



Work-Product

UNITED STATES AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2023-04049

Work-Product

COUNSEL:

Work-Product

HEARING REQUESTED: YES

APPLICANT'S REQUEST

1. His duty status be retroactively changed from "present for duty" to "medical status" for the period of Dec 17 – Oct 20.
2. He be considered for retroactive placement into the Patient Squadron or the Airman Medical Transition Unit (Work-Prod...) for the 2017 – 2020 period.
3. His 2018, 2019, and 2020 Officer Performance Reports (OPRs) be removed from his record.
4. His Promotion Recommendation Forms (PRFs) for the 2018, 2019, and 2020 lieutenant colonel promotion boards be reclassified as narrative only.
5. His Duty Air Force Specialty Code (DAFSC) be changed to reflect patient status for promotion cycles spanning 2017 – 2020.
6. He be considered for promotion to lieutenant colonel by a special selection board (SSB) for promotion cycles spanning 2017 - 2024.
7. His record be corrected to reflect the award of Experienced Based Joint Service (EDJA) credit. (Not within Secretarial Authority)

APPLICANT'S CONTENTIONS

In 2017, he suffered a stroke followed by uncontrolled epileptic seizures from 2018 – 2019 and finally underwent brain surgery in 2019. The crux of the matter lies in the fact that he was not placed in patient status at the onset of these medical crises, as required by Department of the Air Force Instruction (DAFI) 36-3003, *Military Leave Program*, paragraph 3.2.2.7.1.5, as during this time frame he was considered to have a duty limiting profile. This clearly hindered his ability to compete fairly for his primary promotion board considerations to lieutenant colonel. Patient status would have allowed him to compete on a level playing field while he was fighting for his life. His below the zone (BTZ) and in the zone (ITZ) boards were clouded by the medical uncertainty of his conditions along with his leadership's uncertainty he would fully recover.

He has sought resolution through the Evaluation Reports Appeal Board (ERAB) and the medical community. A specific case, CMS Case Work-Product closed by the Air Force Personnel Center (AFPC), revealed a significant error concerning his patient status. This error has impeded his efforts to correct his records through the ERAB leading to the failure to correct three PRFs and

AFBCMR Docket Number BC-2023-04049

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Controlled by: SAF/MRB

Work-Product

Limited Dissemination Control: N/A

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

three OPRs for 2018, 2019, and 2020. The failure to designate him as a patient or offer him the option of the Warrior Transition Unit (WTU) and a corresponding patient AFSC significantly hindered his ability to advocate for promotion consideration, maintain competitiveness for a “Definitely Promote” recommendation, and effectively fulfill his assigned duties. This is exemplified by major general (MG) F’s memorandum highlighting an issue on the 2020 OPR which noted the missing stratification “may have had a potentially detrimental impact of the CY 20 LAF-S Lt Col Promotion Board process.”

Despite AFPC’s assertion that he did not qualify for the WTU or a patient status AFSC because he was stationed in the National Capital Region, his condition and convalescent status present compelling counterarguments. Additionally, it is evident his promotion failures were attributed to his health conditions; a clear Equal Opportunity (EO) violation. Therefore, as he was under medical care from 2017 – 2023, he should have been designated as a patient, his PRFs should have been “narrative only,” his OPRs should be reassessed considering his medical status at the time, his DAFSC should have been modified to reflect patient status for the promotion cycles spanning 2017 – 2020, and he should receive consideration for promotion by SSBs.

Similar, although not exactly the same issues, were addressed and rectified by the Board in AFBCMR Docket Number [REDACTED] Work-Product were the applicant had his records corrected to show he was retroactively placed on active duty for the purpose of medical continuation. In his case, he is seeking to have his records retroactively changed to reflect he was placed in “patient status” as he was not properly supervised and thus his OPRs were improperly written as they failed to account for his medical conditions.

Additionally, both the Air Force Joint Matter Office (JOM) and Space Force JOM refuse to acknowledge his joint time and experience. What should be reflected in his record is four (4) years of Joint time with the US Army, one (1) year of Joint credit while assigned to the Joint Staff (J8), a six-month NATO Training Mission Afghanistan deployment, and a six-month deployment with HQ Combined Joint Task Force Operation INHERENT RESOLVE.

