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

[redacted]
Docket No. 8668-25
Ref: Signature Date

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

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

Ref: (a) Title 10 U.S.C. § 1552
(b) SECDEF Memo, "Supplemental Guidance to Military Boards for Correction of Military/Naval Records Considering Discharge Upgrade Requests by Veterans Claiming Post Traumatic Stress Disorder," dated 3 September 2014 (Hagel Memo)
(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," dated 25 August 2017 (Kurta Memo)
(d) USD Memo, "Guidance to Military Discharge Review Boards and Boards for Correction of Military/Naval Records Regarding Equity, Injustice, or Clemency Determinations," dated 25 July 2018 (Wilkie Memo)
(e) USD Memo, "Clarifying Guidance to Boards for Correction of Military/Naval Records Considering Cases Involving Both Liberal Consideration Discharge Relief Requests and Fitness Determinations," dated 4 April 2024 (Vazirani Memo)
(f) MILPERSMAN 1910-122
(g) MILPERSMAN 1910-304
(h) SECNAV M-1850.1
(i) Official Military Personnel File (OMPF)

Encl: (1) DD Form 149 w/attachments
(2) DD Form 214
(3) NAVPERS 1070/605, History of Assignments
(4) Service Treatment Records, Naval Medical Center [redacted], 27 Apr 98-27 May 98
(5) Service Treatment Records, Naval Medical Center [redacted], 21 Jun 98-23 Jun 98
(6) Service Treatment Records, Naval Medical Center [redacted], 13 Aug 98-5 Oct 98
(7) Service Treatment Records, Naval Medical Center [redacted], 5 Oct 98-15 Oct 98
(8) Service Treatment Records, Naval Medical Center [redacted], 2 Nov 98
(9) Service Treatment Records, Naval Medical Center [redacted], 9 Nov 98
(10) Administrative Separation Processing Notice-Notification Procedure, 17 Nov 98
(11) Commanding Officer, [redacted] ltr 1910 Ser N10/159, subj: [Petitioner]; Report of Administrative Separation, 21 Jan 99
(12) Commanding Officer, [redacted] ltr 1910 Ser N10, subj: Admin Discharge ICO [Petitioner], 15 Dec 98

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

1. Pursuant to the provisions of reference (a), Subject, hereinafter referred to as Petitioner, filed Enclosure (1) with the Board for Correction of Naval Records (Board), seeking to have her naval records changed to reflect: (1) disability separation or retirement, made effective as of her date of discharge; (2) a narrative reason consistent with disability separation or retirement; and (3) an Honorable character of service.

2. The Board, consisting of [redacted], [redacted], and [redacted] reviewed Petitioner's allegations of error or injustice on 15 April 2026. The Board, pursuant to its regulations and on the basis of the available evidence of record, determined that the corrective action indicated below should be taken with respect to Petitioner's request. Documentary material considered by the Board consisted of Petitioner's application, all materials submitted in support thereof, relevant portions of Petitioner's naval record, and applicable statutes, regulations, and policies. Because Petitioner claims to suffer from a mental health disorder, the Board also considered the application of references (b) through (e) (hereinafter collectively referred to as the Clarifying Guidance) to Petitioner's request.

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

a. Before applying to this Board, Petitioner exhausted all administrative remedies available under law and regulations applicable to the Department of the Navy. Although Petitioner's application was not filed in a timely manner, the Board waived the statute of limitations and considered the case on its merits in the interest of justice.

b. A review of reference (i) reveals that on 9 December 1997, Petitioner commenced active duty in the U.S. Navy. On 19 February 1998, she was assigned to the [redacted], in a student status. See enclosures (2) and (3).

c. On 27 April 1998, Petitioner presented to sick call complaining of two weeks of worsening lower abdominal and low back pain. Her provider noted differential diagnoses of pyelonephritis (kidney infection), kidney stone, or urinary tract infection (UTI). On follow-up a few days later, Petitioner was diagnosed with an untreated UTI. She was placed on three days of limited duty and prescribed a five-day course of antibiotics. See enclosure (4).

d. On 12 May 1998, Petitioner presented to the Emergency Department (ED) of Naval Medical Center [redacted] with increasing right-sided flank pain, despite completing her course of antibiotics. She was diagnosed with pyelonephritis and prescribed Vicodin for pain and a 14-day course of antibiotics. One week later, Petitioner presented to sick call for follow-up, describing her condition as unchanged. Her provider noted that her condition was not responding to antibiotics and prescribed an urgent urology consultation. Petitioner did not attend her urology consultation. See enclosure (4).

e. On 26 May 1998, Petitioner again presented to sick call for follow-up, this time reporting improvement in her condition. At that time, her provider assessed her as "s[tatus] p[ost] acute pyelonephritis." However, the following day, Petitioner presented for follow-up labs, complaining of feeling "constantly nauseous, tired, and achy" and was diagnosed with chronic UTI/pyelonephritis. See enclosure (4).

