



**DEPARTMENT OF THE NAVY**  
BOARD FOR CORRECTION OF NAVAL RECORDS  
701 S. COURTHOUSE ROAD, SUITE 1001  
ARLINGTON, VA 22204-2490

██████████  
Docket No. 7470-22  
Ref: Signature Date

████████████████████  
████████████████  
██████████████████

Dear ██████████:

This is in reference to your application for correction of your naval record pursuant to Section 1552 of Title 10, United States Code. After careful and conscientious consideration of relevant portions of your naval record and your application, the Board for Correction of Naval Records (Board) found the evidence submitted insufficient to establish the existence of probable material error or injustice. Consequently, your application has been denied.

A three-member panel of the Board, sitting in executive session, considered your application on 20 April 2023. The names and votes of the members of the panel will be furnished upon request. 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, relevant portions of your naval record and applicable statutes, regulations, and policies. In addition, the Board considered the advisory opinion (AO) by Branch Head, Community Management Support Branch memorandum BUPERS-328 dated 3 March 2023 and the AO by a Licensed Clinical Psychologist dated 12 December 2022 and your response.

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.

On 29 November 2017, you entered active duty 4 years with an End of Active Obligated Service (EAOS) of 28 November 2021 and Soft EAOS (SEAOS) of 28 November 2023.

In accordance with OPNAVINST 1160.8B published on 1 April 2019, except as provided in subparagraph 15b and 15c, a Service member who is paid Selective Reenlistment Bonus (SRB) will be required to repay any unearned portion of the bonus in the event the Service member fails to fulfill the conditions of eligibility, service, or assignment. Situations requiring pro-rata repayment of the unearned portion and cancellation of future payment(s) of an SRB include, but are not limited to separation for a medical condition not amounting to a disability.

On 24 October 2019, you transferred from ██████████ and arrived to ██████████ on 1 December 2019 for duty. In December 2019, you were awarded Navy Enlisted Classification (NEC) N260.

On 31 January 2020, you signed an Administrative Remarks (NAVPERS 1070/613), witnessed by the administrative officer, with the following: “Message Date Time Group: 160849ZJan90 Reenlisted this date 31 January 2020. Entitled to SRB base on rating/NEC N26O. SRB zone A. The total SRB entitlement is \$79,279.99. First installment was \$39,639.99 paid. On 31 January 2020, you reenlisted for 6 years with an EAOS of 20 January 2026.

On 16 September 2021, ██████████ notified the Commanding Officer (CO), ██████████ ██████████ that DoD Instruction 1332.14 of 27 January 2014, NAVPERS 155600, and NAVMED P-117, you were recommended for administrative separation (ADSEP) for a condition not amounting to a disability. You have an impairment to operate within your rate that hinders your potential for continued naval service. It is expected that symptoms will only worsen and your projected adaptability for adequate functioning in a military environment is poor. Continued service may result in further decompensation. You continue to demonstrate significant symptoms such as depressed mood, suicidal ideation, impulsivity, and insomnia. These symptoms have likely interfered with your ability to tolerate the demands of military life. Your condition is one that is ongoing and unlikely to improve sufficiently to function within a military environment. You have a behavioral condition that is incompatible with military service but does not amount to a physical disability. You manifest a long-standing disorder of character and behavior that is of such severity as to render you unsuitable for continued military service. This condition is not amenable to treatment in the military medical system.

You do not have a diagnosis of service-related traumatic brain injury. You do not have a diagnosis of service-related post-traumatic stress disorder. You do not have a history of other mental illness co-morbidity. The aforementioned diagnosis and treatment recommendations were discussed with and understood by you.

Recommendations to the CO. You were recommended for ADSEP. You were mentally responsible for your behavior and possess sufficient capacity to understand and cooperate intelligently. There are no contraindications to you participating in any applicable administrative proceedings. You were deemed fit to continue duty for the purpose of ADSEP processing.

On 28 September 2021, you signed an Administrative Remarks (NAVPERS 1070/613), witnessed by the administrative officer, with the following: “1. You are hereby being counseled regarding your medical condition. You were diagnosed with a borderline personality disorder. Your present medical condition has not been considered a physical disability; however, it may be a disqualifying factor in determining your suitability for further naval service. 2. You are being afforded any and all medical assistance as required by your medical condition. You will adhere to any and all of the recommendations of your attending physician and or medical board. 3. Further assistance is available through: Chain of Command, Chaplain, Deployment Resiliency Counselor, and Medical staff. 4. This counseling is made to afford you an opportunity to undertake the recommended corrective action. Any failure to adhere to the guidelines cited above will make you eligible for administrative separation.”

On 7 January 2022, an Administrative Separation Processing Notice (NAVPERS 1910/31) for the following reason: “Separation By Reason of Convenience of The Government-Medical Conditions Not Amounting to a Disability as evidenced by your diagnosis 'F60.3 - Borderline personality disorder.' MILPERSMAN reference 1900-120.

On 4 March 2022, Commander, ██████████ notified the CO, ██████████ that authority is granted to discharge you within 10 working days after receipt of this letter. Prepare Certificate of Release or Discharge from Active Duty (DD Form 214) per BUPERSINST 1900.8E, entering the following: BLK 23: DISCHARGED, BLK 24: HONORABLE, BLK 25: MILPERSMAN 1900-120, BLK 26: JFV, BLK 27: RE-3G, BLK 28: CONDITION, NOT A DISABILITY. Recoup any unearned bonus paid and collect all existing indebtedness per DODFMR.

