



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

TRG
Docket No: 8154-98
14 July 1999

[REDACTED]

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 13 July 1999. 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 Department of Psychiatry, Naval Medical Center, San Diego, CA, a copy of which is enclosed.

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 31 May 1979 at age 19. The record shows that you received nonjudicial punishment on four occasions. Your offenses were four periods of unauthorized absence totaling about 42 days, absence from your appointed place of duty, and missing ship's movement.

A special court-martial convened on 17 December 1981 and convicted you of an unauthorized absence of about 243 days and breaking restriction. The court sentenced you to forfeiture of \$350 pay per month for three months, confinement at hard labor for three months and a bad conduct discharge. Portions of the forfeitures and confinement were suspended. The bad conduct discharge was issued on 31 June 1983.

In its review of your application the Board carefully weighed all potentially mitigating factors, such as your youth and contention that you were not responsible for your actions in the Navy because of mental illness. You have submitted evidence showing that more than two years after your discharge, you were diagnosed

with paranoid schizophrenia and have been in treatment since then. The Board found that these factors and contentions were not sufficient to warrant recharacterization of your discharge given your frequent misconduct and especially the final 243 day period of unauthorized absence. Concerning your claim of mental illness the enclosed advisory opinion states, in part, as follows:

...(While in the Navy) he underwent two complete and thorough psychiatric evaluations. These evaluations yielded no history or examination findings consistent with a psychotic disorder or any other Axis I diagnosis but report symptomology consistent with a schizoid personality.

While these findings may also be signs of a prodromal period, and (he) was subsequently diagnosed with Paranoid Schizophrenia two years after his military discharge, there is no evidence in these records that sustain a psychotic disorder or any other Axis I diagnosis while he was on active duty.

What is well documented is (his) frustration with military service. It is this, and not psychotic symptomology, that resulted in his several unauthorized absences reflected in the nature of his discharge. I see no evidence to show that (his) bad conduct discharge while on active duty (was) in any way related to psychiatric symptomology.

After review, the Board substantially concurred with the comments contained in the advisory opinion. The Board concluded that the discharge was proper as issued and no change is warranted.

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

Copy to:
The American Legion

DEPT. OF PSYCHIATRY

Naval Medical Center San Diego

San Diego, California 92134-5000

Facsimile / Memorandum

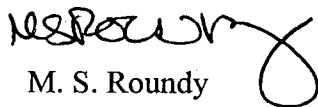
To: Chairman, Board for Correction of Naval Records
From: CAPT William Nash - Psychiatry Specialty Leader
LCDR M. S. Roundy - Psychiatric Resident

Subject: Request for comments and recommendations in the case of [REDACTED]
[REDACTED]

1) [REDACTED] was discharged from military service after a pattern of misconduct spanning two years time. Between 1979 and 1981 he was convicted of Article 86 violation on five occasions, one of which involved missing ships movement and another with breaking restriction. During this time period he underwent two complete and thorough psychiatric evaluations. These evaluations yielded no history or examination findings consistent with a psychotic disorder or any other Axis 1 diagnosis but report symptomology consistent with a schizoid personality. Findings consistent with such personality characteristics are documented in the medical record - isolativeness, "bizarre" interpretations of proverbs, and strange thoughts. Frank Delusions and hallucinations are consistently, however, denied.

2) While these findings may also be signs of a prodromal period, and [REDACTED] was subsequently diagnosed with Paranoid Schizophrenia two years after his military discharge, there is no evidence in these records that sustain a psychotic disorder or any other Axis 1 diagnosis while he was on active duty.

3) What is very well documented is [REDACTED] frustration with military service. It is this, and not psychotic symptomology, that resulted in his several unauthorized absences reflected in the nature of his discharge. I see no evidence to show that [REDACTED]'s bad conduct while on active duty were in any way related to psychiatric symptomology.



M. S. Roundy
LCDR, MC, USN
Psychiatric Resident



William Nash
CAPT, MC, USN
Psychiatry Specialty Leader