



DEPARTMENT OF THE AIR FORCE  
WASHINGTON, DC

Office of the Assistant Secretary

RECORD OF PROCEEDINGS  
AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF: DOCKET NUMBER: BC-2011-03880  
XXXXXXXXX COUNSEL: XXXXX  
HEARING DESIRED: YES

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APPLICANT REQUESTS THAT:

His records be corrected to show that he was rated 70 percent for Post-Traumatic Stress Disorder (PTSD) and permanently retired by reason of physical disability, rather than discharged for a personality disorder.

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APPLICANT CONTENDS THAT:

He should have been medically retired, based on the diagnosis of PTSD, which the Department of Veterans Affairs (DVA) has awarded him a disability rating of 70 percent.

He has been diagnosed with PTSD by four different medical providers. Prior to his discharge, he was erroneously diagnosed with a personality disorder, due to erroneous information originating from the improper diagnosis of Attention Deficit Disorder and subsequent improper treatment. He would have been diagnosed with PTSD and medically retired, had his command and the diagnosing psychiatrist known of the true events surrounding his condition, as those with a similar diagnosis, receive a minimum disability rating of 50 percent.

Within the last three years, while under a civilian physician's care, he has come to understand that he did not have a personality disorder, but rather his psychological problems stemmed directly from a traumatic event that occurred over Memorial Day weekend in 1996. During that weekend, while on a camping trip, he challenged a fellow airman to swim across a river. The other airman was swept away by the current and drowned. He accepted blame for the death. His commander blamed him for the incident, as an act of irresponsibility. He was treated with disdain and indifference, and made as an example of how fellow airmen should not act in dangerous situations, with punishment consisting of denying him an opportunity to attend the memorial service and making him personally apologize to the late airmen's airman's parents. However, his command did not

know at the time that he and the other airman were homosexuals and had formed a close romantic relationship over many months. Witnessing his romantic partner disappear in the river caused a great deal of trauma and the 16-day search for the airman's body exacerbated the trauma.

In 2001, he was diagnosed with ADD, after seeking medical treatment for the depression and emotional problems he experienced after the airman's death. He later married and in 2003, fathered a child; however, his wife miscarried. They had another child in 2004 but separated prior to her birth and he was not allowed to witness her birth. He attempted regular communication with his daughter but was met with strong resistance from the mother and her family.

Throughout his 12-year military career, he never received any form of adverse action, received exceptional evaluations, and was awarded the Air Force Commendation Medal and four Good Conduct Medals.

In support of the appeal, the applicant submits the statements of four physicians, noting the diagnoses of major depressive disorder and PTSD; newspaper articles concerning the airman's death and PTSD; statements of recommendation; extracts from his military personnel and medical records; extracts from his DVA medical records.

The applicant's complete submission, with attachments, is at Exhibit A.

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STATEMENT OF FACTS:

The applicant is a former enlisted member of the Regular Air Force, who served on active duty from 23 April 1993 to 25 October 2005, as a supply management craftsman.

On 3 October 2005, the applicant was notified of his commander's intent to recommend his administrative discharge for conditions that interfere with military service, i.e., mental disorders - adjustment disorders; and that if approved, he would receive an honorable discharge. The commander noted his reasons for the proposed action were the 12 September 2005 psychiatric diagnosis of an adjustment disorder with mixed anxiety and depressed mood, attention deficient hyperactivity disorder and occupational problems, rendering him unsuitable for further military service; and the 27 September 2005 statement from the Rapid Area Distribution Support (RADS) Team Chief, that his ability to function in a military environment was negatively impacted the diagnosis of ADD. He acknowledged receipt of the administrative discharge action and of his rights to consult with military legal counsel, submit statements in his own behalf, and to a hearing before an administrative discharge board. He waived these rights and acknowledged that regardless of the recommendation, he could be discharged under other than honorable conditions.

