



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

JRE  
Docket No: 2561-98  
6 July 2000



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 29 June 2000. 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 August 1999, and the Director, Naval Council of Personnel Boards dated 18 January 2000, and the information you and your attorney submitted in response thereto. 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 opinions. It was not persuaded that you were unfit by reason of physical disability at the time of your discharge from the Navy, which is a prerequisite to disability retirement or separation. It did not accept your contention to the effect that the history of pre-service traumatic events recorded in your naval health record was the product of delusions, or that it is otherwise materially erroneous, or that the diagnosis of a borderline personality disorder is unsubstantiated. The fact that the Department of Veterans Affairs (VA) granted you service connection for post traumatic stress disorder in 1997, effective from 23 August 1994, was not considered probative of error or injustice in your naval record. In this regard, the Board noted that the VA assigns disability ratings without regard to the issue of fitness for military service, and may do so at any time during a veteran's lifetime. The military departments may assign disability ratings only in those cases where the service member has been found unfit for duty. Ratings are fixed as of the date of

separation or permanent retirement. The Board concluded that the difficulties you faced prior to your discharge were related to a personality disorder, which is a condition not covered by the military disability evaluation system, rather than a physical disability. The Board concluded that you did not report symptoms of any other condition at the time of your discharge which warranted evaluation by a medical board.

In view of the foregoing, 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

5420  
Ser: 00-001  
18 Jan 00

From: Director, Naval Council of Personnel Boards  
To: Chairman, Board for Correction of Naval Records

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

Ref: (a) BCNR ltr JRE DN: 2561-98 dtd 1 Dec 99  
(b) SECNAVINST 1850.4D

1. This responds to reference (a), received on 15 Dec 99, for comments and recommendation regarding Petitioner's request for correction of her record to show that she was retired by reason of physical disability by reason of Post Traumatic Stress Disorder (PTSD). **We have determined that Petitioner was not UNFIT at the time of her discharge from active duty and does not rate a medical retirement.**

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

3. About 7 months post discharge, Petitioner was psychiatrically hospitalized {13 December 1988} at Western Medical Center, Santa Ana, CA. The hospital Summary Report also makes the point that, despite her suffering, she indicated that since her discharge from the Marine Corps, she "has worked as an accountant for the current company for the last six months. She describes herself as a very capable and hard working individual, having no problem at work..."

4. Petitioner, apparently, remained highly functional, occupationally as an accountant, without interruption until 7 months post discharge from the military. Further, there is a lack of documentation that any significant, i.e., to a separately unfitting degree, deterioration occurred in Petitioner's condition in sufficient proximity to her discharge to warrant a retrospective finding of 'UNFIT' by the Physical Evaluation Board (PEB).

Subj: COMMENTS AND RECOMMENDATION IN THE CASE OF FORMER CPL  


5. The behavioral manifestations, which generated her administrative discharge from the USMC, are most consistent with the contemporarily diagnosed Borderline Personality Disorder.

6. The mere presence of a clinical manifestation or condition for which a rating exists, or can be found, in the VASRD, does not translate automatically into a separate finding of unfitness for that condition. The DVA's concern is whether a veteran's medical condition being considered is service-connected; the PEB's concern is whether the service member's condition interferes with the ability of the individual to continue active service. In fact, it should be noted that, as long as the DVA determines a condition (for which the DVA is currently evaluating the veteran) to be service-connected, the DVA can delete, add or change diagnoses made by the service. The DVA can also increase or decrease the disability percentage rating as the condition worsens or improves.

7. The medical evidence in reference (a) clearly supports a contention of 'service connection', thereby fulfilling the primary requirements for eligibility for consideration for Department of Veterans Affairs (DVA) rating and other benefits.

8. In summary, there is a lack of documentation that any significant deterioration occurred in Petitioner's condition in sufficient proximity to her release from active duty to support a finding of unfitness. The evidence of record appears to support Petitioner's administrative separation for personality disorder vice processing for physical disability and therefore I recommend her petition be denied.



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# DEPT. OF PSYCHIATRY

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Naval Medical Center San Diego

San Diego, California 92134-5000

August 99

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

From: LT [REDACTED], MC, USNR

Subject: Comments and Recommendations for in the case of former [REDACTED]  
[REDACTED]

