RECORD OF PROCEEDINGS

AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF: DOCKET NUMBER: BC-2008-01603

 INDEX CODE: 110.02

 XXXXXXXXXXXXXXXXX COUNSEL: NONE

 HEARING DESIRED: YES

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APPLICANT REQUESTS THAT:

Her discharge be changed from “uncharacterized” to “medical.”

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APPLICANT CONTENDS THAT:

A couple of months after her discharge from the Air Force Academy (AFA) Preparatory School, she had a large tumor removed from her ovary. While she was attending the AFA Preparatory School, she informed numerous officers and leaders of her symptoms, including trips to the medical facility, yet the tumor was overlooked. Due to her symptoms, the AFA also diagnosed ample amounts of iron supplements which could also have caused more tumor growth.

During Christmas break in 1999, she felt she needed to leave the AFA Preparatory School as something was wrong with her (she felt something hard inside of her stomach when laying down and could not get a sonogram, she was getting in trouble for passing out and falling asleep in class, she was not losing weight, and her pants felt tighter around her waist) and she needed to leave to recover or see her doctor for help. Prior to leaving, she signed a partial scholarship for her return the following year. In March 2000, her stomach pains started getting really bad, and surgery was performed to remove the tumor in April 2000. Her gynecologist suspects the tumor grew due to stress during basic training, as the symptoms began after 6 weeks of her being at the AFA Preparatory School. When she was offered an opportunity to return to the AFA, her gynecologist strongly recommended she turn the opportunity down, as rebuilding her stomach muscles following the surgery would take time and the AFA environment could possibly lead to a hernia, or worse.

She finished college in three years and continued to aspire to rejoin the Air Force once she had finished her Officer Training Program; however, recruiters have informed her that she is ineligible since she previously had a tumor. It was at this point that she began to consider that she deserves to have her discharge changed from uncharacterized to medical.

In 2007, she contacted the AFA and has received positive feedback from her AFA point-of-contact (POC); however, they are unable to locate her medical records. Her POC informed her that if she could obtain the medical records directly relating to the tumor and provide testimony concerning her time at the AFA, she could rebuild her medical records and build a case for a change in her discharge status.

Another factor which contributed to her stress while at the AFA Preparatory School was a “Peeping Tom.” She questioned why the females were not moved to a floor where they could not be seen, but was told that the females were safer from all the men in their squadron on the first floor. When the “Peeping Tom,” allegedly a married teacher with children, was caught, he allegedly had a large amount of film of her and other girls naked in their rooms. It is possible the psychological impact of this, and of feeling violated, could have presented a further reason for her leaving the AFA.

Her AFA POC attempted to get her discharge changed through the AFA, but was unable to do so. He has since left the AFA, and she is unable to obtain a letter from him.

In support of her appeal, she has provided copies of a personal statement, to include her testimony of her time in the military; numerous medical documents from the March/April 2000 timeframe; two e-mails from her former AFA POC; and her DD Form 214.

Applicant’s complete submission, with attachments, is at Exhibit A.

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STATEMENT OF FACTS:

The applicant entered active duty with the Regular Air Force on 21 July 1999, and subsequently tendered her resignation while attending the AFA Preparatory School. On 5 January 2000, she was discharged in the pay grade of airman basic (E-1) for entry level performance and conduct. She was given an uncharacterized service characterization, a Narrative Reason for Separation of “Entry Level Performance and Conduct,” and a Separation Code of “JGA” (Entry level performance and conduct). She completed a total of 5 months and 14 days of active service.

Airmen are given entry level separation/uncharacterized service characterization when separation is initiated in the first 180 days of continuous active service. The Department of Defense (DoD) determined that if a member served less than 180 days of continuous active service, it would be unfair to the member and the service to characterize their limited service.

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AIR FORCE EVALUATION:

10 MDG/CC at the AFA is unable to obtain any of the applicant’s prior medical records from 1999, and therefore cannot adequately assess her claim that her subsequent diagnosis and removal of a dermoid tumor was related to medical symptoms and complaints she made while she was attending the AFA Preparatory School. However, they find the issue moot since the applicant resigned from the AFA Preparatory School and therefore relinquished any rights to military medical care.

