



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

[REDACTED]
Docket No. 10761-24
Ref: Signature Date

From: Chairman, Board for Correction of Naval Records
To: Secretary of the Navy

Subj: REVIEW OF NAVAL RECORD OF FORMER [REDACTED], USN,
XXX-XX-[REDACTED]

Ref: (a) Title 10 U.S.C. § 1552
(b) Petitioner's Official Military Personnel File

Encl: (1) DD Form 149 w/attachments
(2) Advisory Opinion by M.D., Physician Advisor, 14 July 2025

1. Pursuant to the provisions of the reference, Subject, hereinafter referred to as Petitioner, filed enclosure (1) with the Board for Correction of Naval Records (Board), requesting that he receive a medical disability retirement at a 50% disability rating.

2. The Board, consisting of [REDACTED], [REDACTED], and [REDACTED], reviewed Petitioner's allegations of error and injustice on 10 September 2025 and, pursuant to its regulations, determined that the corrective action indicated below should be taken on the available evidence of record. Documentary material considered by the Board consisted of the enclosures, relevant portions of naval records, and applicable statutes, regulations, and policies. The Board also considered the enclosure (2), an advisory opinion (AO) from a qualified medical professional. Although Petitioner was provided an opportunity to respond to the AO, he chose not to do so.

3. The Board, having reviewed all the facts of record pertaining to Petitioner's allegations of error and injustice, found as follows:

a. Before applying to this Board, Petitioner exhausted all administrative remedies available under existing law and regulation within the Department of the Navy. Although Petitioner did not file his application in a timely manner, the Board waived the statute of limitation in the interest of justice and considered Petitioner's application on its merits.

b. A review of Petitioner's reference (b) Official Military Personnel File (OMPF) reveals that Petitioner enlisted in the Navy, served an Honorable enlistment from 7 September 1973 to 6 September 1977 and subsequently affiliated with the Naval Reserve. Petitioner's medical records were reviewed and discussed within the AO. According to those medical records, while Petitioner was on active duty for training (ADT) orders in [REDACTED] he was diagnosed with having a psychotic episode, paranoid. A Narrative Summary contained in his medical record described Petitioner's mental health symptoms and reported his diagnoses as Psychotic Disorder NOS, with Paranoid Features and to R/O Alcohol Abuse, Dependence, withdrawal. The Narrative Summary also stated that Petitioner's squadron flight surgeon assured medical that

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Petitioner would be kept on active duty for further evaluation and disposition, and that Petitioner was to return CONUS with his squadron for admission into a psychiatric facility. The recommendation continued: "Member will be under the care of his flight surgeon and will be accompanied at all time by the squadron corpsman who has been briefed. A medical record reports Petitioner was in-patient from 22 April to 9 May 1990. Petitioner underwent a Retention Physical Examination on 9 June 1990 at [REDACTED]. As described in the AO, Petitioner was found Not Physically Qualified for retention for duties of rate at sea and on foreign shores due to hospitalization in April 1990 for "Delusional/Paranoid." It was reported that Petitioner suffered from depression/nervousness, was prescribed antipsychotic, and reported of depression/nervousness as "Loxitane wears off." Petitioner was recommended for psychiatrist evaluation.

c. On 15 October 1990, Chief, Department of the Navy Bureau of Medicine and Surgery informed Commander, Naval Military Personnel Command that based upon review of available medical information, Petitioner did not meet established physical standards for retention in the Naval Reserve. On 17 November 1990, Petitioner's commanding officer informed him that he was not physically qualified for retention. On 9 December 1990, Petitioner wrote to his commanding officer a memo stating that, "[h]aving been informed by reference (a) that the Chief, Bureau of Medicine and Surgery Department of the Navy, has found that I am not physically qualified for retention in the Naval Reserve, I request discharge by reason of being not physically qualified." Petitioner was informed by letter, dated 23 January 1991, by the Officer in Charge of his reserve unit that his enlistment expired on 23 January 1991 and he was not recommended for reenlistment.

d. Beginning in 1991, Petitioner applied to the Department of Veterans Affairs (VA) for Disability Benefits and Compensation/Pension for claimed condition of Psychotic Disorder. He was initially denied benefits but, after filing Notices of Disagreement and an appeal to the Board of Veterans Affairs (BVA), Petitioner ultimately was granted entitlement to service connection for an acquired psychiatric condition. According to the AO, Petitioner received a VA Rating Decision in 1992 with a disability evaluation of 10% for Psychotic Disorder with Paranoid Features. Thereafter, on 5 October 2015, Petitioner's diagnosis was revised to Schizophrenia (previously diagnosed as psychotic disorder with paranoid features) and his disability evaluation increased from 10% to 50% effective 30 January 2015.

e. In his petition, Petitioner requested to be awarded a service disability retirement with a 50% rating based on his mental health and diabetes conditions. In support of his request, Petitioner asserted that he was honorably discharged from the Navy Reserve due to being NPQ and the VA later found him to have a 50% service connected disability. Petitioner asserts the condition for which he was found NPQ was incurred while on ADT.

f. In order to assist it in reviewing his petition, the Board obtained the enclosure (2), which was considered partially favorable to Petitioner's request. According to the AO, in part:

4. Petitioner's in-service diagnoses of initially Psychotic Disorder, NOS with Paranoia and then Delusional Disorder, Paranoid, DNEPTE (Did Not Exist Prior to Enlistment) were well documented in the available and provided service, Veteran's

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Administration, and civilian healthcare organizations' health and personnel records containing the clinical histories, evaluations, medical and mental health treatments, as well as the military and civilian employment dispositions arising from these conditions. Concurrently, along with his military diagnoses he was diagnosed with Psychotic Disorder, by History by a civilian psychiatrist.

