



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

701 S. COURTHOUSE RD

ARLINGTON, VA 22204

█
Docket No. 1616-25

Ref: Signature Date

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

Subj: REVIEW OF NAVAL RECORD OF FORMER █
XXX XX █ USMC

Ref: (a) Title 10 U.S.C. § 1552
(b) USD Memo, "Clarifying Guidance to Boards for Correction of Military/Naval Records Considering Cases Involving Both Liberal Consideration Discharge Relief Requests and Fitness Determinations," of 4 April 2024
(c) USD Memo, "Clarifying Guidance to Military Discharge Review Boards and Boards and Boards for Correction of Military/Naval Records Considering Requests by Veterans for Modification of their Discharge Due to Mental Health Conditions, Sexual Assault, or Sexual Harassment," of 25 August 2017
(d) USD Memo, "Guidance to Military Discharge Review Boards and Boards for Correction of Military/Naval Records Regarding Equity, Injustice, or Clemency Determinations," of 25 July 2018
(e) Petitioner's Official Military Personnel File

Encl: (1) DD Form 149 w/attachments
(2) Physician Advisor, Board for Correction of Naval Records ltr Docket No. 1616-25 of 11 December 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 his record be changed to reflect he received a service disability retirement with a disability rating of no less than 50% for Post-Traumatic Stress Disorder (PTSD) or Persistent Depressive Disorder (PDD).

2. The Board, consisting of █, █, and █, reviewed Petitioner's allegations of error and injustice on 28 January 2026 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, to include references (b) through (d), namely, the 4 April 2024 guidance from the Under Secretary of Defense for Personnel and Readiness regarding cases involving both liberal consideration discharge relief requests and fitness determinations (Vazirani Memo), the 25 August 2017 guidance from the Under Secretary of Defense for Personnel and Readiness regarding requests by Veterans for modification of their discharge due to mental health conditions, sexual assault, or sexual harassment (Kurta Memo), and the 25 July 2018 guidance from the Under Secretary of Defense for Personnel and Readiness regarding equity, injustice, or clemency determinations (Wilkie Memo), hereinafter collectively referred to as the Clarifying Guidance. The Board also considered the enclosure (2), an advisory opinion (AO) prepared by a board certified psychiatrist. Although Petitioner was provided an opportunity to respond to the AO, he chose not to do so.

Subj: REVIEW OF NAVAL RECORD OF FORMER [REDACTED]
XXX XX [REDACTED] USMC

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 statute of limitation was waived in the interest of justice.

b. According to reference (e), he enlisted in the Marine Corps Reserve and served an initial period of active duty from 19 October 2009 through 1 April 2010. He continued in an inactive reserve status until he commenced a period of active duty on 1 January 2013. Petitioner asserts that in December 2013, while he was on leave, he was a victim of a night time armed robbery at a gas station. He avers that he pulled out his own firearm and fired several shots causing the assailant to flee on foot. There are different account of this story. Available documents reflect that Petitioner stated he shot and killed the assailant. Later, he stated that he is not sure what happened to the assailant. He further avers that this experience caused him to suffer from anxiety and experience symptoms of PTSD.

c. While complete records are not available, there is a document in Petitioner's OMPF demonstrating that he was processed for administrative separation due to drug abuse. The document reflects that an administrative board found that he committed the misconduct, recommended to be discharged, and that his discharge characterization be Other Than Honorable. However, the administrative board also recommended that Petitioner's discharge be suspended for a period of twelve months. The discharge authority concurred with the findings of the administrative board and directed that Petitioner's separation be suspended for a period of twelve months.

d. Petitioner was reviewed by a Medical Evaluation Board (MEB), which issued on 7 October 2015. According to the AO, Petitioner was referred to the MEB for evaluation of possibly unfitting conditions of PTSD and Chronic Depression. Further, according to the AO, Petitioner's clinical history noted he was originally referred to mental health for depression in context of intense fear of abandonment and rejection by his wife due to difficulty with maintaining an erection, loss of libido, and avoidance of sexual contact due to chronic testicular pain following 2005 hydrocele repair surgery. The AO also explained that during Petitioner's initial psychological evaluation, he disclosed "a significant history of psychiatric illness and treatment prior to entry" and that he also disclosed exposure to a potentially traumatizing event in December 2013 when he was robbed at knifepoint.

e. The AO explained that, at the time of Petitioner's evaluation by the MEB, he had completed treatment for PTSD with moderate improvement, and that, at the time of the MEB, he was continuing in psychotherapy with a Psychologist at [REDACTED] for continued symptoms of insomnia, depression, anxiety and ongoing relationship difficulties. Further, according to the AO, Petitioner disclosed a chaotic early childhood due to mother's opiate addiction with periods of significant impairment, non-responsiveness to his needs, anger, irritability, and explosiveness which resulted in his feeling neglected with chronic feelings of alienation, abandonment, and being afraid.

