

CUI//SP-PRVCY DEPARTMENT OF THE AIR FORCE WASHINGTON, DC

Office of the Assistant Secretary

SAF/MRB 3351 Celmers Lane JBA NAF Washington, MD 20762-6435

Dear :

Reference your application submitted under the provisions of DoDI 6040.44 (Section 1554, 10 USC), PDBR Case Number PD-2024-00034.

After careful consideration of your application and treatment records, the Physical Disability Board of Review determined that the rating assigned at the time of final disposition of your disability evaluation system processing was not in accordance with the guidelines of the Veterans Affairs Schedule for Rating Disabilities. Accordingly, the Board recommended your separation be re-characterized to reflect disability retirement, rather than separation with severance pay

I have carefully reviewed the evidence of record and the recommendation of the Board. I concur with that finding, accept the recommendation and determined that your records should be corrected accordingly. The office responsible for making the correction will inform you when your records have been changed.

As a result of the aforementioned correction, you are entitled by law to elect coverage under the Survivor Benefit Plan (SBP). Upon receipt of this letter, you must contact the Air Force Personnel Center via email at AFPC.SBP@US.AF.MIL to make arrangements to obtain an SBP briefing prior to rendering an election. If a valid election is not received within 90 days from the date of this letter, you will not be enrolled in the SBP program unless at the time of your se

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Sincerely,

Controlled by: SAF/MRB

CUI Categories: SP-MIL/SP-PRVCY Limited Dissemination Control: N/A POC: <u>SAF.MRB.Workflow@us.af.mil</u>

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RECORD OF PROCEEDINGS PHYSICAL DISABILITY BOARD OF REVIEW

NAME: CASE: PD-2024-00034 BRANCH OF SERVICE: AIR FORCE SEPARATION DATE: 20050829

<u>SUMMARY OF CASE</u>: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Security Forces Journeyman, medically separated for "generalized anxiety disorder..." with a disability rating of 10%.

<u>CI CONTENTION</u>: 20% [VA] rating leading to medical discharge didn't accurately portray the severity of afflictions. Same issues continue to negatively affect to this day. The complete submission is at Exhibit A.

SCOPE OF REVIEW: The panel's scope of review is defined in DoDI 6040.44. It is limited to review of disability ratings assigned to those conditions determined by the Physical Evaluation Board (PEB) to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board (MEB) but determined by the PEB to be not unfitting or non-compensable. Any conditions outside the panel's defined scope of review, and any contention not requested in this application, may remain eligible for future consideration by the Board for Correction of Military Records. The panel's authority is limited to assessing the fairness and accuracy of PEB rating determinations and recommending corrections when appropriate. The panel gives consideration to VA evidence, particularly within 12 months of separation, but only to the extent that it reasonably reflects the severity of disability at the time of separation.

RATING COMPARISON:

SERVICE PEB - 20050708			VARD - 20061211			
Condition	Code	Rating	Condition	Code	Rating	Exam
Generalized Anxiety Disorder	9413	10%	Clid Ai-t- Bid	0400	0%	20050012
Paranoid Personality Disorder	Cat III		Generalized Anxiety Disorder	9400	U%	20050913
COMBINED RATING: 10%			COMBINED RATING OF ALL VA CONDITIONS: 20%			

ANALYSIS SUMMARY:

Generalized Anxiety Disorder (GAD). According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI's mental health (MH) condition began on 2 May 2005 when he presented to the base Life Skills Support Center in distress, complaining of intermittent homicidal ideations and the feeling he was losing control of his emotions. The provider diagnosed "anxiety disorder, not otherwise specified (NOS)" but did not document any precipitating factors. The CI had six additional MH encounters, which recorded an Axis I diagnosis of GAD, and prescription for anxiety medication. His MH case was closed on 25 June 2006 with a note that no follow-up was necessary. There was no evidence of emergency room (ER) or inpatient treatment for any MH issues.

