



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

CRS  
Docket No: 3842-01  
15 May 2002



This is in reference to your application for correction of your naval record pursuant to the provisions of Title 10, 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 1 May 2002. 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 to the Surgeon General for Psychiatry, 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.

You enlisted in the Marine Corps on 28 September 1979 at age 19. The record reflects that on 15 October 1980 you were involved in a truck accident. Subsequently, you received four nonjudicial punishments and were convicted by a summary court-martial. The offenses included unauthorized absences totalling 18 days, absence from your appointed place of duty, and possession of marijuana.

On 7 December 1981 your commanding officer recommended that you be separated with an other than honorable discharge by reason of misconduct. When informed of this recommendation, you elected to waive the right to present your case to an administrative discharge board. After review by the discharge authority, the recommendation for separation was approved and you were discharged with an other than honorable discharge on 18 December 1981.

With your application, you presented a medical evaluation that states that you have post traumatic stress disorder (PTSD) that was caused by the truck accident and your being a witness to a murder-suicide. You state that after these incidents you were never quite the same. The advisory opinion from the Specialty Advisor states that there is no evidence that your diagnosed PTSD was symptomatic during your period of service. The opinion also states that there is no evidence that it was germane to the misconduct that led to your discharge.

In its review of your application the Board carefully weighed all potentially mitigating factors, such as your youth and immaturity, two medical evaluations, and the contentions that PTSD caused your misconduct and that your discharge would be upgraded in six months. However, the Board concluded that these factors were not sufficient to warrant recharacterization of your discharge, given your record of frequent involvement with military authorities. You were the subject of five disciplinary actions within a period of less than three years. Furthermore, there is no evidence that your PTSD caused or contributed to your misconduct. There is also no law or military regulation that provides for upgrading a discharge based solely on the passage of time. Based on the foregoing, the Board concluded that no change to the discharge is warranted. 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

Enclosure

Department of Psychiatry  
Naval Medical Center  
San Diego, CA 92134-5000

21 Feb 02

From: [REDACTED] MC, USNR

To: Chairman, Board for Correction of Naval Records, Department of the Navy,  
Washington, DC 20370-5100

Subj: **COMMENTS AND RECOMMENDATIONS ICO FORMER** [REDACTED]  
[REDACTED]

Ref: (a) Docket #3842-01 ltr dated 6 February 2002

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

1. Reference (a) requested a psychiatric specialty review of the petitioner's request of correction of his naval record. Specifically, he requests an upgrade from his Other Than Honorable/Misconduct/Frequent Involvement discharge on 18 Dec 81. I Have reviewed enclosures (1) and (2), and offer the following comments.

2. I will review some history:

- 19 Sep 79 Enlistment physical. He answered NO to having prior suicide attempts, depression or excessive worry, and nervous trouble of any sort.
- 28 Sep 79 Enlisted in USMC
- 14 Oct 80 Motor Vehicle Accident in which member was "pinned under an overturned truck." Member now contends that at this time he developed "depression, nightmares, suicidal thoughts, lack of appetite, loss of interest and self-esteem." He also relates that these symptoms occurred in the context of physical pain and heavy drinking. Member relates that he sought help with "CO, company Sergeant, Parris Island Substance Abuse Officer".
- 16 April 81 NJP (UA for 1 day on April 10, 1981)
- 13 May 81 NJP (UA for 2 days on May 8-10, 1981)
- 6 Aug 81 LT. D.A. O'Briant relates "No mental disorder, ETOH or Drug abuse noted at this time" (in progress note).
- 27 Aug 81 SCM (UA for 15 days on July 20, 1981-August 5, 1981)
- 29 Oct 81 NJP (Absence from appointed place of duty)
- 16 Nov 81 Final physical showed that he was qualified for discharge. No

physical defects noted other than contact lenses. No psychiatric symptoms reported at this time. The member checks "no" to depressive symptoms or nervous trouble of any sort.

