



Work-Product

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

**RECORD OF PROCEEDINGS**

**IN THE MATTER OF:**

**DOCKET NUMBER:** BC-2024-02153

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**COUNSEL:** NONE

**HEARING REQUESTED:** NO

**APPLICANT’S REQUEST**

1. His reentry (RE) code of “2C,” which denotes “Involuntarily separated with an honorable discharge; or entry level separation without characterization of service” be changed.
2. His narrative reason of “Personality Disorder” be changed to post-traumatic stress disorder (PTSD).

**APPLICANT’S CONTENTIONS**

He was misdiagnosed at the time of his discharge. After several years of treatment, his providers diagnosed him with PTSD with origins prior to and during his military service. He was not properly treated and his condition was exacerbated by military service. There was limited information known when he was given the personality disorder diagnosis.

The applicant’s complete submission is at Exhibit A.

**STATEMENT OF FACTS**

The applicant is a former Air Force airman first class (E-3).

On 13 Dec 99, the applicant’s commander recommended the applicant be discharged from the Air Force, under the provisions of AFI 36-3208, *Administrative Separation of Airmen*, paragraph 5.11.1 for conditions that interfere with military service, specifically, for a mental disorder. On 8 Dec 99, the applicant was diagnosed by a board-certified psychiatrist with major depression and personality disorder, not otherwise specified (NOS). This letter concluded the applicant’s diagnoses combined with his lack of motivation for change made his prognosis poor and his ability to function effectively in a military environment was significantly impaired with a discharge being in the best interest of the Air Force.

On 20 Dec 99, the Staff Judge Advocate found the discharge action legally sufficient.

In an undated memorandum, the discharge authority directed the applicant be discharged with an honorable service characterization. Probation and rehabilitation were considered but not offered.

On 27 Dec 99, the applicant received an honorable discharge. His narrative reason for separation is “Personality Disorder” and he was credited with one year, eight months, and five days of total active service. His RE code of “2C” denotes a condition barring immediate reenlistment-involuntarily separated with an honorable discharge; or entry level separation without characterization of service.

**AFBCMR Docket Number BC-2024-02153**

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

### **APPLICABLE AUTHORITY**

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 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 determination regarding 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)(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.

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.

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 24 Sep 25, Board staff provided the applicant a copy of the liberal consideration guidance (Exhibit F).

### **AIR FORCE EVALUATION**

AFPC/DPMSSM recommends denying the application finding no evidence of an error or injustice with the applicant's RE code. The applicant's RE code was updated to "2C" based on his involuntary separation with an honorable character of service.

The complete advisory opinion is at Exhibit C.

The AFRBA Psychological Advisor completed a review of all available records and finds sufficient evidence to partially support the applicant's request and recommends the Board change the applicant's narrative reason to "Condition, Not a Disability." This narrative reason reflects the actual reason for his discharge and would support his request to change his narrative reason.

An exhaustive review of the applicant's available records finds the applicant's contentions as plausible; however, there are no medical records or evaluations that would refute the validity of his personality disorder diagnosis. According to the reports completed by his military mental health and military providers at the time of his service, he was hospitalized twice during service and during these hospitalizations, he was observed, evaluated and received psychological testing which led him to be diagnosed with major depression and personality disorder, NOS. He was noted to have symptoms of anxiety, depression, paranoia, feeling overwhelmed easily, and obsessive worrying. He also had a history of longstanding or life-long patterns of maladaptive responses to routine personal and/or work-related stressors and a long-standing disorder or character, behavior, and adaptability. He was diagnosed with major depression and personality disorder NOS based on the information available at the time. He was evaluated by numerous duly qualified mental health and medical providers in outpatient and inpatient hospital settings and none of his providers detected or diagnosed him with PTSD.

While it is possible the reported symptoms he had during service resembled PTSD developed from his childhood abuse and military sexual trauma (MST), these symptoms could also reflect his diagnoses with major depression and personality disorder NOS. Many mental disorders share the same symptoms, and the symptoms he had during service could not definitively determine he should have been diagnosed with PTSD at the time of service.

