

The Board determined that your personal appearance, with or without counsel, would not materially add to their understanding of the issues involved. Therefore, the Board determined that a personal appearance was not necessary and considered your case based on the evidence of record.

The factual background within the record of proceedings for Docket No. 1053-19, dated 5 August 2019, and within the Order of the COFC, dated 12 May 2021, is incorporated by reference herein.

In March 2018, you were referred for a psychological evaluation confirm a diagnosis for Attention-Deficit/Hyperactivity Disorder (ADHD). On 16 March 2018, you received a neuropsychological assessment by a team of three VA-affiliated mental health providers. This assessment included a chronological discussion of your mental health history, which was gathered through your clinical interview, a phone interview of your mother, and a review of your medical record. You were described in this assessment as a “poor historian of autobiographical history pertaining to [your] psychiatric history and symptom presentation,” while your mother reportedly provided adequate details regarding your childhood history but was also described as a “poor historian of [your] recent psychiatric history and clinical presentation.” During your clinical interview, you reported difficulty recalling events between the ages of 20-30, and that you first noted difficulties with attention and concentration during your college years at ██████████ University. You also reported first noticing your inability to follow simple instructions and executing mental plans during basic training. You reported feeling depressed for the first time around age 19, with symptoms including depressed mood, anhedonia, social withdrawal, low energy and fatigue, concentration problems, sleep disturbance and not leaving your bed for long periods of time, appetite disturbance, and thoughts of death with no active suicidal ideation, but you were unable to identify circumstances or stressors that might have affected your mood at the time. You were initially unable to elaborate upon the onset, duration, course or nature of your mania/hypomania symptoms, but upon questioning you reported that you first experience a manic-like episode while in the Navy, consisting of expansive and irritable mood, paranoia, decreased need for sleep, poor concentration and distractibility, talkativeness, racing thoughts, and psychomotor agitation. You were unclear about the duration of your symptoms, but insisted that they interfered with your ability to carry out the duties associated with your specialty. Finally, you described several instances of non-command auditory and visual hallucinations during your military deployment, consisting of negative derogatory comments and shadows. This assessment ultimately determined that your symptoms fell below the diagnostic threshold for a diagnosis of ADHD, and suggested that may be better explained by mania/hypomania secondary to your 2013 diagnosis for Bipolar I Disorder with psychotic features.

On 18 July 2019, the Board reconsidered its previous denials of your applications in Docket No. 1053-19, and granted you partial relief by upgrading your characterization of service to general (under honorable conditions) and changing your narrative reason for separation to “Secretarial Authority.” This relief was based upon the Board’s mandate to apply liberal consideration for discharge upgrade requests based in whole or in part upon mental health conditions. In granting this relief, the Board believed that you should have been administratively separated during basic training after being diagnosed with occupational problems and that your placement in an

operational environment likely exacerbated your adjustment disorder, thus contributing to your misconduct. Additionally, the Board found that your misconduct, when considered in light of your diagnosed adjustment disorder, was not significant enough to warrant the other than honorable (OTH) characterization of service that you received. The Board did not, however, find sufficient evidence to justify granting you a disability retirement or to remove the adverse documents from your record. Specifically, the Board found that your 2013 diagnosis for Bipolar Disorder was too remote from your discharge to be probative regarding your fitness for duty at the time, and that there were too many intervening factors to rely upon a 2013 diagnosis as a basis to question your 2002 in-serve diagnosis with adjustment disorder. The Board also found that you were mentally responsible for your misconduct, so the derogatory material associated with your misconduct should remain in your record to accurately document your career. Unfortunately, the Board failed to specifically address your 2018 psychiatric evaluation in its decision letter. Accordingly, the Board reconsidered your application pursuant to the Order of the COFC, taking special note of your 2018 neuropsychological assessment from the VA.

