Work-Product

UNITED STATES AIR FORCE
BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE MATTER OF:

Work-Product

DOCKET NUMBER: BC-2024-03399

COUNSEL: NONE

HEARING REQUESTED: YES

APPLICANT'S REQUEST

1. The deceased member be given a medical retirement retroactive to the day before his death in May 20.

2. His death be determined as service-connected for the purposes of survivor and Department of Veterans Affairs (DVA) benefits.

3. Survivor benefits be back paid to the medical retirement date and death gratuity be paid (outside the purview of the Board – only the Secretary of Veterans Affairs can make the determination of whether the requirements are satisfied to qualify for payment).

APPLICANT'S CONTENTIONS

The deceased member died from Non-Hodgkins Lymphoma (NHL) which was caused by toxic exposure while he served on active duty. He became sick with cancer while he was still serving in the Air Force Reserve (AFR); however, his unit failed to conduct a line of duty (LOD) determination or process him through the Disability Evaluation System (DES). While on active duty, the deceased member was exposed to several different cancer-causing substances to include polychlorinated biphenyls (PCB), petroleum products, pesticides, lead, and asbestos. The Air Force has officially acknowledged missileers were exposed to toxins which were known to cause lymphoma and other cancers. His cancer should have disqualified him from continued military service and he should have been processed through the DES. The deceased member was diagnosed in 2019 but continued to perform his military duties and was on active-duty orders months before he died on 12 May 20, even though he was going through chemotherapy and had to take leave from his civilian job, all of which his unit was aware of. When the deceased member's unit was contacted, the unit tried to finalize a LOD determination; however, that process was stopped.

As evidence to support the request, the applicant submitted the deceased member's medical records, the partial LOD determination form, the deceased member's active-duty time, and a letter

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

Work-Product

from Work-Product In this letter, it is stated the deceased member served as a missile operator performing nuclear alert mission from 2007 through 2011. This letter notes an environmental study was done on all missile alert facilities which detected PCBs and these PCBs were strongly suggested as carcinogenic by the Environmental Protection Agency's peer reviewed cancer assessment.

The applicant's complete submission is at Exhibit A.

STATEMENT OF FACTS

The deceased member is a former Air Force Reserve (AFR) major (O-4).

On 6 Sep 11, the deceased member was presented an Air Force Commendation Medal for his distinguished service as an Work-Product Work-Product from 14 Aug 07 through 1 Oct 11.

On 2 Jun 15, DD Form 214, *Certificate of Release or Discharge from Active Duty*, reflects the deceased member was honorably discharged after serving eight years, eight months, and four days of active duty (corrections annotated on DD Form 215, *Correction to DD Form 214*). He was discharged, with a narrative reason for separation of "Reduction in Force."

Dated 13 Aug 18, Reserve Order Number Work-Product provided by the applicant, indicates the deceased member was on active duty from 27 Aug 18 through 30 Sep 18.

Dated 14 Feb 20, Reserve Order Number Work-Product provided by the applicant, indicates the deceased member was on active duty from 9 Mar 20 through 13 Mar 20.

Dated 26 Jul 24, AF Form 348, *Line of Duty Determination*, provided by the applicant, indicates the deceased member's unit was trying to process his NHL ILOD after his death but no further processing was accomplished, and no signatures were obtained.

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

APPLICABLE AUTHORITY/GUIDANCE

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 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 of time transpired since the date of discharge.

Per 10 U.S.C. Section 1476, *Death gratuity: death after discharge or release from duty or training,* paragraph (1) except as provided in section 1480 of this title, the Secretary concerned shall pay a death gratuity to or for the survivors prescribed in section 1477 of this title of each person who dies within 120 days after discharge or release from active duty; or inactive-duty training. A death gratuity may be paid under paragraph (1) only if the Secretary of Veterans Affairs determines the death resulted from an injury or disease incurred or aggravated during the active duty or inactive-duty training described in paragraph (1) or travel directly to or from such duty. For the purpose of this section, the standards and procedures for determining the incurrence or aggravation of a disease or injury are those applicable under the laws relating to disability compensation administered by the DVA, except that there is no requirement under this section that any incurrence or aggravation have been in line of duty.