f. On 21 June 1998, Petitioner presented to the ED of [redacted] with a severe headache and mild abdominal pain. She underwent a lumbar puncture for analysis of spinal fluid and was discharged with prescriptions for Motrin and a seven-day course of antibiotics. Two days later, she presented to her primary care provider for follow-up, complaining of continuing muscle aches, fever, and vomiting. She was diagnosed with uncomplicated pyelonephritis and advised to extend her course of antibiotics by an additional week (i.e., 14 days total). See enclosure (5).

g. On 13 August 1998, Petitioner presented to her primary care provider for follow-up labs, reporting that her symptoms were improved but still complaining of nausea. She was diagnosed with UTI "on a background of pyelonephritis and recurrent UTI" and prescribed a seven-day course of antibiotics. Just under a month later, she presented to her primary care provider for follow up, complaining of continued right lower quadrant pain and vomiting. She was diagnosed with recurrent UTI, prescribed an additional seven-day course of antibiotics and a urology consultation. Petitioner did not attend her urology consultation. See enclosure (6).

h. On 5 October 1998, Petitioner presented to the ED of [redacted] with a headache, fever, and vomiting. She was diagnosed with pyelonephritis, placed on sick-in-quarters (SIQ) for 24 hours, and prescribed a 10-day course of antibiotics. Three days later, she followed up with her primary care provider for follow-up, complaining of lightheadedness, weakness, and an inability to eat for a seven-day period. Her doctor noted that Petitioner had been noncompliant with her urology appointments and prescribed antibiotics and a new urology consultation. Petitioner did not attend her urology consultation. See enclosure (6).

i. On 15 October 1998, Petitioner again presented to the ED of [redacted], complaining of right flank pain and a headache. Her medical provider noted:

> "The patient has not had a urologic workup of her complaints. She has not felt back to baseline in several months. She feels that the symptoms simply recur when she comes off of her antibiotics. She has no known history of kidney disease or kidney stones. She did not have frequent UTIs until the last year. No inciting factors are known . . ."
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> See enclosure (7).

j. On 2 November 1998, Petitioner presented to her primary care provider with complaints of passive suicidal ideation, paranoia, significant weight loss, and poor sleep. Her medical providers noted that Petitioner: (1) claimed that she had been ordered to live in the barracks so that her medical condition could be more closely monitored, but her Command Master Chief stated that the order was due to financial irresponsibility (i.e., previous lease was terminated due to non-payment); (2) was pulled from her Navy training program because she missed too many training days due to medical appointments and time spent SIQ; (3) missed scheduled urology consultations on 16 September, 16 October, and 27 October 1998; (4) had not been taking prescribed antibiotics for two weeks because she ran out and did not refill the prescription; and (5) had been suffering paranoid delusions, believing that someone is always outside her apartment and seeing figures that she knew were not there. Petitioner's provider referred her for an urgent mental health evaluation. See enclosure (8).

k. On 9 November 1998, Petitioner underwent psychological evaluation by a clinical psychologist assigned to the [redacted] Mental Health Unit. Following the evaluation, the examining psychologist diagnosed Petitioner with two mental health-related conditions: (1) depressive disorder with anxious symptoms; and (2) personality disorder with paranoid and schizoid features. The psychologist further noted chronic suicidal ideation, with two previous overdose attempts (one before and one during service), impaired insight and psychological awareness, and personality inventory scores suggesting "severe, refractory pathology of an Axis II [personality-related] nature . . . suggest[ing] a strong inability to successfully adapt to military life." Finally, the evaluating psychologist stated:

> "The member is not considered mentally ill, but manifests a longstanding disorder of character and behavior which is of such severity as to render the individual incapable of serving adequately in the Navy. The member does not presently require, and will not benefit from, (further) hospitalization or psychiatric treatment. Although the member is not presently considered suicidal or homicidal, [s]he is judged to represent a continuing danger to self or others if retained in the naval service. The member is deemed fit for return to duty for immediate processing for administrative separation, which should be initiated expeditiously by his command in compliance with NAVMILPERS Manual Chapter 36 (3620225)."
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> See enclosure (9).

l. On 17 November 1998, Petitioner was notified of the initiation of administrative separation (ADSEP) processing against her on the basis of Convenience of the Government, Personality Disorder. And on 23 December 1998, she was discharged. See enclosures (2) and (10).

m. In support of this request, Petitioner avers that immediately prior to her discharge from the U.S. Navy, she suffered from two conditions that rendered her unfit for continued service: chronic pyelonephritis and post-traumatic stress disorder (PTSD). She further contends that her diagnosis with, and discharge for, a personality disorder was erroneous. Instead, she argues that: (1) military medical providers should have diagnosed her with service-connected PTSD; (2) she should have been referred into the Disability Evaluation System (DES) for both chronic pyelonephritis and PTSD; and (3) she ultimately should have been medically separated or retired. See enclosure (1).

