

RECORD OF PROCEEDINGS  
AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF:

DOCKET NUMBER: BC-2012-02228  
COUNSEL: NONE  
HEARING DESIRED: YES

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APPLICANT REQUESTS THAT:

She be permanently retired by reason of physical disability, rather than returned to duty. (Submitted amended request by letter dated, 15 February 2013).

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APPLICANT CONTENDS THAT:

Her TDRL re-evaluation was improperly conducted and she should have been medically retired, rather than returned to duty. In this respect, she contends the following:

1. On 3 May 2011, she was seen at Wilford Hall Medical Center (WHMC) for her TDRL re-evaluation examination. When she tried to give her doctor her medical records from her civilian cardiologist he stated he did not need them because he had copies from her previous TDRL evaluation in September 2007, and was going to mirror that evaluation.
2. Her evaluation contained erroneous statements so she emailed AFPC/DPSDD (Temporary Disability Retirement Branch) regarding the errors. However, no changes were made.
3. After her examination she signed her orders and asked if she could leave her medical records so they could be given to the board. In November 2011, she received her medical records in the mail; however, the package was not opened because it was sealed the way she had left it.
4. Her evaluation was done differently than the one in 2007. She feels it was rushed and improperly completed. The doctor noted she had anxiety and it was also noted on the AF Form 356, *Findings and Recommended Disposition USAF Physical Evaluation Board*. She does not have anxiety and nowhere has this been noted from her other doctors.
5. In July 2011, when she received her findings she called WHMC and spoke with a senior airman who informed her that all her records were reviewed and if she had new documentation she could appeal the decision and request a formal hearing. She did not have any new evidence and concurred with the findings. This was one of the worst decisions she ever made. She should have non-

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concurred and requested a Formal Physical Evaluation Board (FPEB) hearing.

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

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STATEMENT OF FACTS:

On 24 January 2001, the applicant enlisted in the Regular Air Force.

On 9 February 2006, a Medical Evaluation Board (MEB) convened to consider the applicant for continued active duty. The board recommended the applicant be referred to an Informal Physical Evaluation Board (IPEB) based on the diagnoses of Ectopic Atrial Rhythm and Spontaneous Atrial Tachycardia. On 14 February 2006, the applicant was informed of the findings and recommendations of the board and did not provide a letter of exception or rebuttal.

On 8 March 2006, the IPEB reviewed the case and found the applicant unfit and recommended her placement on the TDRL with a 30 percent disability rating in accordance with (IAW) Department of Defense (DoD) and Veterans Administration Schedule for Rating Disabilities (VASRD) guidelines. The IPEB noted that she had declined further "ablation surgery."

On 9 March 2006, the applicant concurred with the findings and recommended disposition of the IPEB. On 10 Mar 06, the Secretary of the Air Force Personnel Council (SAFPC) directed the applicant's name be placed on the TDRL. On 26 May 06, the applicant was placed on the TDRL with a compensable disability rating of 30 percent. She was credited with five years and four months active duty service for retirement.

On 3 October 2006, the Department of Veterans Affairs granted the applicant service-connection for Cardiac Dysarrhythmia with Supraventricular Tachycardia with a 30 percent disability rating.

On 19 February 2008, the applicant underwent an IPEB TDRL reevaluation. The IPEB found the applicant fit for duty and recommended removal from the TDRL and return to duty. The IPEB noted "your medical condition has stabilized and no longer prevents you from performing duties commensurate with your rank and grade. Since your ablation, you have been asymptomatic with no further palpitations, loss of consciousness, syncope, chest pain, or dyspnea. Your echocardiogram showed no significant abnormalities."

On 20 February 2008, the applicant concurred with the findings of the IPEB. On 4 April 2008, SAFPC directed the applicant's

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name be removed from the TDRL and she be discharged without benefits. On 24 April 2008, the applicant's name was removed from the TDRL and she was discharged in the grade of senior airman without entitlement to disability severance pay and given the option.

On 27 April 2009, a MEB convened to consider the applicant for continued active duty. The board recommended the applicant be referred to an IPEB for Palpitations. On 7 May 2009, the applicant was informed of the findings and recommendations of the board.