- 01 Dec 81 NJP (possession of marijuana, restriction broken). Member relates that he witnessed "murder-suicide" in company Office (does not recall exact date or names of deceased).
- 07 Dec 81 CO recommended OTH/MISC/FI. CO noted that applicant maintained a negative attitude toward Marine Corps.
- 18 Dec 81 Administrative Discharge (Other Than Honorable Misconduct Frequent Involvement).


3. The member asserts that he developed symptoms of post-traumatic stress disorder, depression, and alcohol abuse (or dependence) after "a near fatal accident." This is documented retrospectively in a letter (from the member) dated April 3, 2001. Review of available medical records reveals the following about his psychiatric symptoms and treatment:

- There is no documentation during his military service to indicate that he endorsed or was treated for symptoms of PTSD or depression.
- 6 Aug 81 [REDACTED] relates "No mental disorder, ETOH or Drug abuse noted at this time." (in progress note).
- 16 Nov 81 Discharge physical makes no mention of psychiatric symptoms or diagnosis.
- 1996 Admitted to "New Horizons of The Treasure Coast Inc." for detox (5 days) and rehabilitation (28 days).
- 26 Jan 01 Member diagnosed with Major Depressive Disorder, Recurrent, Moderate; Agoraphobia Without History of Panic Disorder; Alcohol Dependence by [REDACTED], PsyD
- 19 Jun 01 Melissa Sands, MA (Social Science Program Specialist) diagnoses member with post-traumatic stress disorder ("secondary to accident while on military service") and alcohol dependence in partial remission.
- 26 Jul 01 [REDACTED] D.O. diagnosed patient with "Chronic alcohol addiction and abuse, post-traumatic stress disorder, Chronic depression and anxiety."
- 16 Oct 01 Patient diagnosed with post-traumatic stress disorder and alcohol dependence in early remission by NirmalaVardhan.


4. Discussion: Post-traumatic stress disorder involves characteristic symptoms following the exposure to an event that involves the threat of death or serious injury to the individual or another person. The initial reaction to this event

must involve intense fear, helplessness, or horror. Individuals with this disorder have symptom constellations which involve reexperiencing the trauma, avoiding stimuli associated with the trauma, and heightened arousal. The diagnosis also requires “clinically significant distress or impairment in social, occupational, or other important areas of functioning.” The petitioner describes two events which could have led to the diagnosis of post-traumatic stress disorder. However, there is no documentation to suggest that any symptoms of this disorder were present during his military service. Symptoms of post-traumatic stress disorder can develop months or years after the traumatic event (this is described as post-traumatic stress disorder with delayed onset). It is possible that the petitioner developed these symptoms after his military service. This would not have been relevant to his misconduct as he was asymptomatic. There is no documentation of symptoms of depression, alcohol abuse, or any other psychiatric disorder. He contends that his work performance was unaffected during this time period (“My work performance continued to be above satisfactory”). This indicates that he did not have changes in occupational functioning during this period aside from “going UA on drinking binges, which I couldn’t control.” Although not documented in his military health record, he describes himself as an “alcoholic” during his period of service. This suggests that any psychiatric symptoms (which again are not documented during his period of service) or behavioral disturbances could be intertwined with his alcohol abuse. It is unlikely that symptoms of a post-traumatic stress disorder or major depressive disorder would have “caused or significantly contributed to the misconduct of record.” In the majority of cases, individuals with these diagnoses have full capacity, competency, and responsibility for their behavior. There is no documentation of incapacity or incompetency in the petitioner’s record.

5. In summary, it does not appear that this individual’s diagnosed post-traumatic stress disorder and depressive disorder were symptomatic during his period of service. If the petitioner had been symptomatic from post-traumatic stress disorder, acute stress disorder, or major depressive disorder he was given the opportunity to endorse such symptoms and did not. He may have developed post-traumatic stress disorder later on due to the trauma witnessed on active duty. This may entitle him to treatment. There is no evidence that this was germane to his misconduct which led to his OTH discharge or to this petition.



LT/MC/USNR  
Resident in Psychiatry



LCDR/MC/USN  
Staff Psychiatrist