RECORD OF PROCEEDINGS

AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF: DOCKET NUMBER: BC-2008-01747

 INDEX CODE: 100.03, 100.06

 XXXXXXXXXXXXX COUNSEL: NONE

 HEARING DESIRED: YES

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APPLICANT REQUESTS THAT:

His Reentry Code be changed to a “1” and his Narrative Reason for Separation be “cleared.”

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APPLICANT CONTENDS THAT:

The incident that led to his discharge was an isolated, one-time incident. He has been subsequently evaluated by a civilian doctor who found no personality disorder or suicidal traits.

He misses serving his country and feels horrible that he cannot rejoin the military at this time. He dislikes being a civilian as he is a soldier and the military is where he belongs. His identity has been stolen from him and he is no longer what he once took great pride in being. He has tried numerous other means to achieve his goal and rejoin the military, and never thought that an individual would have to strive this hard to get to the place where they belong.

In support of his appeal, the applicant provides copies of a personal statement; his DD Form 214; and numerous military and civilian medical documents.

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

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STATEMENT OF FACTS:

The applicant enlisted in the Regular Air Force on 7 January 2003, and served as a security forces specialist until being discharged. Although not used as a basis for discharge, the applicant’s records contain the following incidents of documented misconduct:

a. Article 15 for, on or about 19 September 2003, sleeping on post. Punishment consisted of a suspended reduction to the grade of airman (E-2), forfeiture of $645.00 pay, and 30 days extra duty.

b. Letter of Reprimand for, on or about 2 September 2004, failing to go to his appointed place of duty for a mandatory weapons firing appointment.

On 27 July 2005, the applicant was notified of his commander's intention to recommend him for an honorable discharge for Conditions That Interfere with Military Service: Mental Disorders – Impulse Control Disorders. The commander stated the reason for the proposed discharge was that on or about 2 June 2005, the applicant was diagnosed by a Board Certified Psychiatrist at the Life Skills Support Center as having an Impulse Control Disorder Not Otherwise Specified; Possible Sleepwalking or Parasomnia Disorder and Narcissistic Traits. The Impulse Control Disorder was diagnosed as being so severe that his ability to function effectively in the military was significantly impaired. The prognosis for long-term, successful adaptation to life in the military was poor, and his separation was recommended as being in the best interests of the applicant and the U.S. Air Force.

The commander advised the applicant of his rights, and, after consulting with counsel, he waived his right to submit statements in his own behalf. A legal review was conducted, and on 5 August 2005, the Staff Judge Advocate recommended the applicant be separated with an honorable discharge, without probation and rehabilitation.

The applicant was discharged on 12 August 2005 in the grade of airman first class (E-3), with an honorable service characterization, and was given a Narrative Reason for Separation of “Personality Disorder,” a Reentry Code of “2C” (Involuntarily Separated with an Honorable Discharge), and a Separation Code of “JFX” (Personality Disorder (No Board Entitlement)). He completed a total of 2 years, 7 months and 5 days of active service.

The applicant’s Enlisted Performance Report profile (EPR) follows:

 PERIOD ENDING EVALUATION

 6 Sep 2004 3 (referral)

 13 Jul 2005 4

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AIR FORCE EVALUATION:

The BCMR Medical Consultant recommends that his Narrative Reason for Separation be changed to “Secretarial Authority,” with no change in his Reentry Code.

The factors leading to the applicant’s discharge emanated from a reported history of experiencing episodes of passing out and awakening with his weapon held to his head. He was consequently referred for a mental health evaluation at the Life Support Center (Mental Health Clinic). During the course of his evaluation and treatment, his diagnosis changed over time, but was ultimately determined to be an Impulse Control Disorder, a mental condition not considered a disability. Among the applicant’s medical documents is a 23 June 2005 statement, presumably uttered by him, wherein he reported a history of “several incidents of the possible existence of sleep walking and pulling out his gun for an unknown reason.” He was rendered a definitive final diagnosis of “Impulse Control Disorder, Not Otherwise Specified,” but again with the possible existence of “Sleepwalking” or a “Parasomnia (sleep-related) disorder.” In order to be certain there was no organic cause for the applicant’s pattern of behavior, he was referred for a neurological evaluation, and no abnormality was demonstrated. The neurologist opined the applicant likely experienced an “uncomplicated syncopal [or fainting] episode.” The record also reflects a previous instance of sleeping on duty (in a weapons storage area) for which he received non-judicial punishment.

