



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

RECORD OF PROCEEDINGS

IN THE MATTER OF:

DOCKET NUMBER: BC-2024-02295

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

His Post-Traumatic Stress Disorder (PTSD) be considered a prior service condition (PSC) to qualify for a compensable medical separation.

APPLICANT'S CONTENTIONS

He served in the Army for most of his career until Aug 20 when he was hired by the [REDACTED] Air National Guard (ANG) as a dual-status technician as the Director of Operations for the Logistics Readiness Squadron (LRS). At the end of 2021, he took a federal position with the Defense Logistics Agency (DLA) at the shipyard. In the early days of 2021, he felt himself "cracking" in a sense, feeling an increased sense of losing control, having to work far too hard to push out intrusive thoughts, and increased irritability to the point of almost full-on rage. While preparing to leave for drill in Apr 21, he received a message from a former subordinate discussing his decline in his mental state which led him to seek help regarding his own worsening mental state. After drill, he returned to the office and told leadership he needed help and later decided to leave his technician position because his leadership thought of him as a low performer. While employed at the shipyard, he began treatment for trauma with a therapist and began seeing a neurologist. He also started working with his Medical Group to assemble and submit a package for a Medical Evaluation Board (MEB). In his case, it was stated it appeared he was evaluated and treated previously for depressive disorder and PTSD symptoms which was stable for many years while on Bupropion. However, he was not on this medication for many years as it was only for a six-month period and after consulting with his neurologist, stopped the medication as it was not helping. There were no records indicating treatment before 2021-22 because he had no instances of being treated for mental health because of the negative stigma that instantly destroys careers.

While he was in the Army Reserve, he worked in the civilian sector driving trucks. It was during this time when delivering groceries at night, he was having pronounced and recurring issues with intrusive thoughts and flare-ups. However, he did not seek care and would self-medicate with alcohol and kept himself occupied with tasks, chores, and projects. He left his ANG technician position because his leadership conveyed, he needed to leave but was never given an official reason

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Work-Product

and did not think it was worth the additional stress to correct unknown issues. While at DLA, his time was absolutely horrendous as he assumed more duties and responsibilities which became exponentially more stressful. In 2022, he had a panic attack where he hid under his desk for two hours. He witnessed a death of a child while he was deployed and recalled this event when his children were born which he has struggled with ever since. Because of this, his relationship with his wife and children have suffered.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The applicant is a former ANG captain (O-3) awaiting retired pay at age 60.

On 1 Mar 17, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the applicant was honorably discharged from the Army in the grade of first lieutenant (O-2) after serving 4 years, 6 months, and 14 days of active duty. He was discharged, with a narrative reason for separation of "Non-Selection, Permanent Promotion."

On 9 Dec 22, NGB/SGPS determined his medical condition, co-occurring PTSD with major Depressive disorder (MDD) as not applicable as a PSC and was recommended he be referred to the Informal Physical Evaluation Board (IPEB) via the Non-Duty Disability Evaluation System (NDDDES). It was noted the applicant had no medical records to relate any current mental health illness to reported events 14 years prior hence the recommendation was rendered due to lack of substantiating documentation prior to 2021.

On 8 Jan 23, the applicant was identified as having a potentially disqualifying medical condition which could make him unqualified for duty. The letter further indicates the applicant had a right to appeal this decision through the Disability Evaluation System (DES) for which he elected to have his case reviewed for a fitness determination only and acknowledged his case was non-duty related. The information sheet he initialed informed the applicant he would not receive any medical compensation or an active-duty medical retirement.

On 3 Apr 23, the applicant's case was reviewed, and it was determined he was disqualified for continued military service due to recurrent depressive disorder; PTSD and his case was referred to the DES for a fitness determination. It is further noted the applicant was a technician assigned to a mobility position with 16 years of satisfactory service.

On 4 Apr 23, AF Form 356, *Informal Findings and Recommended Disposition of USAF Physical Evaluation Board*, indicates the applicant was found unfit due to his medical condition of PTSD with recurrent depressive disorder with a recommendation of "Unfit" as his conditions were not compensable. The board noted the applicant's condition was not ratable or compensable since there was no prior service condition or line of duty (LOD) determination rendering a correlation that continued military service was the proximate cause of the condition's interval progression

(above and beyond natural progression) to unfitness, and not as the result of intervening events when the applicant was not in a qualified duty status.

On 30 May 23, AF Form 1180, *Action on Physical Evaluation Board Findings and Recommended Disposition*, indicates the applicant agreed with the findings and recommended disposition of the IPEB and waived his rights to further appeal, and did not request a one-time reconsideration of his Department of Veterans Affairs (DVA) disability rating.

On 8 Jun 23, the Secretary of the Air Force (SAF) directed the applicant be separated for a non-duty related physical disability.

Dated 2 Aug 23, Reserve Order [REDACTED] indicates the applicant was assigned to the retired Reserve and placed on the Reserve Retired List (RRL), effective 13 Sep 23. The applicant was retired under 10 U.S.C. 12731b due to medical disqualification with 15 to 20 years of satisfactory service.