On 12 October 2005, the discharge authority approved the recommendation and directed that he be discharged with an honorable discharge for conditions that interfere with military service, i.e., mental disorders - adjustment disorders.

On 25 October 2005, he was honorably discharged for a personality disorder, after completing 12 years, 6 months, and 2 days of active service.

On 9 December 2008, the DVA awarded him a 10 percent disability rating for tinnitus, effective 9 July 2007; and a 70 percent disability rating for PTSD, effective 20 August 2007.

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AIR FORCE EVALUATION:

The Senior AFBCMR Medical Advisor recommends denial of the applicant's request for disability retirement, with a 70 percent rating. However, he does recommend correcting the record to reflect the narrative reason for the applicant's separation was either "Adjustment Disorder" or "Secretarial Authority," rather than "Personality Disorder," since, at the time of his separation, the applicant was diagnosed with an adjustment disorder, rather than a personality disorder. Although "Personality Disorder" was the standard default entry that was placed on a DD Form 214 at the time of the applicant's separation when a mental disorder, not constituting a compensable disability, was the cause for separation, the Department of Defense (DoD) has since determined the narrative reason of "Adjustment Disorder" is more appropriate. Further, it would not be appropriate to change the narrative reason to PTSD unless he had been diagnosed with this condition while in the service or if it could be proven to have been the cause for the termination of his career. A preponderance of medical evidence indicates that, although post-service testimony and clinical history rendered to the DVA and other civilian providers have met the criteria for PTSD, the applicant's service medical records do not corroborate either the symptoms described in the DVA examiner's evaluation or evidence of any resultant impairment during his military service. As such, although the DVA established a nexus between PTSD and his military service, this does not invalidate the clinical assessments and diagnostic conclusions rendered by fully-credentialed and competent service mental health providers; particularly in the context of his disclosed history of childhood Attention Deficit Hyper-activity Disorder (ADHD), prior to treatment with Ritalin and his reported positive response to treatment during his military service. Nevertheless, he acknowledges the unquantifiable impact of the applicant's failure to disclose the true nature of the close relationship he had with the male decedent upon his underlying emotional well-being over the approximate course of the 10 years [and the consequences of such disclosure at the time]; particularly in the immediate weeks and months following the 1996 death of his friend. However, the preponderance of medical evidence does not suggest that PTSD was, or should have been, the cause for terminating his military career. Although the

Class Action law suit of *Sabo v US* is noted, the applicant is reminded that he would only be eligible for a military unfit finding and compensation if PTSD (caused by the traumatic event of 1996) was the actual cause for terminating his career.

Under Title 10 the military Disability Evaluation System (DES) only offers compensation for the medical cause of career termination and then only to the degree of impairment at the time of final military disposition; whereas, operating under Title 39, the DVA offers compensation for any medical condition determined to be service-connected, without regard to its impact upon a service member's fitness to service. For this reason, a member may be released from service for one reason, but later receive DVA compensation for one or more medical consideration that were not unfitting for military service at the time of separation. Moreover, the DVA is empowered to conduct periodic evaluations for the purpose of adjusting the rating award, as the level of impairment may vary over the lifetime of the veteran.

The complete Senior AFBCMR Medical Advisor's evaluation is at Exhibit C.

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APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

The applicant's counsel agrees the narrative reason for separation should be changed from "Personality Disorder" and affirms the position that disability retirement is appropriate, based on the diagnosis of PTSD. However, should the Board deny the requested relief they request the alternative relief, i.e., changing the narrative reason for separation to "Secretarial Authority," as suggested by the Senior AFBCMR Medical Advisor be provided. This notwithstanding, counsel disagrees with the assessment of the applicant's condition at time of separation and notes that his PTSD could have been diagnosed while on active duty, based on the evidence of record, i.e., traumatic event occurred early in his AF career, was later determined to be the cause of his PTSD, was diagnosed by four medical professionals, etc. As a result his PTSD went untreated and the Air Force, assuming he had ADHD medicated him with amphetamines, which subsequently rendered him unfit for continued military service. The majority of his problems stemmed from PTSD that he suffered in 1996 and the lack of proper treatment. Therefore, a reasonable nexus exists between the PTSD and his inability to service nearly 10 years after trauma. Although the medical advisor is correct in some of his assertions, his analysis is incomplete and fails to properly weight many of the necessary facts. Additionally, his detailed analysis should be considered secondary to those who spent hours treating the applicant, understanding his condition, and how it affected his service from 1996 to 2005.