Finally, he and his family bore an exceptional journey to restore his health and successfully return to full active duty in 2020. He has been severely discriminated against due to his medical status and unsuccessfully sought to resolve these issues at all levels before applying to the BCMR. He thanks the Board for their consideration and is hopeful they will see the injustice he has endured and grant his request for relief.

The applicant’s complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a Space Force major (O-4).

Between 24 Oct 17 and 30 Nov 20, 11 different AF Form 469s, *Duty Limiting Condition Report*, provided by applicant, indicate that on all but the first two (issued 24 Oct 17 and 22 Feb 18) and the last (issued 30 Nov 20), he was placed on either a code 31 or code 37 with duty and mobility restrictions indicated.

On 25 Dec 17, according to *Physical Health Template, Medical Evaluation Board Narrative Summary*, dated 22 Oct 19, the applicant incurred an intracranial hemorrhage and generalized seizure, later diagnosed as Arteriovenous malformation of the cerebral vessels (AVM).

On 25 Apr 18, according to AF Form 707, *Officer Performance Report*, for the rating period of 27 Mar 17 – 26 Mar 18, reflects the following stratification: Section IV, *Rater Overall Assessment*, line 6: “#3/24 Branch Chiefs in AF/SPACE;” Section V, *Additional Rater Overall Assessment*, line 4: “#1/6 Joint O-4’s! (J8/DDRD).”

On 24 Jun 19, according to AF Form 707, for the rating period of 27 Mar 18 – 26 Mar 19, reflects the following stratification: Section IV, *Rater Overall Assessment*, line 6: “#2/3 Maj’s in [REDACTED] Div.” Section V, *Additional Rater Overall Assessment*, contains no stratification.

On 28 Oct 19, according to AFPC/DP2NP FL4, provided by applicant, he was returned to duty with Assignment Limitation Code C-2 (world-wide qualified with restrictions).

On 1 May 20, according to AF Form 707, for the rating period of 27 Mar 19 – 2 Mar 20, reflects the following stratification: Section IV, *Rater Overall Assessment*, line 6: “#2/6 O4s in selectively manned unit”, Section V, *Additional Rater Overall Assessment*, line 4: “#5/11 FGOs in hand picked unit;”.

On 10 Nov 20, according to DD Form 214, *Certificate of Release or Discharge from Active Duty*, he honorably resigned from the USAF for the narrative reason of Interdepartmental Transfer. Item 18, *Remarks*, reflects the following statement “Member approved for transfer to US Space Force per AFPC/CC approval memorandum dated 10 Aug 2020.” The following day, 11 Nov 20, according to Addendum to AF Form 133, *Oath of Office (Military Personnel)*, he was appointed a major (O-4) in the US Space Force (USSF).

According to the applicant’s Air Force Officer Selection Briefs (OSBs), contained within his Automated Records Management System (ARMS) record, he was considered for promotion to lieutenant colonel for the following Air Force Selection Boards: P0517A, P0518A, P0519A, and P0520B.

On 12 Jan 21, according to the Space Force memorandum, he was notified on his non-selection for promotion by the CY20B Lieutenant Colonel (LAF-A/N/S/I/C/F) P0520B Selection Board.

According to the applicant’s Space Force OSBs, contained within his ARMS record, he was considered for promotion to lieutenant colonel for the following Space Force Selection Boards: P0521A, P0522A, and P0523A. He was non-selected for promotion.

On 25 Aug 23, according to AF Form 475, *Education/Training Report*, he completed Joint and Combined Warfighting School – JPME Phase II at the Joint Forces Staff College, Norfolk, VA.

According to multiple *PPA Evaluation Appeals* printouts, dated 30 Nov 23, provided by applicant, he appealed the following:

- a. PRFs for P0518B, P0519A, and P0520B promotion selection boards
- b. OPRs for 2019, 2020, and 2022.
- c. Requested SSB consideration for promotion boards: P0518B, P0519A, P0520B, S0521A, and S0522B.