On 12 Sep 23, NGB Form 22, *National Guard Bureau Report of Separation and Record of Service*, reflects the applicant was honorably discharged from the ANG in the grade of captain (O-3) after serving 3 years and 26 days of service for this period. He was discharged, with a narrative reason for separation of "Physical Disqualification/Applied for Retirement/15 or More Sat Service."

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

APPLICABLE AUTHORITY/GUIDANCE

DoDI 1332.18, *Disability Evaluation System (DES)*, Section 5, *DES Referral*, for referral of service members into the DES, a member must have one or more medical conditions that may, individually or collectively, prevent the Service member from reasonably performing the duties of their office, grade, rank, or rating including those duties remaining on a Reserve obligation for more than one year after diagnosis; have a medical condition that represents an obvious medical risk to the health of the member or to the health or safety of other members; or have a medical condition that imposes unreasonable requirements on the military to maintain or protect the Service member. In order to be processed through the DES, eligibility for referral for a duty-related determination, the member must have incurred or permanently aggravated the medical condition during a qualified period of service as described in paragraph 5.3.a. Reserve component (RC) service members with only non-duty-related conditions, who are otherwise eligible in paragraph 5.2, will be referred solely for a fitness determination when either the RC service member does not qualify in accordance with paragraph 5.3.a; the RC service member requests referral for a fitness determination upon being notified they do not meet medical retention standards; or service regulations direct the RC service member be referred to the DES for a fitness determination before being separated by the RC for not meeting medical retention standards.

Section 7, *Standards for Determining Compensable Disabilities*, paragraph e, a PSC is any medical condition incurred or aggravated during one period of active service or authorized training in any of the Military Services that recurs, is aggravated, or otherwise causes the Service member to be unfit, should be considered incurred in the LOD, provided the origin of such condition or its current state is not due to the Service member's misconduct or willful negligence, or progressed to unfitness as the result of intervening events when the Service member was not in a duty status.

Service aggravation is defined as the permanent worsening of a pre-Service medical condition over and above the natural progression of the condition.

AIR FORCE EVALUATION

NGB/SGPS recommends denying the applicant's request to have his PTSD changed to a PSC. The applicant was granted due process and provided the opportunity to appeal IPEB findings but elected to waive further appeal rights. The applicant can continue his care at the DVA.

The complete advisory opinion is at Exhibit C.

The AFRBA Psychological Advisor completed a review of all available records and finds insufficient evidence to support the applicant's request. A review of the applicant's available records finds the applicant's mental health condition of PTSD with recurrent depressive disorder was found unfit by the IPEB for continued military service. He was processed through the NDDDES and did not receive a disability rating or compensable medical discharge because his mental health was determined to have existed prior to service (EPTS) and was not aggravated by his military service with the ANG. His military records, medical records, and testimony for this petition consistently reported he had developed PTSD from his traumatic deployment experiences to Iraq occurring between 2006 to 2008 (or 2007) and he began to have symptoms following his deployment. He was in the regular Army when his deployment and traumatic experiences had occurred and therefore, his mental health condition is considered to be EPTS or PSC. Over the years, his PTSD symptoms would develop and be exacerbated and aggravated by various stressors in his life; however, there is no evidence his military service with the ANG had permanently aggravated his EPTS condition. The applicant and his records discussed instances in which his PTSD symptoms or conditions had worsened, and they include having intrusive thoughts while he was a grocery delivery driver at his civilian job when he was in the Army Reserve and when he had his first child and second daughter that reminded him of the little girl in Iraq that died during his deployment and he was unable to help her or her father. His job as a delivery driver also affected his sleep. Both of these incidents did not occur when he was on official duties or orders with the ANG. He did discuss having a conversation with a former subordinate from the Army through Facebook Messenger when he was getting ready on the morning of his drill weekend in Apr 21. The conversation made him realize he needed to get help for his mental health condition because this event was a moment of realization for him but did not aggravate his pre-existing condition. There is no evidence or reports he became emotionally distraught from the conversation necessitating any medical or mental health interventions, he was not in acute crisis or had safety concerns, did not have panic attacks, nor did this event impair his ability to perform his

military/drill duties with the ANG that weekend and subsequently thereafter. He was able to report to his civilian job on the Monday following drill weekend. This incident also was not related to or caused by his military duties with the ANG. It was an incident that occurred in his personal life which was triggered by someone he knew from his prior service time in the Army. This incident occurred during his drill weekend but had no connection to his service with the ANG.

