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UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2023-03624

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COUNSEL: NONE

HEARING REQUESTED: NO

APPLICANT'S REQUEST

He be given a medical retirement.

APPLICANT'S CONTENTIONS

His discharge should be changed due to all the medical and mental health issues he had during his time on active duty. A medical retirement would benefit himself and his spouse making available Tricare benefits to receive better medical care. He struggled with mental health issues, Post-Traumatic Stress Disorder (PTSD), anxiety, and depression, while he was on active duty but never pursued a Medical Evaluation Board (MEB). In addition to his mental health issues, he had medical issues to include irritable bowel syndrome (IBS), back, wrist, and feet pain, and allergic rhinitis.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

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

On 14 Nov 20, DD Form 214, *Certificate of Release or Discharge 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 "Completion of Required Active Service."

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

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 from a psychological perspective. There is insufficient evidence to suggest the applicant was unfit for

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duty during the time of his service or at discharge from a psychological perspective. While the applicant was diagnosed with adjustment and anxiety disorder during his military service his mental health provider continually found him fit for service. He was never placed on a Duty Limiting Condition (DLC) profile, and he was never found not worldwide qualified (WWQ). His in-service mental health encounters indicate his symptoms were improving with medication and he was determined to be fully medically ready, with no duty limiting conditions and he was released without limitations.

Being diagnosed with a mental health condition and receiving mental health treatment do not automatically render a condition as unfitting. More information is required to determine unfitness such as being placed on a permanent DLC profile for a mental health condition, being deemed not WWQ due to a mental health condition, and impact or interference of the condition on the service member's ability to reasonably perform their military duties in accordance with their office, grade, rank, or rating. These designations were absent from his records. Additionally, the applicant's performance evaluations demonstrate his performance was adequate to exemplary. He earned three Air Force Achievement Medals and one Air Force Commendation Medal in his four years with the military. There is no evidence the applicant was unable to perform the duties of his office, grade, rank, or rating from a psychological perspective.

The applicant was diagnosed with depressive disorder and general anxiety disorder (GAD) post-service and was determined to be service-connected by the Department of Veterans Affairs (DVA). It should be noted that the military's Disability Evaluation System (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. 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 complete advisory opinion is at Exhibit C.

The AFBCMR Medical Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request for a medical retirement. The reviewed evidence did not reveal any degree of unfitness whereby the applicant was permanently unable to fulfil his military duties. The burden of proof is placed on the applicant to submit evidence to support his request. The evidence he did submit was assessed to not support his request for a finding of or granting a medical retirement. The overall separation process was in accordance with regulatory guidance and was fair and appropriate without evidence of an applied error or rendered injustice.

In this case the DVA granting service connection for various medical conditions affords the applicant eligibility for DVA compensation; however, the criteria for processing through the DoD DES is having a disqualifying medical condition (occurring in a duty status) that renders the service member the inability to continue performing the duties of their office, grade, rank, or rating. In other words, a condition which caused the member to become unfit for continued military service. Although both the DoD and DVA work closely together in the DES, they operate completely independent within Title 10 and Title 38 U.S.C., respectively.

There was no evidence the applicant was placed on a permanent DLC profile, never deemed not WWQ due to a physical condition, and there were no statements from his leadership, a physical health condition had impacted his ability to reasonably perform his military duties in accordance with his office, grade, rank, or rating. Therefore, none of the physical conditions and corresponding diagnoses contained in the medical records or reported by the applicant were deemed disqualifying for service retention or determined as being unfitting for continued duty. No potentially unfitting medical condition was identified that would be referred to the DES.

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 24 Jul 24 for comment (Exhibit E), and the applicant replied on this same day and submitted additional medical documentation.

The applicant's complete response is at Exhibit F.

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 AFRBA Psychological Advisor and AFBCMR Medical Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board does not find any of the applicant's mental health or medical conditions to include PTSD, anxiety, depression, IBS, back, wrist, and feet pain, and allergic rhinitis, at the time of his discharge unfitting. The mere existence of a mental health or medical diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement, nor can a member opt for a MEB. The applicant's military duties were not severely degraded due to his mental health or medical conditions; therefore, he did not qualify to be processed through the DES. The Board took note of the applicant's disability ratings from the DVA but did not find this evidence compelling to warrant relief. A rating by the DVA does not equate to a medical 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 to which the DVA can offer compensation. 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-2023-03624 in Executive Session on 22 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, w/atchs, dated 2 Nov 23.

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

Exhibit C: Advisory Opinion, AFRBA Psychological Advisor, dated 9 May 24.

Exhibit D: Advisory Opinion, AFBCMR Medical Advisor, dated 18 Jul 24.

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

Exhibit F: Applicant's Response, w/atchs, 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