Approximately one year and four months after the applicant’s discharge, he underwent a “multi-axial diagnostic inventory” of his mental health status resulting in a diagnosis of “Adjustment Disorder Not Otherwise Specified.” Another psychosocial assessment conducted for the stated purpose of gaining re-entry to military (Army) service was concluded with the previous diagnosis of (1) Impulse Control Disorder (2) and again “rule out” Sleep walking disorder and (3) “rule out” Parasomnia. The term “rule out” is utilized among medical professionals when a particular diagnosis has been considered a possibility but not definitively proven to be the case. The applicant received yet another psychological evaluation in February 2007, following which the evaluating physician reported finding “no evidence of an active Axis I mental health disorder.” During the aforementioned clinical encounter, the applicant reported experiencing the onset of depression in November 2004, and the evaluating physician entertained the possibility, based upon his previously reported history, that he “appeared to have met the criteria of a Depressive Disorder, Dysthymic Disorder, or [a] recurrent of Major Depressive Episode,” but concluded his medical condition [appeared] to have been in remission since approximately June 2005. Of possible interest to the Board are two witness statements of record which reflect the applicant may have expressed his awareness of a means of being released from Security Forces duties, for example, by expressing suicidal ideation or by blacking out; however, there is no evidence the applicant was diagnosed with a factitious disorder or was ever cited for possibly feigning an illness.

As concerns the applicant’s suitability to return to active service, an Impulse Control Disorder (although not clinically perceptible at a given time) poses an unreasonable mission and health risk. Despite the relatively clean bill of mental health issued to the applicant in February 2007, he remains vulnerable for an unexpected recurrence of his previously demonstrated maladaptive behavior when confronted with significant stressors beyond his span of control to mitigate. His vulnerability is of particular concern given the extreme mental and physical stressors confronting all members of today’s Armed Forces. Therefore, his return to military service is inappropriate and his Reentry Code should not be changed.

The diagnosis in effect at the time of the applicant’s discharge was an “Impulse Control Disorder;” therefore, the Narrative Reason for discharge entered upon his DD Form 214 (“Personality Disorder”) is an error. The Board should note that “Impulse Control Disorder” is a distinct diagnosis with its own Separation Code. However, changing the applicant’s Narrative Reason for Discharge from “Personality Disorder” to “Impulse Control Disorder,” solely to accurately reflect the actual reason for discharge, is unlikely to result in a more favorable impact upon his current social and occupational functioning and opportunities.

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

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APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

A complete copy of the evaluation was forwarded to the applicant on 31 October 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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THE BOARD CONCLUDES THAT:

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

2.  The application was timely filed.

3.  Sufficient relevant evidence has been presented to demonstrate the existence of error or injustice to warrant changing the applicant’s Separation Code to “KFF” and his 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, we concur with the evaluation by the AFBCMR Medical Consultant the diagnosis in effect at the time of the applicant’s discharge was an “Impulse Control Disorder” and that as such, the Narrative Reason for discharge entered upon his DD Form 214 (“Personality Disorder”) is erroneous. We also concur with his evaluation that changing the applicant’s Narrative Reason for Separation to “Impulse Control Disorder” solely to accurately reflect the actual reason for discharge is unlikely to result in a more favorable impact upon his current social and occupational functioning and opportunities. Therefore, we find no basis upon which to recommend such action.

4.  Insufficient relevant evidence has been presented to demonstrate the existence of error or injustice to warrant changing the applicant’s Reentry Code. We took notice of the applicant's complete submission in judging the merits of the case as well as the medical documents he has provided; however, it does not persuade us that at the time of his separation, the Reentry Code assigned was not appropriate. Therefore, in the absence of evidence to the contrary, we find no compelling basis to recommend favorable consideration of this portion of his application as the Reentry Code assigned appropriately identifies his reason for separation.

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 RECOMMENDS THAT:

The pertinent military records of the Department of the Air Force relating to APPLICANT be corrected to show that at the time of his discharge on 12 August 2005, he 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-2008-01747 in Executive Session on 27 January 2009, under the provisions of AFI 36-2603:

 Mrs. Barbara A. Westgate, Panel Chair

 Mr. Steven A. Cantrell, Member

 Mr. Anthony P. Reardon, Member

The following documentary evidence was considered in BC-2008-01747:

 Exhibit A. DD Form 149, dated 7 May 08, w/atchs.

 Exhibit B. Applicant’s Available Master Personnel Records.

 Exhibit C. Letter, AFBCMR Medical Consultant, dated

 29 Oct 08.

 Exhibit D. Letter, SAF/MRBR, dated 31 Oct 08.

 BARBARA A. WESTGATE

 Panel Chair

AFBCMR BC-2008-01747

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 XXXXXXXXXXXXXXXXXX be corrected to show that at the time of his discharge on 12 August 2005, he was issued a Separation Code of “KFF” and a Narrative Reason for Separation of “Secretarial Authority.”

 JOE G. LINEBERGER

 Director

 Air Force Review Boards Agency