CONCLUSION

In its review of the entirety of Petitioner's application file as described above, the Board concluded that Petitioner failed to meet her burden to prove, by a preponderance of the evidence, that the Navy's determination that her kidney-related and mental health conditions did not warrant referral to the DES was erroneous (i.e., that the actions materially departed from then-applicable processes or standards, or that judgments made in the course of those actions were irrational) or unjust (i.e., that the actions, though not erroneous, were unjust under the particular circumstances of the case, either at the time or in retrospect). Thus, the consequence of that lack of referral—denial of a medical separation or retirement—was also not erroneous or unjust.

The Board further concluded that while the narrative reason for Petitioner's separation was not erroneous under the facts and applicable policies at the time of her discharge, relief here is warranted, in the interest of justice, in the form of changing her narrative reason for separation and her separation program designator in order to remove any stigma associated with her DD Form 214's explicit attribution of her discharge to a personality disorder.

Finally, the Board identified an administrative error in the processing of Petitioner's discharge, which resulted in her receipt of a General (Under Honorable Conditions) characterization of service when, in fact, an Honorable discharge was both intended and warranted. The Board therefore determined that Petitioner's DD Form 214 should be changed to reflect an Honorable characterization of service.

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In reaching its decision, the Board fully considered the Clarifying Guidance and the analytical framework outlined in reference (e), the Vazirani Memo. Under that framework, the Board first applies liberal consideration to contentions that a mental health condition potentially contributed to the circumstances resulting in discharge to determine whether any discharge relief is appropriate. After making that determination, the Board then separately assesses claims of unfitness for continued service due to a medical condition (including a mental health condition) as a discreet issue, without applying liberal consideration to the unfitness claim or carryover of any of the findings made when applying liberal consideration.

The Board notes that, in evaluating the official actions of public bodies and officers, it is bound to employ the presumption of regularity. Under that presumption, in the absence of substantial evidence to the contrary, the Board will presume that such public bodies and officers have properly discharged their official duties.

In this case, the Board determined that it need not address the first step of the Vazirani framework, as the record evidence shows that Petitioner warrants discharge relief (in the form of an upgrade to her character of service) on other grounds. Specifically, Petitioner's Report of Administrative Separation dated 21 January 1999 (from the Commanding Officer, [redacted]) reports Petitioner as having been discharged with an Honorable characterization of service. See enclosure (11). The Board recognized that this report contradicts the Commanding Officer's earlier (15 December 1998) direction to the Officer-in-Charge of his unit's Personnel Support Activity Detachment to draft Petitioner's DD Form 214 to reflect a General (Under Honorable Conditions) discharge. See enclosure (12). However, under reference (f), MILPERSMAN 1910-122 (now cancelled, but under which Petitioner was separated), a discharge for personality disorder is characterized as Honorable unless a different characterization is warranted under reference (g), MILPERSMAN 1910-304, which grants the separation authority certain discretion to determine the appropriate characterization of service. Here, the Board determined that Petitioner's Commanding Officer's latest-in-time statement (i.e., his 21 January 1999 Report of Separation) most likely reflects his final decision regarding Petitioner's characterization of service. Therefore, the Board determined that Petitioner's DD Form 214 erroneously reflects a General (Under Honorable Conditions) characterization of service when, in fact, an Honorable discharge was both intended and warranted.

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The Board then turned to the second step of the Vazirani framework for its analysis of Petitioner's request for disability separation or retirement. Here, the Board separately assessed Petitioner's claim of medical unfitness for continued service due to her physical and mental health conditions as a discreet issue, without applying liberal consideration to the unfitness claim or carryover of any of the findings made when applying liberal consideration.

In reaching its decision, the Board observed that in order to be found unfit through the DES, and thus to qualify for military disability benefits, a service member must be unable to reasonably perform the duties of their office, grade, rank or rating as a result of a qualifying disability that was incurred or aggravated during active military service. In evaluating whether a member can reasonably perform their duties, an evaluating Physical Evaluation Board (PEB) must consider deployability, common military tasks, physical fitness, and special qualifications. Alternatively, a member may be found unfit if: (1) their disability represents a decided medical risk to the health or the member or to the welfare or safety of other members; (2) the member's disability imposes unreasonable requirements on the military to maintain or protect the member; or (3) the member possesses two or more conditions that have the overall effect of causing unfitness even though each condition, standing alone, is not separately unfitting.

In its review of the entirety of the available evidence, the Board found that Petitioner provided insufficient evidence to overcome the presumption of regularity and to prove, by a preponderance of the evidence, that the Navy erred when it administratively separated her due to a diagnosed personality disorder, instead of referring her to the DES for an evaluation of fitness and potential disability separation or retirement.

