



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

JRE
Docket No: 2685-98
25 May 1999



Dear 

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 20 May 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 designees of the Specialty Advisor for Psychiatry dated 2 April 1999, 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. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. 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

DEPARTMENT OF PSYCHIATRY
NAVAL MEDICAL CENTER
SAN DIEGO, CA 92134-5000

02 APR 99

From: ██████████, LT, MC, USNR
To: Chairman, Board for Correction of Naval Records,
Department of the Navy, Washington, D.C. 20370-5100

Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS IN THE CASE OF
FORMER ██████████

Ref: (a) 10 U. S. C. 1552, Docket #2685-98

Encl: (1) BCNR File
(2) Medical Health Record

1. Per your request and in accordance with ref (a), I have reviewed enclosures (1) and (2).
2. The service member received an Administrative Separation from the United States Navy for Schizotypal Personality Disorder on 22 FEB 1991. The ex-service member contends that he was suffering from a schizophrenic disorder at that time.
4. In review of both the service record as well as the medical record, a definitive diagnosis of a "schizophrenic disorder" can not be diagnosed. ██████████ psychiatric evaluation with psychological testing, indicates no overt positive symptoms of a psychotic process, specifically, no formal thought disorder, no specific hallucinatory processes, no catatonic behavior and no disorganized speech or behavior documented. The medical record supports these findings with documentation verifying an absence of auditory or visual hallucinations (19JAN1990). Also of significance is the absence of any documentation that the ex-service member was unable to function in his various tasks. After each of the documented medical evaluations, the ex-service member was returned to his prior duty status. This is not indicative of any decline in functioning. Physical Examinations with complete review of system questionnaires dated in 1991, 1990, and 1986 make no mention of any psychotic nor psychiatric symptoms other than "anxiety" reported in 1990. Mention should be made to an entry dated 26MAY89 that has been altered to the point that several lines can not be deciphered.
5. Despite the fact that the patient may have presented himself as psychotic at the time of evaluation by Dr. ██████████ in the Phillipines on 14 MAY 1997, his multiple presentations during his time on active duty military service appeared to be no more than a spectrum of schizotypal personality disorder leading to possible prodrome psychotic symptoms. In addition, there is no mention, nor evidence ruling out a possible alternate etiology of his presentation on 14 MAY 1997, such as a toxicology screen nor a complete medical evaluation. Any number of circumstances may have contributed to the ex-service member's presentation nearly one month after his discharge.

6. Recommendation: After thorough evaluation of the provided data, there is no sufficient evidence to warrant a change in the characterization of the discharge.



LT, MC, USNR
Resident in Psychiatry



CAPT, MC, USNR
Staff Psychiatrist