On 5 Jan 23, according to email traffic between HAF AF/A1P and applicant, provided by applicant, he was informed that he needs medical community validation that he was supposed to be in a patient status with a patient PASCODE and that they have been unable to validate that his case qualifies for that status.

On 2 May 23, according to memorandum *Joint Officer Qualification Experience (E-JDA) Credit Request*, provided by applicant, he applied for joint experience credit for his four years of operational liaison time for the period of 2012 – 2016 with the [REDACTED] Mountain Division while assigned to a Tactical Air Control Party as a Space Liaison Officer.

On 30 Aug 23, according to email traffic, provided by applicant, he was informed by USSF JOM his package would not be approved in time to meet the Sept 23 board.

On 17 Nov 23, according to memorandum RE: [applicant], provided by applicant, the Chief, Neurology, [REDACTED] Military Medical Center, [REDACTED] Va, stated the applicant was a patient under the care of the [REDACTED] Community Hospital neurology clinic from 2017 to 2023.

On 3 Jun 24, according to email traffic, provided by applicant, he was informed by JOM that OSD/J1 Joint Office denied his request for reconsideration and his request for joint credit would not be granted.

On 28 Feb 25, according to DD Form 214, *Certificate of Release or Discharge from Active Duty*, the applicant was honorably retired in the grade of major (O-4) with the narrative reason of “Sufficient Service for Retirement.” He was credited with 20 years and 16 days of total active service.

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

APPLICABLE AUTHORITY/GUIDANCE

Department of the Air Force Guidance Memorandum (DAFI36-3003 DAFGM2023-04), 31 Aug 23, to DAFI 36-3003, *Military Leave Program*, Chapter 3, *Types of Leave*, paragraph 3.2 *Non-chargeable Leave*. The following types of leave are not chargeable toward the member’s annual leave balance: 3.2.2.7.1.5. Added. A member was hospitalized or in an in-patient status for 90 or more consecutive days within the 1-year period concerned. **(T-0)**

Air Force Instruction (AFI) 36-2406, *Officer and Enlisted Personnel Systems*, 14 Nov 19, Chapter 8, *Promotion Recommendation and Management Level Review Process*. 8.1.2.1. Narrative-Only PRFs. The losing senior rater completes these on all lieutenant colonels and below **Exception:** Not required for majors who are lieutenant colonel selects departing PCS for a school (e.g., Developmental Education, Air Force Institute of Technology, or other AF-level training programs as described by **paragraph 8.3.5.2**) or PCA/PCS to patient status. Complete Narrative-Only PRFs regardless of promotion zone/promotion opportunity.

AFI 36-2135, *Joint Officer Management*, 4 Nov 20. *Terms*. Experience-Joint Duty Assignment—Assignments, other than Joint Duty Assignment List positions, and experiences that demonstrate an officer’s mastery of knowledge, skills, and abilities in joint matters, as determined under such regulations and policy as prescribed by the SecDef experience-joint duty assignments may be

shorter in duration; therefore, they may be aggregated to achieve the equivalent of a full tour of duty in a standard-joint duty assignment.

Department of Defense Instruction (DoDI) 1300.19, *DoD Joint Officer Management Program*, Section 6: *Joint Experience, Training, And Education*:

6.2.b. Officers may gain joint experience while serving in positions internal to their Military Service only if tasked to fulfill a joint requirement, such as a deployment or contingency, beyond their Service position duties. Deployment as an integral component of the officer's own Service component does not qualify for JDA experience credit. Service positions will not be placed on the JDAL. The method of assessing joint experience gained while assigned to Service positions is specified in CJCSI 1330.05 Series and CJCSI 1331.01 Series.

6.2.c. Officers must submit requests for JDA credit within 12 months of experience completion, and the Military Services must submit requests to the Joint Staff J-1 within 18 months of the experience completion. Late submissions will not be accepted without an approved waiver from the DASD(MPP). Verification of the requested joint experience will include a performance report or evaluation capturing the joint matters experience gained by the officer filling the position. An adjudicated travel voucher must be submitted to verify boots on the ground for intensity factor. The Military Services will not rewrite officer joint experience requests, as the duties performed should stand alone.