A non-prior-service, AFA Preparatory School student is not eligible for Disability Evaluation System processing and loses all medical care benefits upon resignation/disenrollment, even for a service caused or aggravated condition. Therefore, the characterization of her separation is moot for past and present medical benefits or payment.

The 10 MDG/CC evaluation is at Exhibit B.

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APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

A complete copy of the evaluation was forwarded to the applicant on 8 August 2008, for review and comment, within 30 days. However, as of this date, no response has been received by this office.

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ADDITIONAL AIR FORCE EVALUATION:

The BCMR Medical Consultant recommends denial of the applicant’s request that her discharge be changed from “uncharacterized” (entry level separation) to “medical.” He does not possess medical documents from the applicant’s period of military service in order to conduct a full analysis of any relationship between all of her symptoms and her inability to complete the AFA Preparatory School. However, on 11 April 2000, roughly three months following her discharge, she underwent exploratory abdominal surgery and removal of a large tumor attached to the left ovary and Fallopian tube. Pathological examination of the tumor revealed findings consistent with a benign dermoid cyst, or mature cystic teratoma. Developmental tumors of this type may contain remnants of embryonic ectodermal origin, such as hair and teeth, as was the case with the applicant. Microscopic examination demonstrated no evidence of malignant cellular degeneration of the tumor.

Although the applicant’s large dermoid tumor may have contributed in some way to her inability to meet the physical requirements of her military service, e.g., unable to lose weight, she would still have been vulnerable for the same “uncharacterized” service characterization. Specifically, when a service member is unable to complete the initial requirements of military service, e.g., due to a pre-existing medical condition or an inability to adapt to military service (among other reasons) discovered within the first 180 days of service, the member may be released from military service as an Entry Level Separation. The service is uncharacterized because it would be unfair to the service member to characterize their service following such a brief period of duty.

Although the applicant’s dermoid tumor was the likely cause of her recalcitrant weight-loss issues and her abdominal girth (tight-fitting clothing), other aspects of her military service, e.g., reported history of falling asleep in class and periodic “passing out,” have not been sufficiently explained and cannot be definitely associated with her dermoid tumor. This is unlike other tumor types, e.g., pheochromocytoma or adrenal gland tumors that produce hormones or catecholamines that could affect an individual’s neuro-endrocrine and/or cardiovascular functioning at a given time. Again, no definitive cause of the applicant’s previously reported syncope (passing out) and daytime hypersomnolence (falling asleep in class) has been presented in the record, and these could be independently disqualifying for military service if not resolved or not waiverable. The applicant presented no evidence that these have been resolved. Additionally, the BCMR Medical Consultant has no record of disciplinary actions upon which to conduct an analysis of a possible causal relationship with a medical condition. Since the applicant’s tumor was benign in nature and no longer exists, her benign dermoid tumor should not alone be an impediment for her reentry into military service, other than for a lifelong risk for developing intra-abdominal scar tissue. Issues such as her risk for an incisional hernia from her previous midline surgical scar would be evaluated under an appropriate pre-accession physical assessment.

Although the applicant’s dermoid tumor may have allegedly been overlooked by medical officials, particularly those who reportedly only prescribed her iron or told her that she was not pregnant, she voluntarily elected to leave military service. Therefore, while he finds no error or injustice in the characterization of the applicant’s service, the terms “performance and conduct,” which currently accompanies her Narrative Reason for Discharge, does not take into account the likely underlying medical influence in her discharge. Consequently, he recommends deleting the terminology “performance and conduct” or replacing it with “medical disqualification.”

The BCMR Medical Consultant’s evaluation is at Exhibit D.

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APPLICANT'S REVIEW OF ADDITIONAL AIR FORCE EVALUATION:

She does not recall claiming that she was not able to meet requirements and was never told that she had “low conduct.” After being found asleep in the middle of the bathroom floor and other related incidents, officials at the AFA seemed surprised at her “change in behavior” and advised her to see a doctor which she did; however, all she received was iron pills for anemia. The AFA offered her the opportunity to come back and begin her initial year and this would not have been offered had she been a subpar performer.

