



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

CRS  
Docket No: 5739-01  
8 May 2002

[REDACTED]

[REDACTED]

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 10 April 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 Advisory 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.

The Board found that you enlisted in the Navy on 7 March 1996 at age 19. The record reflects that a psychiatric evaluation, conducted on 20 May 1997, diagnosed you with a personality disorder. On 26 June 1997 you were diagnosed with alcohol dependence. Subsequently, you received nonjudicial punishment on 12 July 1997 for telling a chief petty officer that you wanted to kill him and his children.

The commanding officer then recommended that you be separated with a general discharge by reason of misconduct due to commission of a serious offense. When informed of this recommendation, you elected to waive the right to submit a statement in response to the discharge action. After review by the discharge authority, the recommendation for separation was approved and on 16 July 1997 you received a general discharge. At that time, you were assigned a reenlistment code of RE-4.

With your application, you presented a psychiatric evaluation, dated 27 February 2001, which states that you have no mental disorder and are not alcohol dependent. The advisory opinion from the Specialty Advisory states that there is no evidence to support amending the diagnoses of alcohol dependence and personality disorder.

In its review of your application the Board carefully weighed all potentially mitigating factors, such as your youth and immaturity and the two psychiatric evaluations. However, the Board concluded that these factors were not sufficient to warrant recharacterization of your discharge, given the seriousness of the offense. In this regard, the Board concluded that no change to the discharge is warranted.

Applicable regulations require the assignment of an RE-4 reenlistment code when an individual is discharged by reason of misconduct. Since you have been treated no differently than others in your situation, the Board could not find an error or injustice in the assignment of your reenlistment code.

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

National Naval Medical Center  
Behavioral Healthcare Clinic  
Bethesda, Maryland 20889-5600

31 August 2001

From: Behavioral Healthcare Clinic, National Naval Medical Center  
To: CAPT [REDACTED], Specialty Advisor for Psychiatry, Chief BUMED  
Naval Hospital, San Diego, CA 92134-5000

Via: Service Chief, NNMCC Adult Behavioral Healthcare Clinic

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS ICO  
[REDACTED]

Ref: (a) 10 U.S.C. 1171  
(b) Board for Corrections of Naval Records letter of 11 August 1997 to  
Specialty Advisor for Psychiatry

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

1. Per your request for review of subject's petition for a correction of his Navy records and in response to reference (b), we have thoroughly reviewed enclosures (1) through (3).

2. Review of available Navy medical records revealed:

- a. [REDACTED] was diagnosed with alcohol intoxication on 21 January 1997 and 29 March 1997, on both occasions requiring medical treatment. A blood alcohol level measured on admission to a civilian hospital on 21 January 1997 was 0.27 g/dL and the patient required soft restraints for self-protection. In conjunction with these incidents, the patient was referred to the command DAPA and to the Psychiatry Consult Liaison Service at the Fleet Mental Health Unit, Naval Station, San Diego, CA on 20 May 1997. An evaluation by R. Snyder, Staff LCSW, revealed an alcohol use history characterized by weekly binge drinking of up to 10 drinks and one-half bottle of whiskey with an intent "to get hammered" and followed by black outs. His history also revealed a past history of an alcohol related incident at age 17, followed by family counseling, followed by a 3-year period of sobriety, as well as "daily" use of cannabis and hallucinogenic mushrooms between the ages of 14 and 17. He was also noted during the interview to have an interest in Celtic magic and

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Tarot cards. He was diagnosed with Alcohol Abuse, Cannabis Abuse in Remission on Axis I, as well as Schizotypal and Passive-Aggressive Personality Traits on Axis II. Level II substance treatment was recommended.