The Board carefully reconsidered your arguments that you were unfit for continued naval service due to Bipolar Disorder and should have your narrative reason for separation changed to disability. In addition, the Board considered whether your record of misconduct should be removed from your military record. The Board considered all of the arguments you raised as part of your application in Docket No. 1053-19 and in response to the AO. Unfortunately, the Board concluded the preponderance of the evidence does not support any further change to your naval record. In making its findings, the Board substantially concurred with the AO provided by the CORB Senior Medical Advisor.

Unfortunately, the Board did not find your 2018 neuropsychological assessment from the VA to be any more probative regarding your mental health at the time of your discharge than it did your 2013 diagnosis with Bipolar Disorder. Both assessments were made too remotely from the relevant timeframe to be considered reliable evidence of your mental health condition at the time of your discharge from the Navy. In the Board's opinion, the medical evaluations conducted concurrent with your active duty service were far more reliable and credible evidence of your mental health condition at that time. In those medical evaluations, it was determined that you suffered from "occupational problems," or possibly an adjustment disorder, but not Bipolar Disorder. The Board considered your post-service medical evidence, including the 2018 VA evaluation, but did not find this evidence to be persuasive with regard to your mental health at the time of your discharge. The 2018 neuropsychological assessment did discuss your mental health history going back to your active duty service, but it did not, as you claimed in your rebuttal to the AO, "pinpoint the origin of [your] psychosis at bootcamp and during [your] military deployment." It was your clinical interview, for which you were described as a "poor historian" of your psychiatric history and symptom presentation and during which you claimed an inability to remember events from the time period in question, which suggested the onset of your Bipolar-related symptoms during this period. This self-report was contradicted by more objective and reliable evidence in your military medical record, including your own statements made during the time in question. In your 2002 Report of Medical History, you reported no prior history of mental health symptoms, contrary to your 2018 report of multiple depressive symptoms as early as age 19. The Board believed that you either failed to accurately report your pre-service history of serious mental health symptoms on your 2002 Report of Medical History,

resulting in your fraudulent or erroneous enlistment in the Navy, or that you inaccurately reported the onset of your symptoms in 2018. In either case, this discrepancy led the Board to conclude your testimony regarding your medical history was unreliable. Also contributing to this conclusion was the fact that your mother, who was described as a better historian than you of your more remote psychiatric symptoms, reported no recollection of your Bipolar-like symptoms while you were on active duty. Based upon these factors, the Board assigned more evidentiary weight regarding your mental health at the time of your discharge to your in-service military medical evaluations than it did to your post-service medical evaluations, and concluded that you were more likely than not correctly diagnosed with “occupational problems” at the time of your discharge from the Navy based on the symptoms you disclosed to your Navy medical providers. Accordingly, the Board found insufficient evidence to conclude that you should have been diagnosed with Bipolar Disorder in 2002 or found unfit for continued naval service as a result of the condition.

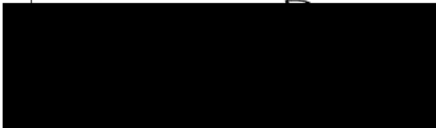
Upon reconsideration, the Board reaffirms its previous finding in Docket No. 1053-19 that you were mentally responsible for your misconduct, and that the derogatory information pertaining to that misconduct should therefore remain in your record to accurately document your naval career. This conclusion was supported by the Board’s finding that your in-service medical records were more reliable than your post-service medical evidence with regard to your mental health condition at the time of your service, as discussed above. The Board considered your contention that your command made fraudulent statements and falsified documents, including your medical records, to deny you an honorable discharge, but found no evidence to support this claim. There was simply insufficient evidence of any error or injustice to justify the removal of this information from your record.

Based on these findings, the Board affirmed its decision in Docket No. 1053-19, and found that the only changes to your naval record which are warranted are the previously granted upgrade of his characterization of service to general (under honorable conditions) and the change of your narrative reason for separation to “Secretarial Authority.”

You are entitled to have the Board reconsider its decision upon submission of new matters, which will require you to complete and submit a new DD Form 149. New matters are those not previously presented to or 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,

12/22/2021


Deputy Director
Signed by: 