Ref: (a) Docket No: 2561-98

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

1. Reference (a) request a psychiatric review of the petitioner's request for correction of her record to show that she was retired by reason of physical disability on or about 16 May 1988. The petitioner was discharged from the Marine Corps on 16 May 1988 for the convenience of the government, by reason of a personality disorder. On 28 February 1997 she was given a diagnosis of post-traumatic stress disorder, major depressive disorder and mixed personality disorder. The petitioner claims that the first two diagnosis were related to sexual assaults and other traumatic events which she states occurred prior to discharge.
2. I will review some of the history:
  - 4 April 85 Enlistment Physical. She answered no to history of attempted suicide, depression or excessive worry.
  - 13 JUN 86 Evaluated by psychologist and was diagnosed with immature personality. In members rebuttal she claims she disclosed information of sexual harassment to the psychologist which was not documented.
  - 12 JAN 88 to  
01 FEB 88 Patient was hospitalized with a final Axis I Dx of Adjustment Disorder with depressed mood and an Axis II Dx of Borderline Personality Disorder.  
Historical data on discharge summary states she has a history of suicide attempts as a teenager. She also reported running away from home on several occasions. She states her father was abusive to her and her siblings, and that she suspected that her father may have caused the death of her sister.
  - 20 JAN 88 The patient was evaluated and tested by a psychologist. During the evaluation the patient endorsed a past history of being beaten frequently by her father. She reported that her mother was not supportive and was to

emotionally weak to protect her. She began to rebel inside and outside the home to protect her identity even though it risked retribution. This took the form of sexual acting out starting at age 9, and a brief period of shoplifting during the eighth grade.

At the time of this evaluation the patient reported that she had been dating another Marine for one and a half years, and reported that she is able to be herself with him. This is apparently one of the perpetrators of one of her alleged sexual assaults, which would have occurred prior to this evaluation. There is no mention of any of this in the report.

Testing consisted of the Bender Gestalt, Rotter, and MMPI. Results were suggestive of someone who is conflicted and in notable psychic distress, passively rebellious, poorly adjusted to authority, and with few resources for dealing with stress, and easily overwhelmed in her constant struggle to maintain a sense of self identity and self mastery, with a potential for acting out. The psychologist concluded that the testing was characteristic of borderline personality features, and "that much of her current emotional turmoil is no doubt attributable to her early family life and conditioning history."

- 16 MAY 88 Member discharged from military by reason of a personality disorder.
- 15 DEC 88 Admitted after suicide attempt. Diagnosis on discharge was Major Depression, Single episode. This admission was about 7 months after her discharge from the military. In the history it is reported that the patient endorsed feeling depressed for 2 months. From this report it appears that the patient decompensated after talking to her ex- boyfriend. It also reports that she has "gone through some traumatic episode with her ex-boyfriend about a year prior to this admission." No additional information is given about this event.
- 25 MAY 94 First documentation of sexual assault while in the military.
- 19 MAR 97 Department of Veterans Affairs awarded member service connection and a 50% rating for post-traumatic stress disorder and major depressive disorder.
- 01 OCT 97 Rating was increased to 100%

3. The member asserts that she did not disclose information about the sexual assault because she was in denial. She also said she could not respond to the doctors questions because she had been "robbed psychologically", "I was simply unable to comprehend what I could hear him say. I had shut down."

She also claims that when she previously saw a psychologist (13 June 86) and told him about sexual harassment she was experiencing, nothing was done, and she claims she was told "it is the Marine way."

The member contends that she does not have a personality disorder because her service record show that she did well in military service for a period of a year and a half with several awards.

4. Discussion: From review of the member's record it appears that she had a deterioration of functioning prior to military service. There was also documentation of "suicide attempts" as a teenager. On the enlistment physical the member did not check a history of suicide attempts.

If this information was known prior to enlistment it may have prevented her acceptance into the Marine Corps.

The member received several awards and evidently performed well during a period in the military. It is possible that a person with personality disorder may have periods of higher functioning, especially in a highly structured environment. A personality disorder may be exacerbated following the loss of previously stabilizing social situations. Borderline personality disorder is particularly sensitive to environmental situations.

There is a close association between borderline personality disorder and post traumatic stress disorder, with a high degree of overlap of symptoms, which could make diagnosis difficult. With all the information available to the psychiatrist during her admission in early 1988, I feel they made the correct diagnosis. At that time the patient did not endorse any symptoms that would be better explained by PTSD than personality disorder. It should also be noted that in the DSM IV the diagnosis of PTSD may include efforts to avoid thoughts, feelings, or conversations associated with trauma, or inability to recall an important aspect of the trauma. Nevertheless, the absence of this data at the time of initial evaluation prevents the psychiatrist from considering the relative contributions of past and current trauma to her overall dysfunction. It appears likely that the diagnosis made with all information would be PTSD and preexisting borderline personality disorder.

Another point that deserves mention is that the patient has experienced numerous traumatic events which started in early childhood, including physical beating from her father. The patient did not disclose sexual trauma until 1993 according to her report. With this history it is difficult to conclude that all her symptoms she is now experiencing are related to only events that occurred in the military. Many people suffer from PTSD, MDD and borderline personality disorder from physical abuse as a child. How much each stressor contributes to her current symptoms is difficult to evaluate.

(5) Recommendations: The diagnosis of borderline personality disorder appears to be accurate. She appears to also have post traumatic stress disorder, predisposed by childhood trauma but with onset during active service, presuming that the sexual assaults occurred as she described.



LT/MC/USNR  
Resident Psychiatrist



LCDR/MC/USN  
Staff Psychiatrist