AIR FORCE EVALUATION

The AFRC/A1 LOD Board Approving Authority recommends denying the applicant's request to find the deceased member's medical condition in the line of duty (ILOD) to warrant a medical retirement, finding no evidence of an error or injustice. The deceased member did not meet criteria to be referred to the DES to qualify for a medical retirement. He would have been referred to the Non-Duty Disability Evaluation System (NDDES) and medically separated. A LOD was initiated in Aug 24 for a LOD determination but was not made by AFRC because the deceased member was not in a qualified duty status at the time he passed away and is not warranted.

Per DAFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*, paragraph 3.2.2.2, when a member incurs or aggravates an injury, illness or disease while serving in any duty status, the medical condition must be promptly reported within 72 hours to the member's supervisor or commander and servicing medical facility and unit. Paragraph 1.6 describes when a LOD determination is required stating a LOD must be initiated when an Air Reserve Component (ARC) service member incurs or aggravates an illness, injury or disease, or receives any medical treatment while serving in a qualified duty status. Members have up to 180 days after completion of their current duty status to report their medical conditions for a LOD determination.

There is no evidence the deceased member's condition was reported to his servicing medical unit; therefore, it was not recorded in his military medical record. There were no entries related to symptoms or diagnosis in the joint longitudinal viewer (JLV) or his Preventative Health Assessments. He had no profiles or duty limiting conditions related to his condition. Because the deceased member's condition was not reported, a LOD was not accomplished within 180 days, and medical retention standards were not applied. Referral to the DES requires a member to report his/her condition so medical retention standards can be applied; submission of a retention case initial review in lieu of (IRILO) to AFRC/SGP with subsequent referral to the DES; and an ILOD

finding or Prior Service Condition (PSC) determination of applicable for part-time reservists; or, the member would need to qualify under the 8-year rule for referral to DES.

Line of Duty Analysis: The deceased member was in a qualifying military status from 27 Aug 18 to 30 Nov 18. He was diagnosed with NHL in Jan 19. If his condition had been reported within 180 days and if a LOD was completed, the most likely outcome would have been the condition existed prior to the qualifying period of service, and it was not service aggravated (existed prior to service-not service aggravated (EPTS-NSA)); therefore, would have been determined as not in the line of duty (NILOD) and not due to member's misconduct. The deceased member would have likely been referred to DES by the LOD Approving Authority under the 8-year rule because he was on orders for more than 30 days, and he had over 8 years of total active federal military service (TAFMS). If his condition was found unfitting a PSC determination would have been accomplished.

Prior Service Condition Analysis: A PSC determination would have most likely been found not applicable based on the lack of evidence his condition was originally incurred during, or due to, exposure from his time in the Regular Air Force, including his service as a Missileer. The memorandum from Work-Product states PCBs were found in launch control centers where the deceased member may have served. It does not state any specific exposures caused the deceased member's NHL, nor is it evidence the deceased member had significant toxic exposure. A study by the U.S. Air Force School of Aerospace Medicine looked at data from 2001-2021. A connection between PCB exposure and NHL was not found. This initial study is the first of several to determine if Missileers were disproportionately affected by cancers. The deceased member's NHL would not qualify as ILOD or an applicable PSC based on findings to date. At this time, the available evidence does not indicate the deceased member's death is attributable to a condition incurred during, or because of, his active-duty military service.

Eight-year Rule Analysis: Per DAFI 36-2910, paragraph 1.13, an illness, injury or disease EPTS must be deemed to have occurred in a duty status for the purpose of determining disability separation or retirement by a Physical Evaluation Board (PEB) if the member has at least eight years of total active service at the anticipated time of separation; was on Title 10 U.S.C. active duty orders specifying a period of greater than 30 days at the time the condition became unfitting; and was not released from active duty within 30 days commencing the period of active duty due to an EPTS condition not aggravated during the period of active duty. The eight-year rule requires a condition to progress to unfitting while the member was on active-duty orders for more than 30 days. The deceased member would have also had to be on active duty at the time of separation for the eight-year rule to apply; however, he was never on orders for more than 30 days after his diagnosis and he was excused from participating for the year following his diagnosis.