The complete response of the applicant's counsel is at Exhibit E.

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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 demonstrate the existence of error or injustice to warrant changing the applicant's narrative reason for separation from "Personality Disorder" to "Secretarial Authority." In this respect, we note that at the time of his separation, he was diagnosed with an adjustment disorder, rather than a personality disorder. While "Personality Disorder" was the standard default narrative reason for separation entry that was placed on a DD Form 214 at the time of the applicant's separation when a mental disorder, not constituting a compensable disability, was the cause for separation, the Department of Defense (DoD) has since determined the narrative reason of "Adjustment Disorder" is more appropriate. In view of this, the Senior AFBCMR Medical Advisor has recommended the applicant's narrative reason for separation be changed to either "Adjustment Disorder" or "Secretarial Authority." The applicant and his counsel concur with the recommendation to change the narrative reason to the latter. Therefore, in view of the above, we recommend his records be corrected to the extent indicated below.

4. Notwithstanding the foregoing, we find insufficient relevant evidence has been presented to warrant favorable consideration of his request for a permanent disability retirement, with a 70 percent rating. After thoroughly reviewing the evidence of record and noting the applicant's contentions, we are not persuaded that he should have been medically retired, based on the diagnosis of PTSD. We recognize the applicant has been diagnosed with PTSD by four different medical providers since his 2005 discharge and the DVA has awarded him a 70 percent disability rating for this condition. We also understand the applicant's reluctance to disclose the true nature of the close relationship he had with the male decedent at the time of his death in 1986; however, once administrative discharge action was initiated against him in 2005, based on the diagnosis of an adjustment disorder, we find no plausible reason for him withholding such information at that time if it was adversely affecting his wellbeing. Further, the preponderance of the evidence before us does not establish that PTSD was the cause for the termination of his military career, as there is no indication in his service medical records that he had this condition at the time of his separation. We find this further evidenced by the fact the DVA did not rate this condition effective until almost two years after his 2005 separation, rather than retroactively effective on the day following his separation. Based on the foregoing, we agree with the opinion of the Senior AFBCMR Medical Advisor as expressed in his thorough and comprehensive evaluation, which is supported by the evidence of record, and adopt his rationale as the basis for our conclusion that no basis exists to further disturb the

applicant's record. Therefore, in the absence of evidence to the contrary, we find no compelling basis to grant his request for permanent disability retired, with a 70 percent rating.

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 honorable discharge on 25 October 2005, the narrative reason for his separation was "Secretarial Authority," rather than "Personality Disorder," and his separation code was "KFF," rather than "HFX."

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The following members of the Board considered AFBCMR Docket Number BC-2011-03880 in Executive Session on 30 October 2012, under the provisions of AFI 36-2603:

XXXXX, Panel Chair  
XXXXX, Member  
XXXXX, Member

All members voted to correct the records, as recommended. The following documentary evidence was considered in AFBCMR Docket Number BC-2011-03880:

Exhibit A. DD Form 149, dated 17 Jun 11, w/atchs.  
Exhibit B. Applicant's Master Personnel Records.  
Exhibit C. Memorandum, Senior Medical Advisor, AFBCMR,  
Dated 6 Jun 12.

Exhibit D. Letter, SAF/MRBC, dated 7 Jun 12.  
Exhibit E. Letter, Counsel, dated 6 Jul 12

XXXXX  
Panel Chair