



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
701 S. COURTHOUSE RD
ARLINGTON, VA 22204

██████████
Docket No. 12503-24
Ref: Signature Date

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Dear Petitioner:

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 26 November 2025. 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 as well as the 5 September 2025 advisory opinion (AO) furnished by the Physician Advisor/Psychiatrist. The AO was provided to you on 8 September 2025, and you were given 30 days in which to submit a response. Although you were afforded an opportunity to submit a rebuttal, you did not do so.

The Board determined that a 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.

The Board carefully considered your request to reinstate your promotion to Chief Petty Officer (CPO), remove your 25 October 2021 Administrative Remarks (Page 13), and correct previous evaluation reports to reflect E-7. You also request payment of all backpay and allowances. The Board considered your contention regarding your belief that your command was too quick to judge on a condition that did not have sufficient research at the time. You claim there are now multiple ways to test the condition, and you recently received a diagnosis from a second specialists to say that Auto-Brewery Syndrome (ABS) was plausible. You also claim the second provider stated that it would be difficult in any situation to confirm a 100 percent positive diagnosis due to lack of historical data throughout the world. You further claim that your system has been flushed multiple times, biopsies had to be redone due to mishandling samples, making them unusable and putting you at a disadvantage in providing an outcome. Based on the information provided, which includes lab work, testimonies, and character statements, you feel confident that it is plausible to have had ABS.

In its review of your request and all available evidence, the Board determined that no relief is warranted. Because you claimed that a medical condition caused your symptoms, an AO provided by the Physician Advisor/Psychiatrist was considered and deemed unfavorable to your request. The AO concluded that the preponderance of objective clinical evidence provides insufficient support for your contention that you suffered from a “plausible medical condition” that was “missed” during your in-service medical evaluation process that would have mitigated your charges of misconduct and subsequent nonjudicial punishment (NJP) proceedings. Additionally, in reaching its decision, the Board observed that it is not an investigative body and relies on a presumption of regularity to support the official actions of public officers, in the absence of substantial evidence to the contrary, the Board will presume that they have properly discharged their official duties.

In this regard, the Board noted the following:

On 19 October 2021 you were brought to medical by your CPO for a command directed competency for duty evaluation after you were noted to have an altered mental status at 1510 while doing chief select activities. Two CPOs noted that you appeared to be “glassyeyed,” smelling of alcohol, staggering, and unable to give direct/coherent answers to questions, as well as being unable to deliver consistent answers when asked the same question multiple times. It was noted that you arrived late to planned activities and kept repeating, “I’m just so excited.” You drove yourself to Bangor but was unable to recall where you had parked or what type of vehicle you drove. The Physician noted that you had a significantly elevated blood alcohol level that likely explained your current altered mental status, as well as your physical exam findings. You were recommended for further evaluation given your history of past heavy alcohol use, self-reported hiding of alcohol bottles, and using alcohol as a coping mechanism for stress, although you denied any alcohol use in the last six months.

On 22 October 2021, you were seen in follow up visit by your Primary Care Provider after an urgent care clinic evaluation for episode of “acute intoxication or dissociation.” The Physician noted that the case is complicated because you vehemently deny any recent alcohol use. He also noted, although statistically you are highly unlikely to have auto brewery or gut fermentation syndrome. He referred you to a gastrointestinal (GI) specialist for their expertise in evaluation of this condition.

In a memorandum dated 25 October 2021, the Commanding Officer, ██████████, notified the Navy Personnel Command that due to investigation for potential Uniform Code of Military Justice (UCMJ) charges, he has “withheld cycle 250 advancement to HMC.” On the same date, you were issued an Administrative Remarks (Page 13) notifying you that the authorized advancement to E-7 is withheld due to pending UCMJ charges.

Between the dates of 29 October 2021 to 26 November 2021, you were seen by other specialists. In a case review that included your recent lab work, hospitalization, GI, neurology notes, and “MRI” the Physician noted that much discussion ensued about the possibility of an unusual case. He noted that you were interviewed and examined separately and then your case was discussed with the resident team. The Physician expressed doubts as to ABS as an explanation for your history and concluded that at this time no clear underlying etiology was discovered which is more likely than ingestion as a cause of elevated blood glucose.

On 3 January 2022, you were found guilty at nonjudicial punishment for drunkenness and other incapacitation offenses. Your CO awarded reduction in rate to HM2, which was suspended for six months, and revocation of the CO’s CPO recommendation.

You received a Special/Regular evaluation report for the reporting 15 November 2021 to 3 January 2022 to document your NJP. The RS marked performance trait for military bearing/character and leadership 1.0 and the promotion recommendation "Significant Problems." The RS provided justification for adverse evaluation report in block 43.

On 9 July 2024, you were seen by [REDACTED] who noted that auto brewery syndrome is certainly plausible given elevation in serum alcohol level with no reported ingestion. “Again, without current symptoms, no other testing can confirm this diagnosis.” In correspondence from [REDACTED] he informed you that, “Unfortunately no additional testing is available to confirm this diagnosis at this time.”

The Board substantially concurred with the AO that the available clinical evidence does not support your contention of a “missed plausible diagnosis” as mitigation for the misconduct for which you received NJP. In this regard, the Board noted that you received appropriate and comprehensive medical evaluations from your primary care physicians, specialists from neurology, gastroenterology, and while hospitalized for evaluation to explain possible medical etiologies for your presentations of appearing intoxicated with elevated blood alcohol levels. The Board, however, found no evidence of definitive clinical findings that would support an ABS diagnosis. At the conclusion of your diagnostic work-up, your primary care physician stated, “At this time no clear underlying etiology discovered which is more likely than ingestion as a cause of elevated blood [alcohol].” The Board also noted that your second and most recent specialists opined that ABS was “certainly plausible given elevation in serum alcohol level with no reported ingestion” however, he could not diagnose you with this condition “without current symptoms, no other testing can confirm this diagnosis.”

Based on the foregoing, the Board found no error in the imposition of your NJP, revocation of your commanders' promotion recommendation, or other administrative matters that stemmed from your NJP. Moreover, the Board found your evidence insufficient to overcome the presumption of regularity and thus concluded there is no probable material error, substantive inaccuracy, or injustice warranting corrective action. Accordingly, given the totality of the circumstances, the Board determined that your request does not merit relief.

In the absence of sufficient new evidence for reconsideration, the decision of the Board is final, and your only recourse would be to seek relief, at no cost to the Board, from a court of appropriate jurisdiction.

Sincerely,

12/11/2025
