

RECORD OF PROCEEDINGS
AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF:

DOCKET NUMBER: BC-2012-00880

COUNSEL: NONE

HEARING DESIRED: NO

APPLICANT REQUESTS THAT:

Her diagnosis of obstructive sleep apnea (OSA) be considered in the line of duty (ILOD).

APPLICANT CONTENDS THAT:

She did not experience any symptoms of OSA prior to her active duty orders beginning. She was on orders for a year and a half (approximately half way through her assignment) before the OSA was diagnosed.

In support of her appeal, the applicant provides copies of several orders placing the applicant on active duty at various times, and the results of two sleep studies dated 27 Jan 09 and 2 Mar 09.

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

STATEMENT OF FACTS:

The applicant, currently an Individual Mobilization Augmentee (IMA) with the Air Force Reserve, began her military service on 19 Jan 93 and served with the Regular Air Force for four years.

The evidence of record indicates she performed active duty between 1 Sep 07 and 30 Sep 07 (30 days), 1 Oct through 18 Oct 08 (18 days), 20 Oct through 31 Oct 08 (11 days), and 26 Nov 08 through 30 Sep 09 (10 months and 5 days).

On 11 Sep 02, an Air Force Form 348, *Line of Duty Determination*, was finalized indicating the applicant suffered from abdominal pain, nausea, weight gain and fatigue. These conditions were found ILOD. On 15 Jan 03, another LOD determination was completed finding the applicant suffered from pituitary adenoma and intermittent elevated prolactin, also found ILOD. The second AF Form 348 noted she was to meet an MEB after seeing a new

endocrinologist. There is no further mention of an MEB from that point.

On 17 Nov 09, after having been diagnosed with OSA, an informal line of duty determination was conducted to determine whether or not her OSA should be found ILOD. Her OSA was found not in the line of duty by reason of Existed Prior to Service (EPTS) - LOD not applicable.

AIR FORCE EVALUATION:

AFRC/SG recommends denial, noting that while her diagnosis corresponds to a period of active duty, absent a mid-face tumor or trauma, OSA has an incubation period of months to years. It is medically implausible to believe that the incubation period for OSA in her case was so short as to be measured in days to weeks.

SG notes the applicant had already been considered by an LOD board as a diagnostic pathway for fatigue and daytime somnolence was already underway by Aug 08. There is a clear attempt over a period of months for the clinicians to sort through a possible diagnosis of narcolepsy as well as her longstanding history of hypothyroidism and depression as possible etiologies.

The diagnosis of OSA, though temporally within a period of duty, does not equate to service aggravation, nor does it equal causation. The applicant's LOD case was given an abundance of due diligence and search for a finding favorable to service connection. Her case was adjudicated properly and in accordance with acceptable medical standards and Air Force policy and guidance.

A complete copy of the AFRC/SG evaluation is at Exhibit C.

APPLICANT'S REVIEW OF AIR FORCE EVALUATION:

The applicant indicates that she was on active duty for most of the period of Jan 07 through Nov 09, with only a small amount of time not being in a military status. She notes she mistakenly did not provide all the active duty orders she had been on between the Jan 07 and Nov 09 time frame; however, she has not provided the orders, only the dates of the orders. She notes she was on active duty orders when both of her sleep tests were conducted in Jul 08 and Jan 09. She was provided a Continued Positive Airway Pressure (CPAP) machine which has made all the difference. In support of her response, the applicant provides copies of several active duty orders, point credit summary, and her LOD determination.

The applicant's complete response, with attachments, is at Exhibit E.

THE BOARD CONCLUDES THAT:

1. The applicant has exhausted all remedies provided by existing law or regulations.
 2. The application was timely filed.
 3. Insufficient relevant evidence has been presented to demonstrate the existence of error or injustice. We took notice of the applicant's complete submission in judging the merits of the case; however, we agree with the opinion and recommendation of the Air Force office of primary responsibility (OPR) and adopt its rationale as the basis for our conclusion the applicant has not been the victim of an error or injustice. While we note the applicant has provided documentation indicating that she performed several periods of active service in the almost two years preceding her diagnosis of obstructive sleep apnea (OSA), we are not convinced that she has demonstrated there is causal link between her active service and OSA diagnosis that would be required for an affirmative line of duty (LOD) determination. In this respect, we note that while it is clear she performed several active duty tours, some longer than others, during this period, the mere fact that she performed these periods of duty does not prove with any degree of certainty that a chronic disorder such as OSA first began during, or resulted from, said active service. Therefore, in the absence of evidence to the contrary, we find no basis to recommend granting the relief sought in this application.
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THE BOARD DETERMINES THAT:

The applicant be notified the evidence presented did not demonstrate the existence of material error or injustice; the application was denied without a personal appearance; and the application will only be reconsidered upon the submission of newly discovered relevant evidence not considered with this application.

The following members of the Board considered AFBCMR Docket Number BC-2012-00880 in Executive Session on 19 Jul 12, under the provisions of AFI 36-2603:

Chair
Member
Member

The following documentary evidence pertaining to AFBCMR Docket Number BC-2012-00880 was considered:

- Exhibit A. DD Form 149, dated 30 Jan 12, w/atchs.
- Exhibit B. Applicant's Master Personnel Records.
- Exhibit C. Letter, AFRC/SG, undated.
- Exhibit D. Letter, SAF/MRBR, dated 12 Apr 12.
- Exhibit E. Letter, Applicant, dated 22 Apr 12, w/atch.

Chair