Subj: REVIEW OF NAVAL RECORD OF FORMER [REDACTED]
XXX XX [REDACTED] USMC

f. The AO further reported, the MEB described that Petitioner reported the gas station incident by stating that in December 2013 he was the victim of an attempted robbery at knifepoint at a gas station in [REDACTED] while home on leave. During the robbery, Petitioner explained, he distracted the assailant by throwing his wallet aside, retrieved his pistol from his vehicle (reported it was registered and he had a valid concealed carry permit) and when the assailant “realized there was very little cash in his wallet he charged him with the knife, at which point he shot and killed his assailant.” At the time of the MEB, according to the AO, Petitioner endorsed occasional intrusive memories of the event, nightmares in the months after the event, anxiety, hyper-vigilant and “on-guard,” persistent insomnia, emotional numbing, withdrawal from others, does not like crowds, and “is still very cautious when pumping gas.” The MEB described that Petitioner reported he was held for questioning by law enforcement with regard to his shooting his assailant.

g. According to the AO, the MEB also assessed that “he also clearly constitutes fraudulent enlistment as he was psychiatrically hospitalized in February 2007, which he failed to disclose during his MEPS physical. In April 2014, Petitioner reported a recurrence of depression for which he was treated prior to entry.” The MEB assessed Petitioner was no longer fit to continue in military service due to his chronic and persistent psychological symptoms and rendered final diagnoses of: Axis I: Post-Traumatic Stress Disorder, Chronic, Delayed, (Non-Combat Related), 309.81 Persistent Depressive Disorder, Early Onset, 300.4 (Also known as Dysthymic Disorder) and Axis II: Borderline Personality Disorder, 301.83

h. The MEB opined that some of Petitioner’s symptoms existed prior to entry but the demands of military service exacerbated his Persistent Depressive Disorder. However, according to the MEB, his PTSD symptoms appeared to be a direct result of the assault with a deadly weapon and his killing of the assailant in self-defense. Ultimately, the MEB recommended that Petitioner’s case be referred to the Central Physical Evaluation Board (PEB).

i. While Petitioner was awaiting review by the PEB, on 1 February 2016, the President, PEB, suspended Petitioner’s evaluation processing while awaiting the receipt of a police report from the claimed incident of 2013. In response, Petitioner notified the President, PEB that there was no police report of the December 2013 incident regarding purported robbery attempt by knifepoint and resulting shooting of the assailant by Petitioner. In his statement, Petitioner stated that a police sergeant responded and told him to leave the scene as he was a former Marine and did not want to have Petitioner deal with “Command B.S.” The case suspension was ultimately removed when the PEB determined it was unlikely to get a police report.

j. An Informal PEB ultimately reviewed Petitioner, and it published its finding on 24 March 2016. According to the IPEB, Petitioner was unfit due to PDD and PTSD, but found that both of these conditions existed prior to entry (EPT). According to the notes of the Medical Officer to the IPEB, dated 19 January 2016:

The Informal Board determined that clear and unmistakable evidence supports that the medical impairment existed prior to entry into military service. Furthermore, that based on accepted medical principles and the evidence contained within the case file, the condition was not aggravated by military service, but rather was due to the natural progression of the condition.

Subj: REVIEW OF NAVAL RECORD OF FORMER [REDACTED]
XXX XX [REDACTED] USMC

Therefore, the Board finds that the condition Existed Prior to Service (EPTS). Childhood history of neglect, depression, and suicide attempts and treatment with counseling and medications before enlistment with childhood records reviewed by treating military provider. There are no records to substantiate the alleged incident from DEC 2013.

The member has a diagnosis of right shoulder pain based on medical documentation. Based on the evidence contained within the case file, specifically the follow up ortho note that documents SVM is doing well and has pain only with extremes of motion and the limited need for post-operative physical therapy, the Informal Board has determined that the member's condition does not preclude him from the reasonable performance of his duties. Therefore, the Board finds that the member is fit to continue naval service and that he is reasonably able to perform the duties of his MOS.

