



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON DC 20370-5100

JRE
Docket No: 5535-01
28 December 2001

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 13 December 2001. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by the Specialty Advisor for Pulmonary Medicine dated 6 September 2001, a copy of which is attached.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director



DEPARTMENT OF THE NAVY

NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20889-5600

IN REPLY REFER TO

September 6, 2001

From: CAPT [REDACTED] MC, USN, Specialty Advisor for Pulmonary Medicine
To: Chairman, Board for Correction of Naval Records
2 Navy Annex
Washington DC 20370-5100

Subj: COMMENTS AND RECOMMENDATION IN THE CASE OF [REDACTED]

Ref: (a) Letter dated 09 August 2001, Docket No. 05535-01

Encl: (1) BCNR File
(2) Service Record

1. As requested in reference (a) the Service Record and BCNR File of EX-USN, [REDACTED], were reviewed in regard to the question of a diagnosis of asthma. The patient's medical record indicates that he had a history of asthma with asthma attacks until age 12-14 years old. He was hospitalized at age 12 and admitted to a 10-day period of respiratory distress at a time of the evaluation on 4 September 1997. The evaluation in the clinic demonstrated moderate respiratory distress with stridorous breath sounds and diffuse crackles on exam. Peak flows were essentially normal and patient was treated with inhaled albuterol, with apparent improvement in symptoms. Pulmonary function studies appear to have been ordered, however these are not included in the material forwarded to me for review. The information provided in the physical examination and medical record is not sufficient to conclusively establish the diagnosis of asthma in this patient, however it does appear that the patient did have a significant history of childhood asthma, which was not disclosed in his initial entry into the United States Navy. Review of his admission, history and physical does not mention any history of asthma, wheezing or other significant medical history, including hospitalization. This information was apparently hidden from the person providing his initial intake physical.
2. The information provided by the Ex-USN Recruit [REDACTED] from his physician is not sufficient to establish or eliminate the possibility of a diagnosis of asthma. The pulmonary function tests provided are normal without significant improvement with bronchodilator therapy. This is not particularly helpful in excluding asthma since many patients with significant asthma can have essentially normal lung function and symptoms between attacks. A test that attempted to provoke an asthma attack, such as a methacoline or histamine challenge test, would be much more useful in determining if the patient really has asthma.
3. After reviewing the medical record it is not entirely clear that the patient has a diagnosis of asthma, however it does appear that the patient did have a history of childhood asthma which was not disclosed and which would likely have precluded his enlistment in the United States Navy. The presence of symptoms to age 14 and the hospitalization indicate that his asthma

was clinically significant and therefore likely to recur during adulthood. I would recommend that the diagnosis of asthma not be changed at this time since there is insufficient evidence to over rule the impression of the treating physicians, and the history in the medical record is strongly suggestive of asthma. If the patient were to provide further documentation in the form of a histamine or methacoline challenge test which indicated the absence of airway hyperreactivity then the diagnosis of asthma should be reconsidered.

4. If additional information or action is required I can be reached at (310) 295-4217.



CAPT, MC, USN