



wrongfully consuming alcoholic beverages while under the age of 21. On 14 July 2005, you received your second NJP for wrongfully using provoking speeches and communicating a threat. Following your second NJP, you were notified that you were being recommended for administrative discharge from the Navy by reason of misconduct due to pattern of misconduct and commission of a serious offense. You were advised of and waived your procedural rights to consult with military counsel and to present your case to an administrative discharge board (ADB). Your commanding officer (CO) then forwarded your administrative separation package to the separation authority (SA) recommending your administrative discharge from the Navy with an Other Than Honorable (OTH) characterization of service. The SA approved the recommendation for administrative discharge and directed your OTH discharge from the Navy by reason of misconduct due to pattern of misconduct. On 25 August 2005, you were discharged from the Navy with an OTH characterization of service by reason of misconduct due to pattern of misconduct.

The Board carefully considered all potentially mitigating factors to determine whether the interests of justice warrant relief in your case in accordance with the Kurta, Hagel, and Wilkie Memos. These included, but were not limited to, your desire to upgrade your discharge character of service and contentions that you incurred PTSD and depression following the death of your best friend and roommate during military service. You assert that due to the events concerning your roommate, you have been suffering from PTSD, alcohol abuse and depression for several years. You feel that your commanding officer did nothing to help you deal with the death of your friend and, because of the events concerning your friend, you immediately went into a shell and felt that you had no one to turn to in the military. For purposes of clemency consideration, the Board noted you did not provide supporting documentation describing post-service accomplishments or advocacy letters.

As part of the Board's review, a qualified mental health professional reviewed your request and provided the Board with an AO on 22 August 2022. The AO noted in pertinent part:

There is no evidence that he was diagnosed with a mental health condition in military service, or that he exhibited any psychological symptoms or behavioral changes indicative of a diagnosable mental health condition. Post-service, he has provided evidence of diagnoses of PTSD and other mental health conditions that are temporally remote to his military service. While the records indicate that he may have been experiencing some unrecognized symptoms of depression following the death of his best friend, there is insufficient evidence of symptoms consistent with PTSD, particularly life-threatening events, to attribute the PTSD diagnosis to military service. Unfortunately, his personal statement is not sufficiently detailed to establish a nexus with his misconduct. Additional records (e.g., post-service mental health records describing the Petitioner's diagnosis, symptoms, and their specific link to his misconduct) would aid in rendering an alternate opinion.

The AO concluded, "it is my considered clinical opinion there is insufficient evidence of a diagnosis of PTSD that may be attributed to military service. There is post-service evidence of another mental health condition (depression) that may be attributed to military service. There is

insufficient evidence his misconduct could be attributed to PTSD or another mental health condition.”

Based upon this review, the Board concluded your potentially mitigating factors were insufficient to warrant relief. Specifically, the Board determined that your misconduct, as evidenced by your two NJPs, outweighed these mitigating factors. In making this finding, the Board considered the seriousness of your misconduct and concluded your misconduct showed a complete disregard for military authority and regulations. Further, the Board also considered the likely negative impact your conduct had on the good order and discipline of your command. Furthermore, the Board concurred with the AO and determined that while there is post-discharge evidence of another mental health condition (depression) that may be attributed to military service, there is insufficient evidence of a diagnosis of PTSD that may be attributed to military service or that your misconduct could be attributed to PTSD or another mental health condition. As pointed out in the AO, there is insufficient evidence of symptoms consistent with PTSD, particularly life-threatening events, to attribute the PTSD diagnosis to military service. As a result, the Board determined your conduct constituted a significant departure from that expected of a Sailor and continues to warrant an OTH characterization. Even in light of the Wilkie Memo and reviewing the record holistically, the Board did not find evidence of an error or injustice that warrants upgrading your characterization of service or granting clemency in the form of an upgraded characterization of service. Accordingly, given the totality of the circumstances, the Board determined your request does not merit relief.

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,

10/24/2022

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Executive Director

Signed by: █