On 2 July 2009, the IPEB again reviewed the case and found the applicant unfit and recommended discharge with severance pay with a 10 percent disability rating IAW DoD and VASRD guidelines. The IPEB noted "your medical condition prevents you from reasonably performing the duties of your office, grade, rank or rating." On 13 Jul 09, the applicant non-concurred with the findings and recommended disposition of the IPEB and requested a formal hearing with counsel.

On 24 September 2009, the applicant requested a Summary Adjudication of her case contending she was unfit for continued military service due to supraventricular tachycardia and that her condition is best rated at a 30 percent disability rating under VASRD section 7010 due to more than four episodes of supraventricular tachycardia documented by her Holter monitor per year and permanent retirement.

On 28 September 2009, based on a review of the medical evidence, the FPEB determined her condition was unstable and recommended placement on the TDRL with a 30 percent disability rating IAW DoD and VASRD guidelines. The applicant concurred with the findings and recommend disposition of the FPEB.

On 20 October 2009, SAFPC directed the applicant's name be placed on the TDRL. On 17 Dec 09, the applicant was placed on the TDRL with a compensable disability rating of 30 percent.

In a letter dated 21 April 2011, the applicant's cardiologist noted "she has been symptom free for over a year and has undergone noninvasive evaluation to assess her current cardiovascular status in hopes of returning to active duty. A recent Holter monitor showed normal sinus rhythm and ectopic atrial rhythm with an overall preserved heart rate. This was a 24-hour Holter monitor and was noted that patient exercised twice during the 24-hours. She underwent stress testing to her predicated max heart rate of approximately 200 beats per minute, without symptoms, ischemic changes or arrhythmia induction."

On 19 July 2011, an IPEB found the applicant unfit and recommended discharge with severance pay with a 10 percent disability rating IAW DoD and VASRD guidelines. The IPEB noted "the applicant's condition had improved since being placed on

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the TDRL and appears to have stabilized. She continues to have symptomatic premature ventricular contractions (PVCs), to include dyspnea and anxiety. However, there is no evidence of sustained tacharrhythmias on any of her telemetry monitoring/Holter, and her symptoms correlate with PVCs and occasional sinus tachycardia at low rates." The IPEB also noted "her condition impacts her ability to deploy and serve in overseas/remote assignments, which is not compatible with the fundamental expectations of military service."

On 25 July 2011, the applicant concurred with the recommended findings. On 2 August 2011, SAFPC directed the applicant's name be removed from the TDRL and that she be discharged with severance pay. On 21 August 2011, the applicant was removed from the TDRL and discharged in the grade of staff sergeant by reason of physical disability, with entitlement to 10 percent severance pay. She was credited with 10 years, 6 months and 26 days of active duty service.

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AIR FORCE EVALUATION:

AFPC/DPSD defers to the Board to determine if the medical evidence submitted indicates the applicant should have been removed from the TDRL-Fit.

DPSD states the preponderance of the evidence reflects no error or injustice occurred during the disability process.

The complete DPSD evaluation is at Exhibit C.

AFPC/DPSOA makes no recommendation. DPSOA states the applicant was given an erroneous reenlistment eligibility (RE) code of 4K, which denotes "medically disqualified for continued service, or the airman is pending evaluation by MEB/PEB" on her DD Form 214, *Certificate of Release or Discharge from Active Duty* for the period ending 25 May 2006. The correct RE code should have been 2Q, which denotes "personnel medically retired or discharged." The applicant's DD Form 214 will be corrected unless directed otherwise by the Board.

DPSOA states the applicant's DD Form 214 for the period ending 16 Dec 09, reflects the correct RE code of 2Q.

The complete DPSOA evaluation, with attachment, is at Exhibit D.

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APPLICANT'S REVIEW OF THE AIR FORCE EVALUATION:

In a letter dated 10 Nov 12, the applicant reiterates her original contentions. She feels her TDRL evaluation on 3 May

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2011, was mishandled, she has provided numerous reasons as to why, and evidence to support her claim.

The applicant's complete response is at Exhibit E.

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ADDITIONAL AIR FORCE EVALUATION:

The BCMR Medical Consultant recommends denial of her request to be returned to duty. The Medical Consultant states the applicant has been placed twice on the TDRL, the first following which she was returned to duty, only to experience a recurrence of symptoms despite having received medical and surgical ablative treatment. Although the applicant again denies experiencing shortness of breath, palpitations and fainting spells; and has recently obtained an evaluation which demonstrated normal cardiac function on stress testing, the Medical Consultant opines there remains an undefined risk for an unexpected recurrence of symptoms that pose a preventable risk to the applicant's health and well-being and the Air Force mission.