- b. The service member was interviewed by the Psychology Service, NMCSO Substance Abuse Rehabilitation Department, on 26 June 1997, and diagnosed with Alcohol Dependence after review of his alcohol use history. Comprehensive (Level III) treatment was recommended. The following day, the patient was seen aboard the *U.S.S. New Orleans* by LT J. Taller MC, USNR, stating that he wished to leave the Navy. A recommendation was made for Administrative Separation for Administrative Burden.
- c. On 12 July 1997, the patient received a pre-confinement evaluation by LT J. Taller, MC, USNR, secondary to command concern after the service member threatened the life of his Division CPO and the Chief's children and was sent to Captain's Mast for NJP. He was reduced in rank to SR, sentenced to forfeiture of ½ pay for 2 months, 3 days confinement on bread and water, and Other Than Honorable separation from Naval Service. The service member complained during the interview of being "singled out" by his Chief, as well as his distaste for humanity and his wish that "Armageddon would consume them all." He stated that he hated most people and wished revenge on them, and reiterated his belief in the Celtic/Druid faith and the coming of the end of the world. He was diagnosed with Alcohol Dependence on Axis I and Passive-Aggressive and Schizotypal Personality Disorders on Axis II. He was referred to NMCSO for further Mental Health consultation.
- d. ██████████ was evaluated by R. Burbank Psychiatry Consult Liaison Service at NMCSO on 12 July 1997, and stated during this interview that he "[had] no friends and [did] not want friends." He also revealed a past history significant for repeated fights, disciplinary trouble in school, and an arrest at age 16 for assault with a baseball bat. He was given no Axis I diagnosis and a diagnosis of Antisocial Personality Disorder on Axis II.

3. Review of the patient's service record revealed:

- a. ██████████ began basic training 07 March 1996, which he completed 16 May 1996. He continued with training at NATTL, Millington, TN from 16 May 1996 until 01 August 1996. He reported to the *U.S.S. New Orleans* at Naval Station, San Diego, CA on 16 August 1996 and was discharged 16 July 1997.
- b. ██████████'s performance evaluations aboard the *U.S.S. New Orleans* averaged 3.0 with a 1.0 awarded for military bearing.
- c. ██████████ was awarded the Sea Service Ribbon.

- d. The patient notes on his DD Form 398-2 on enlistment that he had never used cannabis or hallucinogens and had never had an alcohol related offense, in contrast to the history later given as noted above.
- e. Separation letter dated 24 July 1997 notes separation by reason of misconduct due to commission of a serious military offense. "Personality Disorder" is listed on line 28 of his DD Form 214 as reason for separation, but on a DD 215, correction to DD 214, of 22 July 1997, line 28 is corrected to "Misconduct - commission of a serious military offense and no others."

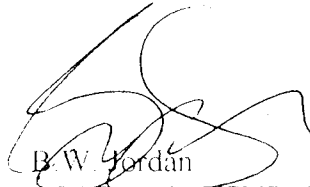
4. Review of the VA file revealed:

- a. The patient underwent a psychiatric evaluation by Donna Defelice, MD on 27 February 2001 as required for enlistment screening for the US Army. There is no indication provided as to the facility where this evaluation took place or if the patient's past records were available to the examining psychiatrist. The brief evaluation noted a past history of anger and isolated alcohol use, but no recent problems, as well as a stable work history and close relationships with a friend and his sister. His mental status exam was unremarkable. He was given no Axis I diagnosis and an Axis II diagnosis was deferred.

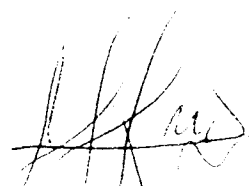
5. Discussion:

- a. ██████████ was evaluated on multiple occasions by his General Medical Officer and by Mental Health in conjunction with his alcohol use and interpersonal problems aboard ship. The history provided is consistent with the diagnosis of Alcohol Dependence, as evidenced by tolerance, substance use in larger than intended amounts, unsuccessful efforts to quit, and occupational difficulties resulting from alcohol use.
- b. The history is also suggestive of long-standing and underlying difficulties with interpersonal functioning and impulse control, dating at least to adolescence, which occurred even in the absence of substance use and contributed to occupational social and occupational problems. This pattern of behavior in the context of the history available in Navy medical records is consistent with a Personality Disorder Not Otherwise Specified with Schizotypal and Anti-social personality traits.
- c. The cursory psychiatric evaluation provided with the VA documentation notes no current problems with alcohol or other substance use, but does not address the patient's past history in detail. Again, it is unclear as to what medical records were available to the evaluating psychiatrist. He was given no Axis I diagnosis and an evaluation on Axis II was deferred.

6. Opinion and Recommendations: There is no evidence in the information provided, to support amending the diagnoses of Alcohol Dependence or Personality Disorder.



B. W. Jordan  
LCDR, MC, USNR (FS)  
Psychiatry Resident



J. L. Lyszczarz III  
LCDR, MC, USN  
Staff Psychiatrist