The member has a confirmed diagnosis of borderline personality disorder which the PEB has determined to be a Category IV Condition. Pursuant to SECNAVINST 1850.4E, a Category IV Condition is not ratable as a medically unfitting condition. Consequently, the PEB is neither rendering a Fit nor an Unfit Finding concerning this Category IV Condition.

k. Thereafter, Petitioner was discharged pursuant to the finding of the IPEB, on 30 August 2016, due to Disability – EPTE.

l. In his petition to this Board, Petitioner requests that his record be corrected to reflect that he was medically retired

m. To assist it in reviewing Petitioner's application, the Board obtained the enclosure (2). As described above, the AO recounted the mental health treatment that Petitioner obtained while he was in service. Ultimately, the AO was considered favorable to Petitioner's requests, and it was provided to Petitioner. In the opinion of the AO, the PEB's decision that Petitioner's PDD condition preexisted his military service and was not aggravated by his military service, but manifested due to the natural progression of the condition, was well supported by the clinical record.

n. However, with respect to Petitioner's PTSD condition, the AO opined that, "there exists evidence that Petitioner may have experienced a traumatic stressor event in December 2013, wherein he was threatened with armed robbery at knifepoint and fought off his assailant by shooting him with his handgun and either forcing him to flee or killing him at the scene." In reaching this opinion, the AO explained that in Petitioner's application, he de-conflicted the various accounts of the stressor incident. Further, according to the AO, the PTSD stressor incident was chronicled in medical records, IDES reports, and VA PTSD DBQ report that informed the VA decision to grant service-connection and a disability evaluation of 50% for this stressor event.

o. The AO then addressed whether Petitioner's unfitting PTSD condition was existed prior to service. On this point according the AO contrasted Petitioner's pre-enlistment psychological

Subj: REVIEW OF NAVAL RECORD OF FORMER [REDACTED]
XXX XX [REDACTED] USMC

symptoms – which appeared to be based in a chronic, persistent depressive disorder with symptoms and signs consistent with a depressive disorder, not a trauma-based or anxiety disorder – with symptoms typical of PTSD, which include nightmares, flashbacks, increased startle response, irritability, or chronic insomnia. In light of the foregoing, the AO suggested as follows:

Should 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) effective 30 AUG 2016 for:

1. Post-Traumatic Stress Disorder, VA Code 9411, permanent and stable, not combat related (NCR), non-combat zone (NCZ) at a disability evaluation to be determined.

p. The AO concluded, “in my medical opinion, the preponderance of objective clinical evidence provides sufficient support that Petitioner’s unfitting condition of Persistent Depressive Disorder Existed Prior to Enlistment (EPTE) and was not aggravated by military service. There is in-service evidence Petitioner’s unfitting PTSD condition originated during his military service.”

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 relief.

In reaching its decision, the Board substantially concurred with the opinion of the AO, which it determined to be rational and based on substantial evidence. The Board particularly noted the description by the AO of the difference in symptoms between the pre-existing PDD, on the one hand, with the symptoms of PTSD, on the other hand. Further, the Board determined that it did not need to rely upon liberal consideration as set forth in references (b) through (d), inasmuch as it appeared that Petitioner was diagnosed with PTSD while he was in service and, further, that Petitioner’s claim and all applicable evidence was reviewed by a medical professional, which carefully analyzed available documentation and rendered a rational opinion. Finally, the Board acknowledged the shifting story that Petitioner provided as to the origin of his PTSD, but considered that, in the end, he did in fact, incur a PTSD diagnosis in service that was considered to render him unfit for service.

Thus, the Board determined that the relief suggested by the AO was appropriate. In fashioning the appropriate percentage to apply to Petitioner’s unfitting condition, the Board relief upon 38 CFR § 4.129, which states that, “[w]hen a mental disorder that develops in service as a result of a highly stressful event is severe enough to bring about the veteran's release from active military service, the rating agency shall assign an evaluation of not less than 50 percent and schedule an examination within the six month period following the veteran's discharge to determine whether a change in evaluation is warranted.” In Petitioner’s case, he has been examined within the six month period following his discharge from the Department of Veterans Affairs (VA), which had

Subj: REVIEW OF NAVAL RECORD OF FORMER [REDACTED]
XXX XX [REDACTED] USMC

granted him a 50% disability rating for PTSD. Thus, the Board determined that Petitioner should be placed on the PDRL as described above in the AO with a 50% rating.

RECOMMENDATION:

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

That Petitioner be placed on the PDRL, effective 30 August 2016, for:

1. Post-Traumatic Stress Disorder, VA Code 9411, permanent and stable, not combat related (NCR), non-combat zone (NCZ) at 50%

That Petitioner be issued a new Certificate of Release or Discharge from Active Duty (DD Form 214) reflecting that at the time he was discharged, he was placed on the PDRL as follows:
Narrative Reason for Separation: Disability, Permanent; Separation Program Designator: as appropriate; Reentry Code: RE-3P; and conform any other blocks to reflect placement on the PDRL.

That DFAS audit the Petitioner's pay account for payment of back pay to the date of Petitioner's date of discharge and any lawful monies owed.

That a copy of this record be placed in Petitioner's OMPF.

And no other relief.

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.

2/21/2026

[REDACTED]

Executive Director

Signed by: [REDACTED]