The applicant was not diagnosed with PTSD by his private providers until years and decades after his discharge from the Air Force. The PTSD symptoms he endorsed to his post-service providers were nightmares, flashbacks, intrusive thoughts, depression, anger, feelings of emptiness, anxiety, and panic attacks. There are no records he had nightmares, flashbacks, intrusive thoughts, and panic attacks during service, and these symptoms are more specific to PTSD versus major

depression and personality disorder NOS. A condition like PTSD may take time to develop, or its symptoms may have a delayed expression, which may explain why he was diagnosed with PTSD years after his traumatic experiences had occurred. However, since the applicant contended he had PTSD during service, and he was diagnosed with PTSD by duly qualified mental health providers after his military service, it is accepted his condition of PTSD existed during his military service per the liberal consideration guidance. Since his PTSD was developed in part from his MST, it is also accepted his MST experience occurred during service per liberal consideration. It is possible the applicant had three mental health conditions: diagnosed with major depression, personality disorder NOS, and PTSD during service. His military providers determined his personality disorder NOS was his primary condition affecting his overall functioning and was the reason for his administrative separation for having an unsuiting mental health condition. The Psychological Advisor concurs with his military providers' assessments, as they were able to observe him in different treatment settings when he was in acute distress and had administered psychological testing to him. There is no evidence or records of any error or injustice with his personality disorder diagnosis made by his military providers. There are no records disputing his personal disorder diagnosis. The applicant did express concerns to his post-service providers that he did not feel his personality disorder diagnosis was accurate. His concern was noted, but his providers did not evaluate, address, or refute the validity of his personality disorder diagnosis.

Even though there is no evidence of a diagnostic error of his personality disorder, there are recognized reasons for potential disparities in diagnostic impressions within the mental health profession. Variances may be based upon clinical presentation at a given time, different disclosures during a subsequent interview, clinical bias between equally competent clinicians, or legitimate differences due to new observations made over the longer period of care. Any of these reasons could explain the differential diagnosis he received during and after service. There is no doubt the applicant had a mental health condition during service that affected his overall functioning to tolerate stress and to keep himself safe. His condition and clinical presentation were acute (not chronic) at the time of service, and his expeditious administrative separation from the Air Force for having an unsuiting mental health condition was in the best interest of the applicant's well-being, his safety, and the Air Force.

The applicant did not have any unfitting mental health conditions that would result in a medical discharge. It is acknowledged the applicant has been service-connected by the Department of Veterans Affairs (DVA), presumably for PTSD. However, receiving service connection does not indicate causation or mitigation of the discharge but suggests the condition was somehow related to his military service and not necessarily the cause of his discharge. Therefore, the Psychological Advisor finds no error or injustice with his administrative discharge from a mental health perspective. Although there is no error or injustice identified with the applicant's discharge from service, there is an injustice identified with the current narrative reason for separation listed on his DD Form 214, *Certificate of Release or Discharge from Active Duty*, which is "Personality Disorder." For privacy and confidentiality reasons, his narrative reason for separation should be changed to "Condition, Not a Disability." This narrative reason reflects the actual reason for his discharge for having an unsuiting mental health condition but also affords the applicant privacy and supports his request to change his narrative reason for separation on his DD Form 214. His RE code most likely would remain the same because the reason for his discharge did not actually change.

Liberal consideration is applied to the applicant's petition. It is reminded that liberal consideration does not mandate an upgrade or a change to the records per policy guidance. The following are responses to the four questions from the Kurta Memo based on information presented from the available records:

1. Did the veteran have a condition or experience that may excuse or mitigate the discharge?

Yes, the applicant was diagnosed with PTSD caused by his childhood abuse and MST by his post-service private and DVA mental health providers years after his military service. He was diagnosed with major depression and personality disorder NOS by his military providers during service.