Petitioner provided testimony and additional evidence regarding the physical and occupational impairments he experienced as a result of his Psychotic Disorder condition, which he contended rendered him physically disqualified to continue to serve in the Naval Reserves, as well as Unfit for continued service in the military and should have led to referral to the Disability Evaluation System after Chief, BUMED deemed him Not Physically Qualified for naval reserve service.

Though his Commanding Officer initially informed him BUMED found him NPQ for retention in the Naval Reserve by reason of psychotic disorders with paranoid feature, he could request review by the Physical Evaluation Board (PEB) on the basis of available medical records and upon notification of the PEB recommended findings would be given the opportunity to accept, rebut, or to demand a formal hearing before a Hearing Panel, this did not occur as Commander, Naval Reserve Force had denied his 13 JUN 90 NOE request package for disability benefits deeming his condition "not duty related and not covered by SECNAVINST 1770.3A."

* * *

5. After considered review of the available objective clinical and non-clinical evidence, in my medical opinion, there exists sufficient evidence that at the time of his Honorable discharge from the Navy Reserves, Petitioner suffered from a psychotic condition, specifically Delusional Disorder that interfered with his ability to carry out the responsibilities of his rank, rate, and assigned duties, rendered him NPQ for continued reserve affiliation, and Unfit for continued military service.

* * *

Had Petitioner been referred to the PEB at the time of his discharge from naval reserve service for his diagnosis of Psychotic Disorder NOS, in my medical opinion, it is likely the PEB would have found him Unfit for continued military service given the findings by BUMED of not being physically qualified for continued reserve service due to a psychotic disorder; the lack of evidence in his performance records of impaired execution of his duties in either his military or civilian employment prior to his diagnosed psychotic condition that originated during his April 1990 ACDUTRA; subsequent evidence of impaired performance during the period of his mental health hospitalizations and initial outpatient treatment; lack of evidence in his service or civilian health and personnel records of any pre-existing mental health or substance abuse conditions or impairment in occupational or social functioning prior to his April 1990 ACDUTRA; and

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determination by his treating military physicians that his condition required placement on a period of Limited Duty for evaluation and stabilization of his psychotic condition and consideration for referral to the Disability Evaluation System as well as placement in a Medical Hold status by his Navy reserve command.

* * *

g. The AO concluded, "in my medical opinion, the preponderance of objective clinical evidence provides sufficient support for Petitioner's contention that at the time of his discharge he was unfit for continued military service and should have been referred to the DES for evaluation of fitness for continued service and consideration for possible medical retirement."

The AO also proposed as follows, "[s]hould consideration of Petitioner's request for relief be granted, it is recommended Petitioner be referred to the Physical Evaluation Board for consideration of placement on the Permanent Disability Retired List (PDRL), applied to the time of discharge (23 Jan 1991) for:

Psychotic Disorder, NOS (Not Otherwise Specified), VA Code 9210, permanent and stable, non-combat related (NCR), noncombat zone (NCZ) at a disability evaluation to be determined.

CONCLUSION

Upon review and consideration of the evidence of record, the Board concluded that there was an error in Petitioner's naval record that warrants partial relief. Specifically, the Board concurred with the findings of the AO, which it found set forth a logical framework of analysis based on an objective review of substantial evidence, which supported that, had Petitioner been reviewed by the PEB with an appropriate Line of Duty (LOD) (then called Notice of Eligibility), he would have been found to be unfit. In terms of the disability rating, the Board determined that the most analogous disability rating to Petitioner's condition at the time of his discharge from service was the initial rating from the VA in 1992 at 10%. The Board determined Petitioner's request to be rated at 50% consistent with his VA rating from 2015 is not supported by the evidence since the increase in his VA assigned disability rating occurred approximately 24 years after his release from the Navy Reserve.

The Board also noted that Petitioner sought to receive disability retirement benefits for his post-discharge conditions of Diabetes Mellitus Type II (resulting as a side effect to antipsychotic medications administered for his condition of Schizophrenia) and bilateral Peripheral Neuropathy of his right and left lower extremities arising as a consequence of his Diabetes Mellitus Type II. On this issue, the Board concurred with the AO, which found that, "the clinical evidence does not support service connection for these conditions [as it related to a disability retirement] as they arose well after Petitioner's discharge from his naval reserve service and would not have contributed to any unfitting condition during Petitioner's military service." The AO continued that, "[t]hese conditions have been appropriately addressed through the VA Disability System."

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RECOMMENDATION

In view of the above, the Board directs the following corrective action:

That Petitioner's record be correct to reflect that upon his discharge from the Navy Reserve on 23 January 1991, he was unfit due to Psychotic Disorder, NOS (Not Otherwise Specified), VA Code 9210, permanent and stable, non-combat related (NCR), noncombat zone (NCZ) rated at 10%.

The Petitioner shall be issued a new service record entry reflecting his discharge from the Navy Reserve based: Disability, Severance; separation program designator: as appropriate; reentry code: RE-3P.

The Defense Finance and Accounting Service shall audit the Petitioner's pay account to determine amounts due, if any.

That a copy of this report of proceedings be filed in Petitioner's naval record.

That no further changes be made to Petitioner's naval record.

4. It is certified that a quorum was present at the Board's review and deliberations, and that the foregoing is a true and complete record of the Board's proceedings in the above-entitled matter.

5. Pursuant to the delegation of authority set out in Section 6(e) of the revised Procedures of the Board for Correction of Naval Records (32 Code of Federal Regulation, Section 723.6(e)) and having assured compliance with its provisions, it is hereby announced that the foregoing corrective action, taken under the authority of reference (a), has been approved by the Board on behalf of the Secretary of the Navy.

9/29/2025