Although she does not have medical backup to support her claim that her “passing out” was related to the tumor itself, she does believe that being pushed to lose weight while her body was wrapping proteins to form an eight pound tumor at the same time she was playing two collegiate sports and participating in all of the other rigorous activities expected while attending the AFA Preparatory School led to her body physically not getting enough to support everything she was doing. Her AFA medical records were lost through no fault of her own, and her former POC and other officials at the AFA have agreed that she should be somehow compensated and her separation from the AFA should be changed to medical. Her former POC at the AFA was working to try and get her separation changed, and she has provided an e-mail in which he stated that he would write a letter in her behalf; however, he is now unreachable.

Although she was at the AFA for only six months, she did not receive the best of care. If her medical records could be found, they would show that she sought medical care for lower stomach problems and overwhelming fatigue. Had her cyst been caught in August or September, it could have been treated and reduced. Instead, her education was delayed and her stomach was cut from her belly-button down. Instead of being a #1 volleyball recruit with full scholarship from a top school, she was reduced to a mediocre recruit with minimal scholarship money who just had major surgery. She was forced to leave due to her medical condition not being looked into/ignored. The length of time she was at the AFA should not matter and, because she was neglected, she was forced to take matters into her own hands and she is still doing so today. Her reason for leaving was medical, not uncharacterized, medical disqualification, or low conduct.

The applicant’s complete response is at Exhibit F.

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THE BOARD CONCLUDES THAT:

1.  The applicant has exhausted all remedies provided by existing law or regulations.

2.  The application was not timely filed; however, it is in the interest of justice to excuse the failure to timely file.

3.  Sufficient relevant evidence has been presented to warrant changing the applicant’s Separation Code to “KFF” (Secretarial Authority) and her Narrative Reason for Separation to “Secretarial Authority.” After reviewing the evidence of record, it appears the discharge was consistent with the procedural and substantive requirements of the discharge regulation and was within the discretion of the discharge authority. However, after reviewing the complete evidence of record and noting the applicant’s contentions, the Board feels the term “performance and conduct,” which currently accompanies her Narrative Reason for Discharge, does not accurately identify the circumstances surrounding her separation and recommends her records be corrected to remove any reference to performance and conduct.

4.  Insufficient relevant evidence has been presented to demonstrate the existence of error or injustice to warrant changing her service characterization from “uncharacterized” to “medical.” We took notice of the applicant's complete submission in judging the merits of the case; however, the Board notes that she voluntarily elected to leave military service. Moreover, since her Service Medical Records are not available, we are unable to determine whether a causal relationship exists between her symptoms and her inability to complete the AFA Preparatory School. Given this, her service characterization is appropriate and in accordance with DoD and Air Force instructions. In the absence of evidence to the contrary, we find no compelling basis to recommend granting the relief sought in this application.

5.  The applicant's case is adequately documented and it has not been shown that a personal appearance with or without counsel will materially add to our understanding of the issue(s) involved. Therefore, the request for a hearing is not favorably considered.

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THE BOARD RECOMMENDSTHAT:

The pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show that at the time of her discharge on 5 January 2000, she was issued a Separation Code of “KFF” and a Narrative Reason for Separation of “Secretarial Authority.”

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The following members of the Board considered Docket Number BC-2008-01603 in Executive Session on 19 November 2008, under the provisions of AFI 36-2603:

 Mr. Wayne R. Gracie, Panel Chair

 Mr. Anthony P. Reardon, Member

 Mr. James G. Neighbors, Member

The following documentary evidence was considered:

 Exhibit A. DD Form 149, dated 6 Dec 07, w/atchs.

 Exhibit B. Letter, 10 MDG/CC, dated 25 Jul 08.

 Exhibit C. Letter, SAF/MRBR, dated 8 Aug 08.

 Exhibit D. Letter, BCMR Medical Consultant, dated

 26 Sep 08.

 Exhibit E. Letter, AFBCMR, dated 9 Oct 08, w/atch.

 Exhibit F. Letter, Applicant, dated 27 Oct 08.

 WAYNE R. GRACIE

 Panel Chair

AFBCMR BC-2008-01603

MEMORANDUM FOR THE CHIEF OF STAFF

 Having received and considered the recommendation of the Air Force Board for Correction of Military Records and under the authority of Section 1552, Title 10, United States Code (70A Stat 116), it is directed that:

 The pertinent military records of the Department of the Air Force relating to XXXXXXXXXXXXXXX be corrected to show that at the time of her discharge on 5 January 2000, she was issued a Separation Code of “KFF” and a Narrative Reason for Separation of “Secretarial Authority.”