DES Considerations: Once a member passes away, the DES process stops. If the deceased member had reported his condition and had been referred to DES, all things indicate he would have qualified for NDDES processing, resulting in an unfit finding and medical separation. For all the reasons stated above, he would not have qualified for a medical retirement. If reported, his diagnosis would have been disqualifying, and if he had remained in the AFR, referral for NDDES

would have been appropriate. Service members with reported medical conditions that do not meet medical retentions standards are medically retired if they have 15 or more qualifying years of service. Service members with less than 15 years of service are medically separated. The deceased member only had 13 years of satisfactory service.

The complete advisory opinion is at Exhibit C.

AFRC/SGP recommends denying the applicant's request for the deceased member to be found unfit ILOD and qualify for a medical retirement. To be referred to the DES prior to death would have required the deceased member's reporting his condition allowing for medical retention standards to be applied and submission of retention case IRILO to AFRC/SGP with subsequent referral to DES. However, the evidence very strongly suggests no Air Force Medical Service awareness of his condition, based on the absence of any medical record entries. In addition, for a part-time Reservist to be referred for MEB and medically retired, would require the condition be found ILOD, or a PSC, or qualify under the 8-year rule. The 8-year rule requires the condition progressed to unfitting while the deceased member was on active-duty orders for greater than 30 days; however, the submitted evidence does not support this, and it would also be atypical for a malignancy unless someone was on extended orders for many months to years. In addition, the current version of DoDI 1332.18, *Disability Evaluation System*, now indicates the deceased member also has to be on active duty at the time of separation for the 8-year rule to apply.

Work-Product memo only states PCBs were found in launch control centers where the deceased member may have served. There is no actual evidence the deceased member had significant toxic exposures. The USAFSAM Epidemiology Consult Service, at the request of Air Force Global Strike Command, is currently in the process of completing the Missile Community Cancer Study (MCCS) evaluating the risk of NHL and 13 other common cancers (breast, colon and rectal, Hodgkin lymphoma, kidney and renal pelvis, leukemia, lung and bronchus, melanoma of the skin, ovarian, pancreatic, prostate, testicular, thyroid, and urinary bladder) compared to the civilian population and the non-missile, Air Force population. While acknowledging the evaluation is ongoing, the evidence to date does not indicate an increased risk of NHL or any of the other 13 common cancers; however, the study urges restraint in drawing any firm conclusions until the final phase (Phase 2), which includes cancer incidence from civilian tumor registries using the Virtual Pooled Registry, datasets are included and analyzed. Accordingly, the evidence indicates the deceased member's NHL would not qualify as ILOD or a PSC.

Finally, deceased members are not processed through the DES. Even if the deceased member had reported his condition and had been referred to the DES, he would have qualified only for NDDES which would have resulted in an unfit finding and medical separation; however, he would not have qualified for a disability medical retirement. If he had more than 15 years of satisfactory service at the time of an unfit finding, he could have qualified for a prorated Reserve retirement and thus presumably Survivor Benefit Plan (SBP) benefits. However, given a documented pay date of 23 Jun 06, it seems unlikely he reached that threshold.

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 26 Nov 24 for comment (Exhibit E) but has received no response.

ADDITIONAL AIR FORCE EVALUATION

ARPC/DPTT recommends denying the applicant's request for Reserve Component Survivor Benefit Program (RCSBP). The SBP is administered pursuant to Title 10, U.S.C. Subchapter II, Chapter 73 and pays a monthly benefit to designated survivors of an eligible Service member or retiree. SBP and the associated RCSBP program allows service members and retirees to ensure their designated beneficiaries continue to receive an annuity in place of their retired pay after their own death. The RCSBP is coverage for Reserve and Guard members that have completed 20 satisfactory years of service or under the SBP, those members who have completed 15 years of satisfactory service due to a medical separation. RCSBP allows members to provide an annuity based on their retired pay to qualified survivors upon the death of the member. The deceased member accumulated 13 years of satisfactory service. He did not complete 20 satisfactory years of service or 15 years for a medical retirement, in order to be eligible for retired pay at age 60 or to participate in the RCSBP.