AIR FORCE EVALUATION

The AFBCMR Medical Advisor recommends denying the applicant's request for placement in the **Work-Prod...** or Patient Squadron, however, opines the Board may consider granting his request for SSB consideration. The applicant experienced a serious medical event, an intracranial hemorrhage, emanating from an arteriovenous malformation (AVM) in a frontal lobe of the brain. Of interest, and potential relevance to the medical policies governing assignments to a Patient Squadron and eligibility for inclusion in a Wounded Warrior Program, the limited accessible evidence indicates that the applicant received successful surgical treatment of the vascular abnormality, thus arresting or lowering the risk for future bleeding; notwithstanding the post-operative seizures requiring treatment and long-term follow-up.

The Medical Advisor limits the discussion to whether the applicant was eligible, or should have been, for assignment to a Patient Squadron and the Wounded Warrior Program. The Medical Advisor cannot speculate on the possible outcome of the applicant's promotion, had he been assigned to these programs, aimed at maximal support to the service member's [and family's] well-being, during treatment and recovery from an offending illness, disease, or injury.

The Medical Advisor provides the following relevant extract from AFI 41-210, *TRICARE Operations and Patient Administration Functions*, updated 27 Sep 2018, Chapter 4.71, *Patient Squadron Assignment*, paragraph 4.71.1 that discusses eligibility criteria, which follows:

4.71.1. Authority. This section contains the authority for administratively assigning patients to an Air Force medical unit for the purpose of obtaining medical and, and/or for MEB processing.

4.71.2. Active-Duty Airmen may be considered for potential PCS reassignment to an MTF under one or more of the following conditions.

4.71.2.1. Required medical care is not available at the MTF or reasonably available in the local or regional areas.

4.71.2.2. There is overwhelming medical evidence that suggests a SM is not likely to return to Active Duty.

4.71.2.3. When hospitalization beyond the SM's Date of Separation is expected (Contact AFPC/DPAMM [current office symbol DPMNR] to request Medical Hold.

4.71.2.4. For overseas SMs; when the required medical care is not available in the overseas area.

4.71.2.5. For overseas SMs; when hospitalization beyond the member's DEROS is expected.

4.71.2.6. When HQ AFPC/DPAMM [current office symbol DPMNR] directs.

The Medical Advisor opines that in collective consideration of the many specialty referrals, or 'spokes-in-the-wheel' emanating from a unifying centrally managed source, **Work-Product** Clinic, all within proximity to the applicant's primary place of residence and family support system, the intermittent duration and reason for inpatient care, and variety of other outpatient care, also in proximity to his principal medical and family support systems, the Medical Advisor determined that the applicant did not meet two important policy standards that would require assignment to an **Work-Prod...** or Patient Squadron. Specifically, although the applicant's initial care emanated from an outpatient clinic, all of the care he received thereafter was available at other MTFs, all "reasonably available in the local or regional areas." Thus, the applicant did not meet criterion 4.71.2.1 above. Additionally, in collective consideration of the apparent objective to restore the applicant's health, and in consideration of its minimal impact upon his ability to perform his assigned AFSC duties, the recommendation for retention by his commanding officer, as well as the recommendation for return to duty, with an Assignment Limitation Code, by the Deployment Availability Working Group, also eliminated the eligibility criterion listed in subparagraph 4.71.2.2 above.

Addressing the applicant's wishes for characterizing the time during which he received treatment as a "non-rated" period, the Medical Advisor provides the relevant extract from AFI 36-2406, immediately below, for the Board's consideration during deliberation:

1.4.11. Non-Rated Periods. In particular circumstances, non-rated periods may be authorized. The documentation and/or approval authority required will vary depending on the nature of the circumstances. Likewise, the duration of authorized non-rated periods may also vary depending on the circumstances and other factors. Therefore, non-rated periods must be considered individually as each Airman's circumstance and response are unique. Being TDY or deployed is not an example of a nonrated period. The following areas may warrant a nonrated period:

1.4.11.1. Medical (physical, physiological, and/or psychological conditions; hospitalization, maternity, and/or convalescence in excess of 80 calendar days, including, but not limited to, Airmen in Patient Status): The Airman's provider will initiate the recommendation for a non-rated period to the Airman's unit commander using AF Form 469, *Duty Limiting Condition Report*. The record will show the applicant was at least twice hospitalized [4 days in ICU, then

later neurosurgical interventions] and was placed on Convalescent Leave for 52 days [initially 30 days, then extended 22 days].