First, regarding Petitioner's argument that her claimed PTSD warranted referral to the DES, the Board noted that Petitioner's case file does not show that has been diagnosed (either prior to or after her discharge) with a service-connected mental health condition. Petitioner's examining Navy psychologist, based upon her contemporaneous, first-hand evaluation and professional judgment, assessed that Petitioner did not suffer from a service-connected mental health condition but, instead, "manifest[ed] a longstanding disorder of character and behavior which is of such severity as to render the individual incapable of serving adequately in the Navy." Petitioner, in her application to this Board, refutes that assessment, contending that she "believe[s she] was suffering from [PTSD]" and that her therapist told her that she suffers from PTSD. However, Petitioner includes no medical records or other documents that substantiate those statements or that diagnosis. Because the evidence fails to show that Petitioner has been diagnosed with a service-connected mental health condition, her referral to the DES would have been inappropriate, as the DES provides a pathway to disability separation or retirement only for service-connected mental health conditions—which Petitioner has failed to prove she has.

Second, regarding Petitioner's argument that her pyelonephritis warranted referral to the DES, the Board observed that following her initial diagnosis with pyelonephritis, Petitioner appears never to have fully returned to her prior baseline level of physical health. She presented to sick call, her primary care provider, or the ED at least 15 times between April 1998 and November 1998 (when she was recommended for ADSEP), and each time she was diagnosed with UTI/pyelonephritis, prescribed a course of antibiotics, and discharged with instructions to follow

up. During this time, Petitioner missed a disqualifying number of training days and was thus dropped from her training program. She was often unable to eat (and lost a significant amount of weight) and suffered abdominal pain and severe headaches. The record thus leaves no doubt that she both suffered from a service-connected medical condition, and that condition impacted her ability to reasonably perform her duties.

Petitioner writes in her personal statement that "before discharge, [she] was being evaluated for a medical discharge due to recurrent and severe pyelonephritis." And the Board notes that, under reference (h), military medical providers are directed to refer service members with service-connected, potentially unfitting medical conditions to the DES "[w]hen the course of further recovery is relatively predictable or within 1 year of diagnosis, whichever is sooner . . . ." Here, however, the evidence of record shows that Petitioner's pyelonephritis did not meet that standard for referral.

First, Petitioner was first diagnosed with pyelonephritis in April 1998 and discharged from service in November 1998. Thus, Petitioner did not meet the 1-year-from-diagnosis threshold for DES referral prior to her discharge.

Second, the evidence does not show that the assessment and treatment of Petitioner's kidney condition had progressed to the point that her "course of further recovery [was] relatively predictable"—largely due to Petitioner's own failure to follow medical advice. Although Petitioner was serially referred for urology consultations in an attempt to identify an underlying cause for her recurrent infections, the case file shows that she missed every such consultation for which she was scheduled, thereby undermining her providers' efforts to make a definitive diagnosis and determine appropriate treatment. On at least one occasion, she ran out of her prescribed antibiotics and failed to refill the prescription, leading to a two-week lapse in treatment. As a result, her condition cycled through successive periods of improvement and deterioration, without stabilizing sufficiently to permit her providers to predict her course of further recovery.

At bottom, despite being treated for UTI/pyelonephritis by at least seven Navy medical providers, no medical record reflects a discussion or recommendation that Petitioner be evaluated for fitness on account of pyelonephritis. And because Petitioner was never referred into the DES, the presumption of regularity compels the Board to conclude that none of her in-service medical providers assessed that her pyelonephritis met the criteria for referral and fitness evaluation.

In sum, following its review of the evidence, the Board found that Petitioner failed to meet her burden to prove, by a preponderance of the evidence, that the Navy's actions (i.e., by not referring her to the DES) prior her discharge were erroneous.

Then, the Board turned its attention to whether any of the Navy's challenged actions in this case were unjust, despite being appropriate under then-applicable standards and procedures. Following its deliberations, the Board observed that Petitioner's DD Form 214 describes her narrative reason for separation as "Personality Disorder," and that this reason may cause Petitioner stigma. Thus, the Board determined that her DD Form 214 should be re-issued to reflect that the reason for her discharge was "Secretarial Authority," with a change to the

corresponding separation program designator as described below, in order to alleviate any stigma a personality disorder-based discharge may impart.

RECOMMENDATION

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

Correct Petitioner's record by issuing a new Certificate of Release or Discharge from Active Duty (DD Form 214) as follows:

Character of Discharge: Honorable

Narrative Reason for Separation: Secretarial Authority

Separation Program Designator: JFF

That Petitioner be issued an Honorable Discharge Certificate.

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.

5/4/2026

[redacted]

Deputy Director

Signed by: [redacted]