On 8 March 2022, you were issued official separation orders (BUPERS order: 0672) while stationed in ██████████ with an effective date of departure of March 2022. Your place elected for travel was ██████████ with an effective date of separation of 18 March 2022.

You were discharged with an Honorable character of service and were issued a DD Form 214 for the period of 29 November 2017 to 18 March 2022 based on a condition, not a disability.

On 28 April 2022, the CO, ██████████ notified Commander, Navy Personnel Command (PERS-832) that reason for processing: Separation by Reason of Convenience of the Government Medical Conditions not Amounting to a Disability.

Basic record data: ADSD: 29 November 2017; date of current enlistment: 31 January 2020; EAOS: 30 January 2026; time on board: two years and three months; date and amount of most recent SRB: 31 January 2021 and \$79,278.99; guaranteed enlistment bonus: \$39,639.99; deployment status: not deployed; is member pending orders: no; age: 25; total service, active: four years, four months; inactive: none; participated in Montgomery GI Bill: yes; specialized training: Nuclear Propulsion Plant Operator Mechanical, Nuclear Power School, Nuclear Field Class "A" School, Nuclear Field Entry Training and Recruit Basic Military Training.

On 3 August 2022, Balance Behavioral Health notified To Whom It May Concern that You are an established patient with her practice and have been under her care since 31 March 2022. She received a request from you to provide a letter as to why her diagnosis/es do not match those of your previous military provider(s).

Furthermore, it is her understanding that you were given a diagnosis of borderline personality disorder while receiving treatment through the military. On page three of the five pages of her evaluation, the reader/reviewer will find a paragraph wherein it is noted that despite your past diagnosis, your presentation and the clinical history were not consistent with the DSM-5 criteria that would be necessary to establish or support a diagnosis of borderline personality disorder.

The attached evaluation states that prior to your discharge from the military and currently, met the following criteria: Direct experience of traumatic events as well as indirect exposure. It should be noted that, while you do have a history of trauma that predates your military service, full symptomatology and severity thereof as well as the profound effects symptoms are now having on your overall well-being did not present until you were active duty. Put otherwise, the index traumatic events that occurred prior to your service may have engendered some subsyndromal and/or transient trauma-related symptoms; however, further traumatic exposure during your service seems to be the inciting factor that resulted in what constitutes post-traumatic stress disorder (dissociative type, [with complex specifier]). Diagnoses attached to this

encounter: Post-traumatic stress disorder, chronic. Attention-deficit hyperactivity disorder, combined type. Panic disorder. Major depressive disorder, single episode, moderate.

As part of the Board review process, the BCNR Physician Advisor who is a licensed clinical psychologist (Ph.D.), reviewed your contentions and the available records and issued an AO dated 12 December 2022. The psychologist noted that you were appropriately referred for psychological evaluation during your enlistment and properly evaluated during a week of extended observation. Your personality disorder diagnosis was based on observed behaviors and performance during your period of service, the information you chose to disclose, and the psychological evaluation performed. Three additional in-service providers agreed to the diagnosis and recommendation of separation. Post-service, a civilian provider has attributed your symptoms to Post Traumatic Stress Disorder (PTSD) and other mental health concerns. Though you present with a contradictory psychological evaluation post-service, the evaluation runs counter to evidence contemporary to your military service. Stressors in military life are different from civilian life; consequently, your symptoms of personality disorder may have improved after separation from service and the restrictive and demanding military environment. Other mental health symptoms may have become more predominant as her Borderline Personality Disorder (BPD) symptoms improved. In the psychologist's clinical opinion, there is insufficient evidence of error in diagnosis during service. Additional records (e.g., complete in-service mental health records describing your diagnosis, symptoms, and their history) may aid in rendering an alternate opinion. Based on the available evidence, it is the psychologist's clinical opinion there is insufficient evidence of a diagnosis of PTSD during military service. There is insufficient evidence the circumstances surrounding your separation could be attributed to a mental health condition other than your in-service diagnosed personality disorder.

On 7 January 2023, you notified BCNR that you would like to clarify a few parts of your experience with receiving the diagnosis that led to your discharge. The day before your trip to the █  
█ emergency room, you had gone to one of your ship's SAPR VAs to discuss a sexual assault committed against you by a military member prior to you entering active duty and your subsequent experiences with sexual harassment in the training pipeline while on active duty. These experiences were causing significant issues for you emotionally and ultimately culminated in one occurrence of self-harm. About two weeks after going to the █ Emergency Room, you met with a social worker at █, who told said that you had Borderline Personality Disorder within one 45-minute session. She then enrolled you in the Crisis Stabilization Program, which consists of 7 days of group therapy. The program teaches mindfulness practices, cognitive behavioral therapy techniques, and helps participants construct safety plans. It does not include one on one evaluation. At the end of the program, you met with the same social worker who documented the BPD diagnosis and began the administrative discharge process.

In response to being diagnosed with BPD as a result of your behaviors and performance during your period of service, you would like to highlight that you do not have a record of disciplinary issues or poor performance during your time of service. Nor were you required to seek mental health treatment by anyone in your chain of command. You sought out help purely due to your own wishes. At the time of the decision for your separation, you were three months out from your 4-year mark in the Navy. Although you accepted the diagnosis at the time, you did voice that you thought it was strange that a disorder serious enough to warrant your immediate discharge had not been caught or acknowledged in almost four years of service up until that point.