The complete advisory opinion is at Exhibit F.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 15 Jan 25 for comment (Exhibit G) and the applicant responded on 26 Mar 25. In the response, the applicant's representative, Work-Product contends the deceased member served as a missile operator performing nuclear alert missions in the launch control centers from 2007 through 2011 at Work-Product and continued to serve in the AFR until he passed away in May 20 due to NHL. The General signed three letters, two for the DVA capturing the deceased member's service and the ongoing Missile Community Cancer Study and the third identifying the presence of PCBs in the Minuteman Missile Alert Facilities (MAFs). This past January, the DVA approved the Dependency and Indemnity Compensation for the deceased member's family, effective 2022.

The initial LOD asserted the deceased member was not in a qualified status, did not report his condition, allowing for medical retention standards to be applied, and exceeded the 180-day timeline to report medical conditions. However, evidence was found indicating the deceased member's serving medical unit had known about his condition as early as Feb 19; therefore, the LOD should have been initiated while he was on Reserve orders.

A memorandum from an Air Force Staff Judge Advocate (AFGSC/JA) was also included in the evidence which contends a LOD is still possible to process and is not otherwise precluded by a filing deadline. Per the memorandum from Work-Product Work-Product

Work-Product dated 21 Feb 19, the deceased member's disease was known and one of his providers recommended he be assessed for medical qualification and readiness for military duty. Due to this, an LOD should have occurred at this time. Regardless of what the missile cancer studies are reporting, the deceased member was diagnosed with NHL to which he died from while still serving in the AFR. Per DAFI 36-2910, ARC members who die, incur, or aggravate an illness, injury, or decease while in any duty status requires an LOD. It may ultimately not matter whether the deceased member contracted NHL from working in missile silos while on active duty. The LOD undertaken should have included a comparison of the deceased member's duty records with his diagnosis to determine whether there is a linkage in time with analysis to include an examination as to whether his diagnosis might have qualified as a latent onset condition.

The applicant's complete submission is at Exhibit H.

On 9 Apr 25, the applicant's representative, Work-Product submitted another response and additional evidence. In this response, it is stated the applicant seeks a LOD determination and a retroactive medical retirement for her deceased husband who died from NHL while still serving in the AFR. The initial LOD finding was canceled by AFRC due to the deceased member not being in a qualified duty status when he died stating "the evidence very strongly suggests no Air Force Medical Service awareness of his condition, based on the absence of any AF 469 profiles and DoD medical record entries." Evidence to refute this include a letter, dated 21 Feb 19 to have the deceased member assessed for medical qualification and readiness for military duty and a restrictions checklist that lists the NHL diagnosis. In a separate letter, dated 6 Jan 23, his doctor confirmed the deceased member was diagnosed with NHL in Jan 19 and an email chain from the deceased member trying to get his profile from his oncologist updated with his local medical unit. This evidence was forwarded to AFRC as several attempts were made to resolve the LOD issue with AFRC to no avail.

In a recent Inspector General Report on how AFRC handles LOD determinations, it was found ARC service members are not provided sufficient feedback or evidence explaining why their medical conditions were not ILOD, training was not provided to those responsible for administering wing-level programs, a lack of standardized mandatory training for ARC service members on the LOD program, governing guidance is inconsistent when addressing how ARC service members access medical care related to LOD determinations resulting in misperceptions, the LOD program is not transparent, and ARC wings, NGB, AFRC, and DAF lack LOD oversight.

Regardless of the source of the deceased member's NHL, all records appear to indicate he was still serving in the AFR when he was diagnosed with NHL which AFRC is well aware. This additional evidence should be considered by the Board and the request for a retroactive retirement should be approved.