1.4.11.1.1. Unit Commander (or equivalent) Duties/Considerations. The presumption will be in favor of the Airman requesting the non-rated period. Counsel Airmen directly to ensure they are fully informed regarding the reasonably foreseeable career impacts (and reaccomplished counseling prior to 60-day extensions, if applicable).

1.4.11.1.2. Approval Authority. The unit commander/equivalent is the approval authority. If the approval authority recommends disapproval, they must provide justification and forward the request to the member's wing commander/equivalent (delegable no lower than the vice wing commander/equivalent) for final approval/disapproval. (T-1). This may be accomplished on the AF Form 469 or a separate memorandum.

Therefore, based upon the expanse of medical documentation and recurring profile restrictions, and the need for referrals to different medical entities within the National Capital Region, the Medical Advisor opines a singular unifying "quarterback" coordinating his care, devoid of duties of his assigned AFSC, for a "non-rated period," might have been ideal to remove any stressors of performance by the applicant, as he recovered from his AVM and seizures. The Medical Advisor cannot supplant the medical judgment and authority of the applicant's Primary Care Manager (PCM), who was intimately involved in coordinating the applicant's care and obligated to assure that he received the best possible care and timely referrals, whether as inpatient or outpatient, which ultimately resulted in his recovery. The Medical Advisor opines the applicant may have qualified for a non-rated period, due to the nature and overall duration of his care, but did not qualify for placement in the Airman Medical Transition Unit, or Patient Squadron. However, the Board may yet consider granting the applicant's petition for a supplemental promotion board, if only for the reason for preserving the integrity of our promotion boards to remove or rectify any real or perceived negative, implicit or explicit bias by promotion board authorities during prior promotion deliberations, due to the alleged influence of knowledge of his medical condition(s) and the uncertainty of his prognosis for recovery, which the applicant firmly believes resulted in the denial of promotion.

The complete advisory opinion is at Exhibit C.

AFPC/DP3SP recommends denying the applicant's request to void his OPRs and PRFs rendered for the period of 2018 through 2020 from his permanent record. The applicant filed seven appeals through the ERAB. Although the ERAB approved his first request to substitute his OPR for the reporting period of 27 Mar 19 – 2 Mar 20, his next five requests were returned without action (RWOA) for not providing substantiated documentation or evidence to prove the OPRs were rendered unfairly or unjustly. For the final appeal, the ERAB was unconvinced there was an error or injustice and denied the applicant's request for relief.

Although he contends his 2018 – 2020 OPRs and PRFs were not properly completed as he believes he should have been placed in a patient status, in accordance with (IAW) AFI 36-2406, 1.4.11, it states "Non-Rated periods may be authorized and the documentation and/or approval authority required will vary depending on the nature of circumstances." Based on his circumstances, as evidenced by his medical status and AF Form 469s, he could have requested non-rated periods; however, it does not appear a request was ever officially submitted. The approval authority would have been his unit commander or equivalent, and if requested and approved it would have been documented in the OPR in Section I, Block 9. Moreover, a final review of the contested evaluation

was accomplished by the reviewer/commander who served as a final “check and balance” to ensure the report was given fair consideration IAW the established intent of the Officer and Enlisted Evaluation System in place.

His PRFs for 2018 through 2020 were accomplished IAW AFI 36-2406, Chapter 6, *Promotion Recommendation and Management Level Review Process*. There was no evidence in his duty history that would have identified him as a patient. As he was never identified as a patient, the senior rater would not have known to complete a narrative only PRF, thus, he was not eligible to compete at the Air Force Level Student/Patient Management Level Review. Therefore, the contested PRFs were accurate as written when they met the Central Selection Boards.

