effect at the time of his separation, it appears the applicant should have been referred into the DES and should have been advised of his option to extend beyond his ETS for the purpose of DES processing. While the applicant should have been referred into the DES, that does not automatically mean the applicant would have been found unfit by a Physical Evaluation Board and approved for medical separation.

The complete advisory opinion is at Exhibit F.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 12 Sep 24 for comment (Exhibit G) and the applicant replied on 27 Sep 24 asking for his case to be closed. On 3 Jan 25, the applicant, through counsel, asked to resume his case stating he would not be providing a response to the advisory opinions.

The applicant's complete response is at Exhibit H.

FINDINGS AND CONCLUSION

1. The application was not timely filed, but it is in the interest of justice to excuse the delay.
2. The applicant exhausted all other available administrative remedies before applying to the Board.
3. After reviewing all Exhibits, the Board concludes the applicant is the victim of an error or injustice. The Board concurs with the rationale and recommendation of the AFBCMR Medical Advisor and AFPC/JA and finds a preponderance of the evidence substantiates the applicant's contentions in part. Specifically, the Board finds the applicant had several unfitting medical conditions at the time of his discharge for which he should have been processed through the DES. Even though the applicant was not recommended for reenlistment; the Board finds no indication the applicant was given the option to extend his enlistment for medical board processing as was his right at the time of separation. The applicant made several contentions, through counsel, he should have been found unfit for his medical and mental health conditions of limited right shoulder motion, nerve damage to his neck, head, and lumbar spine, moderate arthritis in lumbar thoracic, headaches, depression, and PTSD. The Board does find his medical conditions rendered him unfit for continued service; however, did not find the applicant had any disqualifying mental health conditions which would warrant processing through the DES at the time of his separation and agrees with the AFRBA Psychological Advisor's assessment. The mere existence of a mental health diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. The applicant's military duties were not severely degraded due to a mental health condition. Lastly, the applicant claims liberal consideration should apply to his petition claiming he has PTSD due to his combat experience. However, 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 Board finds the applicant's request under liberal consideration is not warranted. Therefore, the Board recommends correcting the applicant's records as indicated below.
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

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The pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show the following:

- a. On 4 Dec 78, he was found unfit to perform the duties of his office, rank, grade, or rating by reason of physical disability, incurred while he was entitled to receive basic pay; the diagnosis in his case was residuals of a fracture and dislocation of the right (dominant) shoulder with traumatic arthritis, VASRD code 5010-5201 rated at 30 percent; degenerative joint and disc disease thoracolumbar spine, VASRD code 5242 rated at 10 percent; degenerative joint disease cervical spine with spinal stenosis, VASRD 5242 rated at 10 percent; and causalgia/reflex sympathetic dystrophy, right upper extremity associated with residuals of a fracture and dislocation of the right (dominant) shoulder with traumatic arthritis, VASRD code 8599-8516 rated at 10 percent; with a combined disability rating of 50 percent; that the degree of impairment was permanent; that the disability was not due to intentional misconduct or willful neglect; that the disability was not incurred during a period of unauthorized absence; and that the disability was not received as a direct result of armed conflict or caused by an instrumentality of war.
- b. On 5 Dec 78, he was released from active duty by reason of physical disability with a 50 percent compensable disability rating and permanently retired, effective 6 Dec 78.
- c. His election of the Survivor Benefit Plan option will be corrected in accordance with his expressed preferences and/or as otherwise provided for by law or the Code of Federal Regulations.

However, regarding the remainder of the applicant’s request, the Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the application will only be reconsidered upon receipt of relevant evidence not already considered by the Board.

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-2023-03404 in Executive Session on 22 Aug 24 and 26 Sep 25:

- Work-Product Panel Chair
- Work-Product Panel Member
- Work-Product Panel Member
- Work-Product Panel Chair
- Work-Product Panel Member
- Work-Product Panel Member

All members voted to correct the record. The panel considered the following:

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- Exhibit A: Application, DD Form 149, w/atchs, dated 3 Sep 23.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Letter, SAF/MRBC, w/atchs (Liberal Consideration Guidance), dated 16 Jul 24.
- Exhibit D: Advisory Opinion, AFRBA Psychological Advisor, dated 4 Mar 24.
- Exhibit E: Advisory Opinion, AFBCMR Medical Advisor, dated 5 Jul 24.
- Exhibit F: Advisory Opinion, AFPC/JA, dated 11 Sep 24.
- Exhibit G: Notification of Advisory, SAF/MRBC to Applicant, dated 12 Sep 24.
- Exhibit H: Applicant's Response, dated 3 Jan 25.

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.

11/13/2025

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Board Operations Manager, AFBCMR
Signed by: USAF

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