The applicant's complete submission is at Exhibit I.

ADDITIONAL AIR FORCE EVALUATION

The AFRC/A1 LOD Board Approving Authority recommends denying the applicant's request finding no evidence of an error or injustice. The AFRC LOD Board thoroughly reviewed the deceased member's record and determined he did not meet the criteria for LOD determination or that he would have met criteria to be referred to the DES to qualify for medical retirement. He would have been referred to NDDES and medically separated. Additionally, ARPC determined the deceased member was not eligible for Reserve Component Survivor Benefits. The DVA awarded the applicant dependency and indemnity compensation but denied death gratuity.

Evidence recently provided by AFGSC to AFRC indicates the Work-Product did have some awareness of the deceased member's condition in 2019 as the Work-Product generated a templated Request for Information (RFI) memorandum in Feb 19 requesting information related to his condition, as well as recommendations regarding restrictions. This was completed by one of his civilian providers, documenting the diagnosis of Diffuse Large B Cell Lymphoma but also stating the deceased member did not require any specific mobility or fitness restrictions. In Mar 20, the deceased member requested a fitness profile for all components of the fitness test, and a 310 AMDF technician initiated a profile, but the process was not completed. The technician also noted future profiles would require actual clinical documentation and not memos. The only AF Form 469 is from 2011 and unrelated to NHL and his records contain no Periodic Health Assessments during the timeframe of his illness and no clinical documents (encounter notes, laboratory studies, imaging reports, pathology results) related to NHL. Following the technician's request for additional information, clinical documentation should have been provided to the Work-Product and a profile should have been generated with NHL as a Duty Limiting Condition (DLC) with application of Assignment Availability Code (AAC) 31 resulting in general mobility restriction. If a profile and subsequent disability processing had occurred in a timely manner, with a final determination prior to his death, medical discharge without compensation due to a NILOD and a not PSC applicable finding would have been the expected result. The documents provided to AFRC by AFGSC consist of the Feb 19 RFI with attached restrictions checklist, Mar 22 email exchange between the deceased member and Work-Product personnel addressing his request for fitness restrictions, and a corresponding restrictions checklist dated 21 Mar 20, which recommended restrictions from all fitness test components but again stated he did not require any specific fitness restrictions. At this time, there is no evidence any other NHL-related documentation was provided to the Work-Product prior to his death.

At the time of significant deterioration of NHL, the disease would have been found to be potentially unfitting by AFRC/SG and referral for NDDES would have been appropriate. Unfitness does not result in medical (disability) retirement for Reserve members unless an unfitting condition is eligible for a duty-related determination due to qualifying as ILOD, PSC applicable, or under the 8-year rule. Service members with reported medical conditions that do not meet medical retentions standards can qualify for Reserve retirement if they have 15 or more qualifying years of service and are found unfit. Service members with less than 15 years of service are medically separated. The decease member only had 13 years of satisfactory service.

The complete advisory opinion is at Exhibit J.

Work-Product

A Certified Oncologist provided an opinion on this case for AFBCMR Board consideration. In this opinion, the Oncologist stated until more data is available, it is difficult to tell if the deceased member's occupation as a missileer was related to his NHL. Based on the current results of the MCCS, it is unlikely his aggressive diffuse large B-cell lymphoma (DLBCL) is attributable to his prior service as a missileer. There is not strong biologic plausibility linking PCBs with NHL, and even if there were, the elevated PCBs above federal regulations were found on the undersurface of two lunch control equipment building (LCDB) panels at Malmstrom AFB which are rarely in contact with humans and therefore the deceased member unlikely endured clinically significant exposure that would incite lymphomagenesis. Phase 1B and 1C of the MCCS were negative and if anything showed favorable NHL incidence and mortality among missileers compared to American civilians. Regardless, definitive conclusions cannot be drawn from the MCCS at the present time. It is possible phase 2 of the MCCS could unveil a signal demonstrating an excess of lymphoma, and therefore we must wait for these results to be completed. Additionally, it is difficult to put the MCCS into clinical context because all NHLs were lumped together. It is clearly established there are over 70 different types of NHL, each with unique risk factors and etiologies. Therefore, a sub-group analysis should be performed to specifically characterize incidence of mortality of DLBCL as opposed to lumping all NHLs together.

