



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

JRE
Docket No: 3998-01
5 February 2002

[REDACTED]

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 25 January 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.

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 rationale of the hearing panel of the Physical Evaluation Board which considered your case on 29 November 1995, a copy of which is attached. 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

SAN DIEGO HEARING PANEL RATIONALE
IN THE CASE OF

A medical board met at Naval Hospital, Pensacola, FL on 20 April 1995, with a diagnosis of:

1. SCHIZOPHRENIFORM DISORDER, 29540

The Record Review Panel found the member unfit for duty under VA Code 9299-9210 on 26 September 1995 and rated his condition at 10% disability and separation with severance pay.

This member appeared before the Panel on 29 November 1995 requesting to be found fit for duty.

Additional accepted documentary evidence consisted of:

Addendum to Exhibit A
Exhibits B through K - Nonmedical evidence

The member's contention is that he should be found fit because he does not and did not suffer from schizophreniform disorder. Rather, his explanation is that his behavior was a manifestation of learning disabilities and characterologic problems which led to oppositional behavior and a stress management problem. His medical board of 20 April 1995 does document "a number of disciplinary problems which involve altercations with members of his chain of command and resulted in disciplinary action." According to the member's testimony, he has been in fights with MAAs, has been grossly disrespectful to superior officers, and has even gotten into altercations over how to stack incoming food supplies to the ship. During the hearing, the member was asked very clearly if he understood the implication of his request, and the meaning of the word "psychosis" that is essentially equivalent to the colloquial term "crazy". The member answered that he did, in fact, understand, and had discussed this with his counsel. In effect then, the member contends that he is not "crazy", but rather that he has a rather severe personality disorder and learning disabilities (IQ-76). This is certainly a novel and perhaps even a unique approach to the Hearing Panel.

A review of the member's record reveals that he has had two psychiatric hospitalizations. One, in the February-April 1995 timeframe, and, the second in August of 1995. The first hospitalization was 8 weeks long, which in itself is quite remarkable. The member asks us to believe that an entire psychiatric staff given two months of inpatient observation, misdiagnosed his characterologic problems as a psychosis. However, the medical board of 20 April 1995, done as an inpatient, documents unequivocally psychotic behavior,



[REDACTED]

thinking, and experiences. The member had rather bizarre behavior, including at one time flushing his glasses down the toilet. His thinking was characterized as grandiose ideation with disorganized speech, as well as admitted auditory and visual hallucinations. The member's response is that he never had any of these symptoms until they put him on Haldol. The record reflects that the member's thinking and behavior improved on Haldol.

The member offers an addendum to the medical board dated 13 November 1995 that notes a resolution of the member's psychotic symptoms, but does not change his underlying diagnosis. At the Hearing Panel, the member's thinking, as reflected by his testimony, can be characterized as at least rather idiosyncratic, with expressed ideas about World War II and the cracking of the Japanese codes, and his characterization of himself as a history buff who was simply misunderstood. His beliefs, while not frankly grandiose, are at least on the level of an overvalued idea. Furthermore, the organization of his thinking is most generously described as somewhat tangential and circumstantial. And the member, while not frankly paranoid, was certainly suspicious about his chain of command and their intentions.

The member, then, does not contend that his problems did not happen, rather he insists that the problems can be traced to his learning disabilities and dysfunctional family and his problem controlling his behavior. If we accept this explanation, the member has a personality disorder, and rather limited intellectual ability, both of which, by his own testimony, existed prior to enlistment. However, neither of these things required any extensive psychiatric intervention before coming on active duty.

It is virtually impossible to believe that competent Navy psychiatric authority, given 2 months to evaluate this member, could have made an error about whether he was psychotic or not. While there may be some discussion about whether his psychosis is best characterized as schizophreniform disorder vs brief reactive psychosis vs psychosis NOS, it seems incontrovertable that the member was, in fact, psychotic. Further, the member required rehospitalization in August of 1995, which also suggests more than simply characterologic/behavioral problems.

The member is clearly quite enthusiastic and highly motivated to remain on active duty. His life has been characterized by working hard and doing the best that he can with his available resources. However, the magnitude of his problems are unequivocally incompatible with further military service. To accept his explanation of these problems would, we feel, unfairly



[REDACTED]

deny him the benefits of a disability rating that he does, in fact, deserve. Therefore, after careful consideration of all relevant medical evidence, the Panel finds the member unfit for continued military service, and recommends that he be separated under VA Code 9299-9210 at 10% disability.