The applicant discussed being in a Title 32 Dual-Status as a MILTECH with the LRS from 2020 to 2021 and then moving to DLA thereafter (employment timeframe unknown). He struggled with his mental health when he was with these employers and had informed the wing's Director of Public Health (DPH) he needed help in Apr 21 (LRS) and had a panic attack on his birthday in 2022 (DLA) at work. There are records confirming he sought mental health treatment for PTSD, anxiety, and depression via medication management from a psychiatrist at the DVA, eye movement desensitization and reprocessing (EMDR) trauma-focused therapy with an licensed clinical social worker (LCSW)/therapist at the DVA, met with a neurologist for an evaluation and treatment for traumatic brain injury (TBI), and received neurological testing starting from 2021 to 2022. His condition and symptoms were reported to have been improved with treatment. Although he did seek mental health treatment for his EPTS conditions when he was a MILTECH, his treatment records from these providers are still not sufficient to demonstrate his military service with the ANG had aggravated his EPTS condition. He was in a dual-status position as a MILTECH meaning he was employed as a civilian but was wearing a military uniform while performing the civilian job. He was not on military orders and was not performing duties in an official capacity as a service member in the military or ANG but as a civilian. He reported his last military position was a Flight Officer in Charge (OIC) for the Petroleum, Oils, and Lubricants flight within the LRS, but there is no evidence or records his military duties as the OIC for this squadron had aggravated his EPTS condition. There is no evidence or records he had any anxiety or panic attacks, a depressive episode, safety concerns, or was in emotional distress triggered by performing duties as an OIC.

Since there is no evidence the applicant's military duties with the ANG had aggravated his EPTS condition that initially began from his military service with the Army, he was aptly processed through the NDDDES and received a LOD determination of PSC, not applicable. It is noted in the first Mental Health MEB narrative summary (NARSUM) dated 7 Mar 22; the Air Force clinical psychologist opined his mental health condition was in the line of duty (ILOD) because his condition was exacerbated by his time in service due to his exposure to a significant event. His exposure to the significant event occurred during his time in the Army, and there is no evidence or records he was exposed to a significant (traumatic) event during his time with the ANG. The NGB had investigated his traumatic event and mental health condition and determined his condition was PSC/EPTS, not applicable. There is no error or injustice identified with his PCS determination, and the Psychological Advisor concurs with the NGB's opinion. The applicant needed to provide evidence and records to support his EPTS condition was aggravated by his military service with the ANG and the Psychological Advisor finds his submitted records were not compelling or sufficient to demonstrate this impression and finds his request to change his PSC condition to applicable is not supported by the available records for review.

For awareness since the applicant has been service-connected by the DVA for his mental health condition; the military's DES, established to maintain a fit and vital fighting force, can by law, under Title 10, U.S.C., only offer compensation for those service incurred diseases or injuries which specifically rendered a member unfit for continued active service and were the cause for career termination; and then only for the degree of impairment present at the time of separation and not based on post-service progression of disease or injury. To the contrary, the DVA, operating under a different set of laws, Title 38, U.S.C., is empowered to offer compensation for any medical condition with an established nexus with military service, without regard to its impact upon a member's fitness to serve, the narrative reason for release from service, or the length time transpired since the date of discharge. The DVA may also conduct periodic reevaluations for the purpose of adjusting the disability rating awards as the level of impairment from a given medical condition may vary (improve or worsen) over the lifetime of the veteran.

The 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 6 Mar 25 for comment (Exhibit E) but has received no response.

The applicant's complete response is at Exhibit E.

FINDINGS AND CONCLUSION

1. The application was timely filed.
2. The applicant exhausted all available non-judicial relief before applying to the Board.
3. After reviewing all Exhibits, the Board concludes the applicant is not the victim of an error or injustice. The Board concurs with the rationale and recommendation of AFRC/SGPS and the AFRBA Psychological Advisor and finds a preponderance of the evidence does not substantiate the applicant's contentions. The Board finds the applicant was correctly processed through the NDDES and his PTSD is not an applicable PSC to enable him to qualify for a medical retirement/separation. Per DoDI 1332.18, service aggravation is defined as the permanent worsening of a pre-Service medical condition over and above the natural progression of the condition and further defines the criteria to be processed through the DES whereas the applicant had to be in a qualified duty status when the condition became unfitting. The Board finds no indication the applicant's PTSD became permanently worsened due to service aggravation. The applicant discusses the treatment he received and the reasons for the delay in treatment; however, there is no evidence to suggest he was in a qualified duty status at the time his condition became unfitting or became permanently aggravated beyond nature progression due to his military duties. Therefore, the Board recommends against correcting the applicant's records.

4. The applicant has not shown a personal appearance, with or without counsel, would materially add to the Board's understanding of the issues involved.

RECOMMENDATION

The Board recommends informing the applicant the evidence did not demonstrate material error or injustice, and the Board will reconsider the application only upon receipt of relevant evidence not already presented.

CERTIFICATION

The following quorum of the Board, as defined in Department of the Air Force Instruction (DAFI) 36-2603, *Air Force Board for Correction of Military Records (AFBCMR)*, paragraph 2.1, considered Docket Number BC-2024-02295 in Executive Session on 16 Apr 25:

[REDACTED], Panel Chair
[REDACTED], Panel Member
[REDACTED], Panel Member

All members voted against correcting 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, NGB/SGPS, dated 28 Feb 25.
- Exhibit D: Advisory Opinion, AFRBA Psychological Advisor, dated 5 Mar 25.
- Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 6 Mar 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.

[REDACTED] 4/29/2025

[REDACTED] AFBCMR
Signed by: USAF

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