NHL is the most common hematologic malignancy diagnosed in service members. While risk factors for NHL have been delineated, the "Bad Luck theory" raises the possibility that some cancers are due to random genomic errors during DNA replication, for which primary preventive strategies would be ineffective. The deceased member's DLBCL was diagnosed eight years after his service as a missileer. Cancer latency is difficult to predict because not all mutations or other cancer initiating events occur in a predictable fashion after an exposure. However, de-novo DLBCL is aggressive and manifests quickly, likely within months of lymphomagenesis.

The Torchlight Initiative attempts to capture cancer cases among self-registered participants who served in the missileer community. Data was recently published using cases from Torchlight. This study examines the incidence and age of diagnosis for NHL among missileers stationed at Work-Product comparing their data to national benchmarks. The study used statistical tests—standardized incidence ratio and a non-parametric Sign Test—to evaluate diagnosis rates and ages. Findings indicate higher-than expected NHL cases among missileers who served during recent years (2000-2022), with missileers being diagnosed at younger ages than the national averages. Methodological advances included simulating population estimates and analyzing temporal patterns under data uncertainty. There are significant limitations to this study that make it challenging to put into clinical context. For example, data simulation with theoretical populations, small sample sizes, estimation uncertainty, self-reported diagnoses, and an incomplete understanding of Surveillance, Epidemiology, and End Results (SEER) data comparison.

The complete advisory opinion is at Exhibit K.

APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION

Work-Product

Work-Product

The Board sent a copy of the advisory opinion to the applicant on 24 Apr 25 for comment (Exhibit L) and the applicant replied on 25 Apr 25. In her response, she contends several articles and recent publications document a plausible causal relationship between PCB exposure and NHL. The Veteran's Affairs court shows the government acknowledged exposure to PCBs causes NHL when she was awarded benefits due to her husband's death. The Air Force should not deny what the DVA already determined, PCBs caused her husband's death. Recent research into the missile environment indicates not only was her husband exposed to PCBs but numerous other carcinogens known to cause NHL, such as contaminated drinking water and asbestos. In addition to the articles and studies regarding PCBs, the applicant also submitted the DVA appeal court decision and additional medical records.

The applicant's complete submissions are at Exhibits M and N.

ADDITIONAL AIR FORCE EVALUATION

A Certified Oncologist provided an additional opinion on this case for AFBCMR Board consideration. In this opinion, the Oncologist stated it is clear the leadership of the Air Force missileers put much time and effort into the Missile Community Cancer Study; however, there is no definitive evidence service as a missileer at Work-Product causes lymphoma.

Occupational and Environmental Health experts tested over 8,000 samples from missile bases including water, soil, air, and surface swipes. Of note, air samples were negative. At Work-Product Work-Pro... two PCB samples were above the federal regulations for clean-up standards and were located on the undersurface of a panel in LCCs. Federal regulatory exposure limits for health standards do not exist. It is difficult to put these findings into clinical context because these samples were recently collected and do not represent the environmental landscape of missile work areas in the 2000s, 10 to 20 years ago. There are ongoing efforts to publish a finalized health risk assessment which is tentatively scheduled to be reported this summer.

The complete advisory opinion is at Exhibit O.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION

The Board sent a copy of the advisory opinion to the applicant on 29 Apr 25 for comment (Exhibit P) but has received no response.