Air Force policy is that an evaluation report is accurate as written when it becomes a matter of record. Additionally, it is considered to represent the rating chain’s best judgement at the time it is rendered. To effectively challenge an evaluation, it is necessary to hear from all members of the rating chain, not only for support but also for clarification/explanation. Statements from the evaluators during the contested period are conspicuously absent. He has failed to provide the necessary information/support from any rating officials on the contested OPRs and PRFs. Without the benefit of these statements, they can only conclude the OPRs and PRFs are accurate as written.

Therefore, it is determined the OPRs and PRFs were accomplished in direct accordance with all applicable Air Force policies and procedures. Once a report is accepted for file, only strong evidence to the contrary warrant the correction or removal from an individual’s record. The burden of proof is on the applicant and he has provided insufficient corroborating evidence the contested OPRs and PRFs were not rendered in good faith by all evaluators based on the knowledge available at the time.

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 1 Apr 24 for comment (Exhibit E), and the applicant replied on 13 May 24 and 22 Jul 24. In his response he reiterates his request to have his duty status changed from “present for duty” to “patient” status for the period of Dec 17 to Oct 20 and his records corrected, specifically his 2018 – 2020 OPRs and PRFs be removed and he be granted supplemental promotion consideration for the 2018-2024 promotion cycles.

In particular he notes the failure within the Defense Health Agency (DHA) medical community to adequately update the Air Force and ARPC leadership of his medical status and to designate him in patient status led to systemic failures and placed him at a significant disadvantage in competing for high-visibility projects that would typically enhance visibility and enable success, which potentially impacted his ability to compete favorably for a “definite promote” recommendation. Thus, getting retroactive patient status is therefore not only a matter of fairness but also a recognition of the adverse effects his medical situation had on his career trajectory.

In regards to his request to remove his OPRs and PRFs from his record, the practice of enlisted personnel, hiding under the premise as “board operator,” managing officer appeals goes against both ethical principles and the prescribed chain of command delineated by the Uniform Code of Military Justice and such matters should be handled with the utmost professionalism and adherence to established protocols, ensuring enlisted personnel only engage in administrative tasks rather than the substantive handling of officer appeals. Further, the assertion that only strong evidence

warrants corrections or removal from an individual's record overlooks the compelling evidence he provided regarding the DHA's failures to notify the Air Force chain of command over several years and the failure to designate him in patient status. The denial of the [Work-Prod...]/Wounded Warrior program solely because he is stationed in the Continental United States (CONUS) is deeply troubling and the abandonment by the Air Force during a critical recovery period highlights the disparity in support based on geographic location. The retroactive designation of [Work-Prod...]/Wounded Warrior status and its associated benefits cannot be overlooked.

Therefore, the removal of the OPRs and PRFs necessitates the establishment of a narrative-only PRFs and the convening of special selection boards for the years 2017 – 2023. Furthermore, there must be a thorough reevaluation of missed opportunities for Intermediate Development Education, Senior Development Education, and potentially promotion to colonel, should his career be put back on track.

The applicant's complete response is at Exhibit F.

AIR FORCE EVALUATION

AFPC/DP3AM recommends denying the applicant's request to be awarded EDJA credit. Any EDJA credit is approved by the Joint Staff and as the Joint Staff conducts boards to review EDJA service nominations for approval or disapproval, the applicant's assigned service is not the approval authority for EDJA credit requests. The applicant's EJDA self-nomination package was not submitted within the DoD mandatory timeline. According to the governing directives; DoDI 1300.19, AFR 36-2135, and CJCSI 1330.05C, *Joint Officer Management Program Procedures*, EDJA nominations must be submitted within 12 months of completion of the joint experience. Although the applicant did submit exception to policy packages requesting the Joint Staff Joint Officer Management Office (JOM) consider his joint experiences outside the mandated 12-month suspense, the exception to policy requests were disapproved. Further, it must be noted that although his joint experience occurred while he was a member of USAF, the USAF JOM office was not involved in the final adjudicated exception to policy disapproval as the final adjudicated exception to policy disapproval came from the USSF JOM office.