The Medical Consultant finds this particularly important in the context of the operational conditions confronting members of all Military Departments; and sparing no particular Service component or career field. Moreover, after consulting DoD Instruction (DoDI) 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Service, it is noted that "History of supraventricular tachycardia, History of recurrent atrial fibrillation or flutter" is disqualifying. Nevertheless, "supraventricular tachycardia associated with an identifiable reversible cause and no recurrence during the preceding two years while off all medications "does" meet the standard." The memorandum from the applicant's cardiologist, dated 21 April 2011, suggests the applicant could qualify for service entry, if she has remained without recurrence and off all medications, as of 11 April 2013. Again, the Medical Consultant opines the collective unknown health risks, uncertain return on investment in retraining, and liability of the Air Force should she experience an unexpected recurrence of her rhythm disturbance under operational conditions without access to emergency intervention, outweigh the propriety of changing the RE code and returning the applicant to active military service. Therefore, the Medical Consultant opines the applicant has not met the burden of proof of an error or injustice that warrants the desired change of the record.

The complete AFBCMR Medical Consultant evaluation is at Exhibit G.

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APPLICANT'S REVIEW OF THE ADDITIONAL AIR FORCE EVALUATION:

On 15 Feb 13, by letter, the applicant amended her request and now ask to be medically retired instead of being returned to duty. The applicant states the DVA granted her service-connection for Cardiac Dysarrhythmia with Supraventricular Tachycardia with a 30 percent disability rating; therefore, she qualifies for a medical retirement.

In further support of her appeal, the applicant provides a personal statement, copies of her Department of Veterans Affairs (DVA) disability rating letters, and various other documents in support of her request.

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

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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. Insufficient relevant evidence has been presented to demonstrate the existence of error or injustice. The applicant amended her original request to be returned to active duty and now requests she be medically retired. We took notice of the applicant's complete submission, to include her rebuttal comments in judging the merits of the case and do not find that it supports a change in her military record. While the applicant was granted a 30 percent disability rating for Cardiac Dysarrhythmia with Supraventricular Tachycardia by the DVA and now believes she should be given an appropriate rating by the Air Force to entitle her to a medical retirement. We disagree. In this respect, we note, the Military Disability Evaluation System (MDES) only offers compensation for the medical condition that is the cause for career termination; and then only to the degree of impairment present at the time of final disposition or military separation. Conversely, the Department of Veterans Affairs (DVA) operates under a separate set of laws which takes into account the fact that a person can acquire physical conditions during military service that, although not unfitting at the time of separation, may later progress in severity and alter the individual's lifestyle and future employability. Therefore, the fact that since her discharge she received a 30 percent disability rating from the DVA is not determinative of her level of impairment at the time of her release from active duty. In view of the above and in the absence of evidence to

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the contrary, we find no basis to recommend granting the relief sought in this application.

4. 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 issues involved. Therefore, the request for a hearing is not favorably considered.

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THE BOARD DETERMINES THAT:

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

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The following members of the Board considered AFBCMR Docket Number BC-2012-02228 in Executive Session on 7 March 2013 and 15 March 2013, under the provisions of AFI 36-2603:

Panel Chair  
Member  
Member

The following documentary evidence was considered:

- Exhibit A. DD Form 149, dated 17 May 12, w/atchs.
- Exhibit B. Military Master Personnel Records
- Exhibit C. Letter, AFPC/DPSD, dated 15 Jun 12.
- Exhibit D. Letter, AFPC/DPSOA, dated 11 Sept 12, w/atc.
- Exhibit E. Letter, SAF/MRBR, dated 23 Oct 12.
- Exhibit F. Letter, Applicant, dated 10 Nov 12.
- Exhibit G. Letter, BCMR Medical Consultant, dated 29 Jan 13.
- Exhibit H. Letter, SAF/MRBC, dated 31 Jan 13.
- Exhibit I. Letter, Applicant, dated 15 Feb 13, w/atchs.

Panel Chair