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During the 31 May 2005 MEB NARSUM examination, 3 months prior to separation, the CI stated his increased disappointment with his leadership was making him 'physically ill' and he was 'consumed with rage' when he felt verbally attacked at work. This led to fleeting homicidal ideations, and it was his fear of acting out that led him to seek MH services. He also felt additional stress because his wife would not accompany him to his new assignment. The CI reported a 12-month history of worsening symptoms of depression and anxiety, with excessive worries about his finances, crime and job. The examiner noted the CI's report that he was recently pulled from "weapons-bearing duties due to his declining reliability and judgment." The mental status examination showed the CI was cooperative but guarded with a slight increase in psychomotor activity. His mood was described as anxious with constricted affect. There was no evidence of a formal thought disorder, and cognition was intact. He denied suicidal or homicidal ideations. The examiner diagnosed GAD (Axis I) and paranoid personality disorder (Axis II) and recorded moderate external precipitating stress and military impairment. The examiner also opined that the CI's "characterological problems and lack of motivation indicate a much poorer prognosis for recovery and retainability."

At the 13 September 2005 VA Compensation and Pension (C&P) examination, 1 month after separation, a non-MH examiner found the CI was alert, oriented to person, place, time and situation, with no acute distress. He was pleasant and cooperative and denied homicidal or suicidal ideation. The mental disorders specialty examination was cancelled by the VA examiner and no diagnosis was provided.

The panel directed attention to its rating recommendation based on the above evidence. The PEB initially rated the GAD 30%, coded 9413 (anxiety disorder, NOS), but cited a 20% reduction for aggravating/contributary factors for a combined rating of 10%. The PEB noted Cl's paranoid personality disorder, a non-ratable/noncompensable condition, significantly affected the severity of his GAD, and further opined that if not for this condition, the Cl's social and industrial adaptability impairment rating would best be described as "mild" according to Department of Defense/Veterans Administration Schedule for Rating Disabilities Guidelines. The VA rated the GAD 0%, coded 9400 (GAD), based on the VA examiner's note suggesting a normal mental status examination and no need for a MH specialty examination.

Panel members first noted that compared to the C&P examination, the MEB NARSUM indicated the CI had a considerable level of occupational impairment for the military due to anxiety and characterological problems. However, the NARSUM examiner was silent regarding the degree of impairment from the GAD diagnosis versus the personality disorder. The commander's statement, 2 months before separation, noted the CI was in a "Do Not Issue" status, which restricted him from fulfilling "all duty related requirements" and worldwide deployments. The commander described him as "a mature individual with a strong desire to do well, and a personal record which reflects the same," but noted "continued service...would not be conducive to his treatment given his existing medical condition." The commander did not indicate the CI had problems associated with his character, and the treatment record also did not record the presence of paranoid ideations during any MH encounters. Panel members also noted the scarcity of documented response to medication or information about the Cl's progress or lack thereof. The panel considered the absence of documented psychiatric hospitalizations, ER visits related to MH, and suicidal ideation, but the presence of homicidal ideation, and agreed the personality disorder appeared to have a minor role in the health of the CI; but if present, could impact negatively on his ability to remain in the service. Thus, panel members agreed the PEB's 20% deduction was not appropriate in this case.

The panel next proceeded with the rating recommendation and agreed the Cl's symptoms were not mild or transient, and not controlled by medication, therefore, a 30% disability level for "occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks") better reflected the condition at separation.

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After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel recommends a disability rating of 30% for the GAD, coded 9413.

<u>Contended PEB Condition: Paranoid Personality Disorder.</u> While this condition is discussed above, the panel noted that, regardless of fitness considerations, the paranoid personality disorder is not compensable IAW DoDI 1332.38 (E5.1.3.9.2) or VASRD §4.9.

<u>BOARD FINDINGS</u>: In the matter of the GAD, the panel recommends a disability rating of 30%, coded 9413 IAW VASRD §4.130. In the matter of the contended paranoid personality disorder, the panel recommends no change from the PEB determination as not unfitting. In the matter of the contended thalassemia minor condition, the panel recommends no change from the PEB determination as not unfitting. There are no other conditions within the panel's scope of review for consideration.

The panel recommends the Cl's prior determination be modified as follows; and, that the discharge with severance pay be re-characterized to reflect permanent disability retirement, effective the date of medical separation:

CONDITION	VASRD CODE	PERMANENT RATING
Generalized Anxiety Disorder	9413	30%

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20240620, w/atchs

Exhibit B. Service Treatment Record

Exhibit C. Department of Veterans Affairs Record