



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

JRE
Docket No: 4738-01
22 October 2002

[REDACTED]

[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 3 October 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 designees of the Specialty Leader for Psychiatry dated 14 June 2002, and the Director, Naval Council of Personnel Boards dated 26 August 2002. A copy of each opinion 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 provided by the Director, Naval Council of Personnel Boards. 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 THE NAVY
NAVAL COUNCIL OF PERSONNEL BOARDS
WASHINGTON NAVY YARD
720 KENNON STREET SE RM 309
WASHINGTON, DC 20374-5023

IN REPLY REFER TO

5220
Ser: 02-12
26 Aug 02

From: Director, Naval Council of Personnel Boards
To: Executive Director, Board for Corrections of Naval
Records

Subj: REQUEST FOR COMMENTS AND RECOMMENDATIONS IN THE CASE
OF FORMER [REDACTED]

Ref: (a) Your ltr JRE:jdh Docket No: 04738-01 of 28 Jun 02
(b) SECNAVINST 1850.4E

1. This letter responds to reference (a) which requested comments and a recommendation regarding Petitioner's request for correction of his naval records. The Petitioner contends he was misdiagnosed at the time of his discharge and that he should have been medically retired and rated for mental illness.

2. The Petitioner's case history, contained in reference (a), was thoroughly reviewed in accordance with reference (b) and is returned. The following comments are provided:

a. The Petitioner appears to have suffered clinically from a Schizoid Personality Disorder (SPD) with some paranoid trends since childhood, which eventually was diagnosed as Chronic Paranoid Schizophrenia approximately eight years after his administrative separation from the Navy via a Board of Medical Survey.

b. On 22 November 1999, the VA found the Petitioner's condition to be service connected and granted him a disability rating of 100% effective 7 February 1977. When under stress the Petitioner suffers more psychotic appearing manifestations. While on active duty, the stressors resulted in more severe manifestations, a not unexpected phenomenon.

c. At what point his clinical picture made a sustained crossing from a SPD to a Schizophrenic-Bipolar Spectrum disorder remains a matter of speculation. Less uncertain is the conclusion that his current condition is the result of a natural progression, which started prior to his active duty service. He would not have been entitled to any disability payments from the Navy regardless of how his condition was categorized at the

Subj: REQUEST FOR COMMENTS AND RECOMMENDATIONS IN THE CASE
OF FORMER [REDACTED]

time of his discharge. His condition existed prior to service and was not service aggravated. Hence, even if former SA Wiley had been referred to the PEB and found unfit, his condition would not have entitled him to a Navy disability rating or benefits.

3. In summary, the Petitioner was not fit for further naval service when he was discharged. His discharge was appropriate. Due to the fact his condition existed prior to his entry on active duty and was not service aggravated, he would not have been entitled to any disability benefits from the Navy when he was separated. Accordingly, I recommend that the Petitioner's BCNR application be denied.

[REDACTED]

Mental Health Services
Naval Medical Center
San Diego, CA 92134-5000

14 June 2002

From: [REDACTED] Psychiatry Resident
[REDACTED] N. Staff Psychiatrist

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

Subj: COMMENTS AND RECOMMENDATIONS IC [REDACTED]
[REDACTED]

Ref: (a) Docket No: 4738-01

Encl: (1) BCNR File
(2) Service Record
(3) VA Records

1. Reference (a) requested a psychiatric specialty review of the petitioner's request of correction of his record to show that he was separated from the Navy by reason of physical disability in 1964. He contends that he suffered from an unfitting mental disorder which was misdiagnosed as a schizoid personality. On 22NOV99 the Department of Veteran Affairs awarded him service connection for a bipolar disorder, which it rated as 100% disabling retroactive to 7FEB77. That agency determined that the symptoms he experienced while in the Navy in 1964 were the initial manifestations of the bipolar disorder.

2. I will review some of the service history:

- 27AUG63 Enlisted, USN
- 26SEP64 [REDACTED] was admitted onboard the U.S.S. Alamo when he was found on the deck of the ship "refusing to move, talk or open his eyes." For 48 hours, he did not move, talk, open his eyes or eat. He was begun on Thorazine and transferred Navy station Hospital #3002 on 2OCT64. His diagnosis was "Anxiety reaction" and "Psychotic disorder".
- 2OCT64 [REDACTED] was admitted to Navy station Hospital #3002. There, he admitted that he voluntarily had not talked or moved secondary to not wanting a transfer that was to take place secondary to his poor work performance. He told the physician that he was always a "highly emotional child", a loner with no friends, and easily upset over small things. It was also noted by the physician, however, that he had a "considerably flattened affect" with some "pressured speech" with "vagueness to his thinking" and was "preoccupied with religion". He demonstrated "feelings of persecution" and believed that "civilization is falling apart" and that the "U.S. is going to be taken over in 8 years." [REDACTED] stated that he liked the Navy "because everything is canned including the food, drinks and entertainment." The physician felt that he was not "fully fit for duty at this time" and he was transferred to U.S. Naval Hospital Bremerton on 9OCT64 with a diagnosis of "Probable Schizoid Personality".
- 14OCT64 [REDACTED] was admitted to U.S. Naval Hospital Oakland. He was

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not treated with psychiatric medications during his hospitalization. His diagnosis was Schizoid personality disorder.