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 recommendations of the AFRC/A1 LOD

Work-Product

Board Approving Authority, AFRC/SGP, and the Certified Oncologist and finds a preponderance of the evidence does not substantiate the applicant's contentions. Specifically, the Board finds the deceased member's condition did not qualify for a compensable medical retirement. The Board notes the memo from Work-Product and the environmental study conducted by the USAFSAM Epidemiology Consult Service, at the request of Air Force Global Strike Command; however, this evidence does not convince the Board his NHL was directly caused by his exposure to PCBs and other contaminates while performing his duties as a missileer. His NHL was diagnosed eight years after his duty as a missileer and the study does not support a strong biologic plausibility linking PCBs with NHL. Furthermore, there is no medical evidence to suggest his NHL was incurred or aggravated due to the duty he performed as an AFR member. In order for a ILOD determination to be made, there must be a nexus between a service member's disease or injury and his or her military service indicating causation or service aggravation of the medical condition to a level the member would become unfit and not able to perform the duties of his or her office, grade, rank, or rating. The Board agrees, the deceased member should have gone through the medical retention process as he was diagnosed with NHL in Jan 19; however, he was not in a qualified active-duty status at the time nor was his disease determined to be duty-related; therefore, he would have qualified for NDDES processing for a medical separation. This type of separation would not have qualified the deceased member for a compensable medical retirement. Additionally, the Board concurs with the recommendation of ARPC/DPTT and finds the applicant is not eligible for RCSBP entitlements because the deceased member did not have enough satisfactory years to qualify for a Reserve retirement, nor did the Board find his medical condition was incurred or permanently service-aggravated due to his military service. The Board notes the applicant's award of DVA benefits service-connecting the deceased member's NHL; however, the DVA and the military through the DES process operate under different laws. The DVA, operating under 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 of time transpired since the date of discharge. Whereas the military's DES operating under Title 10 U.S.C. can 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. Meaning the DVA and the DoD have different standards when determining disability compensation. Furthermore, the applicant's case through the DVA was reviewed on appeal due to the Promise to Address Comprehensive Toxics (PACT) Act of 2022 which established legislative changes to the DVA expanding presumptive locations and conditions associated with toxic exposures when a toxic exposure risk activity has been identified. This law, however, does not apply to the military's DES process when making fitness determinations. The DES does not operate under presumptions and requires definitive medical evidence showing a disease or injury was caused or was service-aggravated due to military service. Lastly, the applicant's claim for death gratuity benefits is outside the purview of the Secretary of the Air Force and can only be determined by the Secretary of Veterans Affairs per 10 U.S.C. Section 1476. Therefore, the Board recommends against correcting the applicant's records. The applicant retains the right to request reconsideration of this decision. The Board agrees with the Certified Oncologist, phase 2 of the MCCS could unveil a signal demonstrating an excess of lymphoma in the missileer community which could provide new, positive evidence for reconsideration.

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-2024-03399 in Executive Session on 19 Feb 25 and 1 May 25:

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

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 1 Oct 24.
Exhibit B: Documentary evidence, including relevant excerpts from official records.
Exhibit C: Advisory Opinion, AFRC A1, dated 15 Nov 24.
Exhibit D: Advisory Opinion, AFRC/SGP, w/atchs, dated 25 Nov 24.
Exhibit E: Notification of Advisory, SAF/MRBC to Applicant, dated 26 Nov 24.
Exhibit F: Advisory Opinion, ARPC/DPTT, dated 7 Jan 25.
Exhibit G: Notification of Advisory, SAF/MRBC to Applicant, dated 15 Jan 25.
Exhibit H: Applicant's Response, w/atchs, dated 26 Mar 25.
Exhibit I: Applicant's Response, w/atchs, dated 9 Apr 25.
Exhibit J: Advisory Opinion, AFRC A1, dated 23 Apr 25.
Exhibit K: Advisory Opinion, Certified Oncologist, dated 24 Apr 25.
Exhibit L: Notification of Advisory, SAF/MRBC to Applicant, dated 24 Apr 25.
Exhibit M: Applicant's Response, w/atchs, dated 25 Apr 25.
Exhibit N: Applicant's Response, Additional Medical Records, dated 25 Apr 25.
Exhibit O: Advisory Opinion, Certified Oncologist, dated 29 Apr 25.
Exhibit P: Notification of Advisory, SAF/MRBC to Applicant, dated 29 Apr 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.

7/21/2025

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Board Operations Manager, AFBCMR
Signed by: USAF