The complete advisory opinion is at Exhibit G.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 13 Sep 24 for comment (Exhibit H), and the applicant replied on 9 Oct 24. In his response he reiterates his request to be awarded EJDA credit. His request for Joint Credit fell outside the 12-month window due to medical complications and prolonged medical treatment between 2017 – 2021. While his nomination was outside the mandated timeline, his joint experience occurred during his service as an Air Force officer. However, the final adjudication was conducted by the Space Force Joint Officer Management Office after he transitioned from the Air Force to the Space Force. As such, he requests the Board to fully review his submission and give consideration to the circumstances surrounding his transition from one service to another which may have impacted the processing of his EDJA credit.

The applicant's complete response is at Exhibit I.

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 applicant contends that due to his medical conditions he should have been placed in the Work-Prod... and/or placed on patient status and that the failure to do so hindered his ability to competitively compete for promotion, which ultimately led to successive non-selections, as during this time frame he was not properly supervised and thus his performance reports were improperly written as they failed to account for his medical conditions. However, the Board determined that the applicant did not meet the criteria per AFI 41-210, *TRICARE Operations and Patient Administration Functions* that would have required assignment to an Work-Prod... or Patient Squadron. Specifically, although the applicant's initial care emanated from an outpatient clinic, all of the care he received thereafter was available at other MTFs, all "reasonably available in the local or regional areas," and as such, his addition request to change his Duty Air Force Specialty Code to reflect patient status must be denied. In regard to his performance reports and promotion recommendations being improperly completed, the Board notes that while he could have requested non-rated periods during that time frame, the applicant provided insufficient evidence that he made such request(s) and/or that such request(s) were denied. Additionally, the Board notes his performance reports for the time frame contain the following stratifications: "#3/24 Brach Chiefs", "#1/6 Joint O-4s" (2018 OPR); "#2/3 Maj's in Work-Product Div" (2019 OPR); and "#2/6 O-4s" and "#5/11 FGO's" 2020 (OPR). Further, the Board notes that his 2020 OPR Additional Rater push line was amended to reflect the "#5/11" push line. To effectively change an evaluation, it is necessary to hear from all members of the rating chain and the applicant has failed to provide the necessary information/support and without the benefit of these statements the Board concludes that they are accurate as written. The Board determines there is insufficient evidence in his duty history that would have identified him as a patient, a narrative only PRF was not appropriate, thus he was ineligible to compete at the Air Force Level Student/Patient Management Level Review. Further, as he has failed provide the necessary support from his senior rater that his PRF's for 2018 through 2020 were not accomplished in accordance AFI 36-2406, Chapter 6, *Promotion Recommendation and Management Level Review Process*, the Board finds that the contested PRFs accurate as written when they met the promotion selection boards. While the Board notes the AFBCMR Medical Advisor's recommendation granting Special Selection Board consideration "if only for the reason of preserving the integrity of our promotion boards to remove or rectify any real or perceived negative, implicit or explicit bias," the Board finds all the contested OPRs and PRFs were accomplished in direct accordance with all applicable Air Force policies and the applicant's records were accurate, and received just and equitable consideration by all Central Selection Boards. Finally, the Board determines as the DoD Joint Staff is the approval authority for EDJA credit, the applicant's request is not within the Secretary of the Air Force's authority, it could not be considered by the Board. Therefore, the Board recommends against correcting the applicant's record.
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-2023-04049 in Executive Session on 8 Oct 24, 14 Jan 25, and 21 May 25:

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 18 Dec 23.

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

Exhibit C: Advisory Opinion, AFBCMR Medical Advisor, w/atchs, dated 28 Mar 24

Exhibit D: Advisory Opinion, AFPC/DP3SP, undated.

Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 1 Apr 24.

Exhibit F: Applicant's Response, w/atchs, dated 13 May 24 and 22 Jul 24.

Exhibit G: Advisory Opinion, AFPC/DP3AM, 11 Sep 24.

Exhibit H: Notification of Advisory, SAF/MRBC to Applicant, 13 Sep 24.

Exhibit I: Applicant's Response, dated 9 Oct 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.

8/6/2025

X

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Board Operations Manager, AFBCMR

Signed by:

Work-Product

AFBCMR Docket Number BC-2023-04049

Work-Product