- 28OCT64 Report of Board of Medical Survey written for [REDACTED] while he remained inpatient. This report noted childhood traits of stuttering and shyness. The patient considered himself a "loner" and felt he did not get along with his teachers secondary to being bashful and withdrawn. It was in this report that he recalled having a psychiatric evaluation in San Diego during boot camp secondary to his inability to control his laughter during calisthenics.
- 12NOV64 [REDACTED] was discharged from the USN on the basis of a personality disorder.

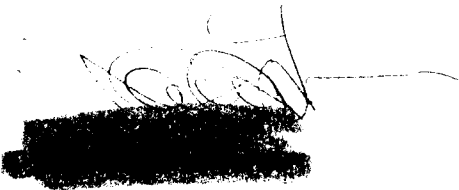
3. I will review some of his history following discharge from the USN:

- 4JUN71 Narrative Summary from Western State Hospital, where he was admitted on 14APR71. He was court ordered for 30 day observation following an altercation with police. His diagnosis at that time was "Schizophrenic reaction, paranoid type, without overt psychosis". He was noted to have tangential thinking and paranoia. He was treated with Mellaril 50 mg po bid and discharged on this medication.
- 21APR72 VA rated 70% disabled for Schizoid personality disorder with paranoid trends.
- 12OCT72 VA Seattle, WA day treatment program for a diagnosis of paranoid schizophrenia. SA Wiley noted that his thoughts were "too scary" to talk about, however he was going to "give them up" and join the "Jesus movement." He was noted to have "flighty thoughts". It was noted that he was living with his father and unable to keep any gainful employment.
- 3MAR77 VA Spokane, WA. Psychological evaluation revealed that the patient stated his wife left him because he has become "too religious" and was seeing "visions." He demonstrated a flat affect with fearful looks and noted that he is plagued by "demonic forces who won't get off his back." A history of alcoholism was also noted.
- 25MAY77 Psychiatric evaluation. SA Wiley stated that he heard voices sometimes and feels that people conspire against each other. He also felt that he knew what was going on in other people's minds. He stated, "I am probably an expert in God, the universe, and the spirit world." He was diagnosed with Chronic paranoid schizophrenia.
- 12JUL77 VA rated 70% disabled for Chronic Schizophrenia, paranoid type.
- 1DEC97-22APR99 Spokane VA treatment records. Diagnosed with bipolar disorder, mixed with psychotic symptoms and placed on Depakote. Other medications during this time consisted of Lithium, Risperdal and Zoloft. He was also noted to struggle with alcohol and Cannabis abuse. He asked to be specifically evaluated for PTSD, for which he did not meet criteria.
- 13SEP99 VA Seattle, WA. Psychiatric evaluation for PTSD. [REDACTED] did not diagnose PTSD, however noted that "the veteran's psychotic manifestation developed in the service and have continued to this date, and that the best diagnosis for his difficulties at this time is that of bipolar disorder, mixed type." Dr. Plattner also noted that the veteran is "severely incapacitated by his bipolar disorder" and "could not possibly gain or sustain competitive employment."
- 22NOV99 VA rated 100% disabled retroactive to 7FEB77 for Bipolar

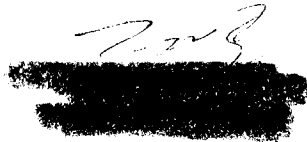
disorder. 1 VA noted that his symptoms experier. 1 while in the Navy in 1964 were the initial manifestations of bipolar disorder.

4. Discussion: Upon review of SA Wiley's service and VA records, it is clear that he does demonstrate a pre-service history of shy and withdrawn behavior with few friends and relationships, which could be symptoms of a Schizoid personality disorder. However, it is also obvious that he suffered from psychotic symptoms a full year after his enlistment in the USN when he was admitted onboard the U.S.S. Alamo. He has demonstrated a lifelong psychiatric disability with diagnoses such as paranoid schizophrenia and bipolar disorder which have inhibited his ability to maintain gainful employment or create meaningful relationships. Hindsight was needed in this patient's case to determine if his symptoms were personality based or a manifestation of a mental illness.

5. Recommendations: It is my opinion that the symptoms he demonstrated in 1964 while in the service were indeed the manifestation of his mental illness, which is severe in nature.



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

JRE
Docket No: 125-02
22 October 2002



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 3 October 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.

The Board found that you were released from active duty on 29 September 1995, and transferred to the Temporary Disability Retired List (TDRL) with a 30% disability rating for asthma. On 11 January 2001, the President, Physical Evaluation Board, directed that your name be removed from the TDRL because you failed to report for your final periodic physical examination. In the absence of evidence which demonstrates that you were unfit for duty at the expiration of five years from the date of the placement of your name on the TDRL, and excuses your failure to report for the required periodic examination, the Board was unable to recommend any corrective action in your case. 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