2. Did the condition exist or experience occur during military service?

Yes, under the guidance of the Kurta Memo, it stated a “diagnosis made by a licensed psychiatrist or psychologist that the condition existed during military service will receive liberal consideration.” In this case, the applicant’s post-service treating psychiatrist and therapist (a duly qualified mental health provider) diagnosed the applicant with PTSD developed from his childhood and MST experiences, so it is accepted that his PTSD existed during his military service. It is also accepted, his MST experience occurred during his military service. However, a review of his military records revealed the applicant was also diagnosed with major depression and personality disorder NOS, so these conditions also existed during his military service.

3. Does the condition or experience actually excuse or mitigate the discharge?

No, the applicant was discharged from service for having an unsuiting mental health condition identified as personality disorder NOS. Although he also had conditions of major depression and PTSD during service, his personality disorder was his primary condition affecting his overall functioning, safety, and ability to remain in the military. His unsuiting mental health condition caused his discharge from service, but his mental health condition or MST experience does not excuse or mitigate his discharge.

4. Does the condition or experience outweigh the discharge?

No, since the applicant’s mental health condition or MST experience does not excuse or mitigate his discharge, his condition or experience also does not outweigh his 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 18 Sep 25 for comment (Exhibit E) but received no response.

#### **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 non-judicial relief 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 AFRBA Psychological Advisor and finds a preponderance of the evidence substantiates the applicant’s contentions in part. Specifically, in the interest of justice and for privacy reasons, the Board recommends the applicant’s narrative reason be changed to “Condition, Not a Disability.” However, for the remainder of the applicant’s request, the evidence presented did not demonstrate an error or injustice, and the Board therefore finds no basis to recommend granting that portion of the applicant’s request. The Board notes the applicant requests his narrative reason be changed to PTSD due to a misdiagnosis. Annotating PTSD as the narrative reason for separation is not authorized. Standardized separation program designator (SPD) codes and their denotations are developed by the Undersecretary of Defense for Personnel and Readiness (OUSD P&R) for DoD-wide use. Moreover, while the Board notes there is probability the applicant had PTSD during service, he was also diagnosed with major depression and a personality disorder. Based on the evidence, the applicant’s personality disorder, an unsuiting condition, was his primary condition

affecting his overall functioning, safety, and ability to remain in the military. The applicant's PTSD diagnosis decades later does not qualify for a medical separation nor does his diagnosis of personality disorder as this is an unsuiting condition. Determinations of unfitness are based on the preponderance of the objective evidence in the record. The mere existence of a medical diagnosis does not automatically determine unfitness and eligibility for a medical separation or retirement. A Service member shall be considered unfit when the evidence establishes the member, due to a physical or mental health disability, is unable to reasonably perform the duties of his or her office, grade, rank, or rating. 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 the time of separation and not based on post-service progression of disease or injury. Whereas the DVA can offer compensation for any medical condition which has a nexus to military service without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length of time transpired since the date of discharge. Furthermore, the RE code on the applicant's DD Form 214 is correct as it documents the applicant's involuntarily discharge with an honorable service characterization without eligibility for reenlistment. Therefore, the Board recommends the applicant's records be corrected as indicated below.

**RECOMMENDATION**

The pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show on 27 Dec 99, he was discharged with a separation code and corresponding narrative reason for separation of JFV (Condition, Not a Disability).

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-2024-02153 in Executive Session on 12 Nov 25:

- Work-Product**, Panel Chair
- Work-Product**, Panel Member
- Work-Product**, Panel Member

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

- Exhibit A: Application, DD Form 149, w/atchs, dated 12 Jun 24.
- Exhibit B: Documentary evidence, including relevant excerpts from official records.
- Exhibit C: Advisory opinion, AFPC/DPMSSM, dated 3 Jul 25.
- Exhibit D: Advisory opinion, AFRBA Psychological Advisor, dated 17 Sep 25.
- Exhibit E: Notification of advisory, SAF/MRBC to applicant, dated 18 Sep 25.
- Exhibit F: Letter, SAF/MRBC, w/atchs (Liberal Consideration Guidance), dated 24 Sep 25.

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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.

12/16/2025

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Board Operations Manager, AFBCMR  
Signed by: USAF

**AFBCMR Docket Number BC-2024-02153**

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