



DEPARTMENT OF THE NAVY
NAVY OPERATIONAL SUPPORT CENTER WASHINGTON DC
1 SAN DIEGO LOOP BLDG 3282
JOINT BASE ANDREWS MD 20762-5518

6100
Ser N9/2935
28 Oct 15

FIRST ENDORSEMENT on Officer-In-Charge, Operational Support Unit 6666 ltr 6100 N9 undated

From: Commanding Officer, Navy Operational Support Center Washington DC
To: Chief, Bureau of Medicine and Surgery (M3F1)

Subj: NON-MEDICAL ASSESSMENT (NMA) IN THE CASE OF ABH2(AW/SW) MICHAEL JOSEPH LITTLE, USN,

Ref: (a) ABH2 Little E-mail of 20 Oct 15
(b) CO, NAVOPSPTCEN ltr 6100 Ser N9/2780 of 10 Sep 15

1. Forwarded. Per reference (a), ABH2 Little no longer wishes retention in the United States Navy. Reference (b) is rescinded and this package is forwarded in its place.

2. My point of contact is HMC(SW/AW) Floralene M. Sanchez, COMM: _____ DSN: _____, or
E-mail: _____

J. J. MCCRACKEN III

Copy to:
CO, NR OSU 6666
ABH2 Little

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From: Officer-In-Charge, Operational Support Unit 6666
To: Chief, Bureau of Medicine and Surgery (M3F1)
Via: Commanding Officer, Navy Operational Support Center Washington DC
Subj: NON-MEDICAL ASSESSMENT (NMA) IN THE CASE OF ABH2(AW/SW) MICHAEL JOSPEH LITTLE, USN,
Ref: (a) SECNAVINST 1850.4E
Encl: (1) Letter of Reference from Vice Admiral John Totushek, USN (Ret.)

PART I: Questionnaire.

1. The Commanding Officer submits the following assessment to assist the PEB in their determination of Fitness/Unfitness in the case of SNM:

- a. Service member's MOS/Primary Specialty; Rate/NEC: ABH2/90D0
- b. Member's current position or assignment: Cross Assigned to Naval Support Activity Souda Bay, Greece
- c. Is the member currently working out of his specialty because of the medical condition? No. If the member is working out of his specialty could the member perform in his/her rating? N/A
- d. Date member passed the last "full" PRT/PFT: 1 May 2015
- e. Did the member take the most recent PRT/PFT? No
If "No", why didn't the member take the PRT/PFT? Medical Waiver.
If "Partial PRT/PFT", what events were waived and why? Member was waived for BCA due to increases in medication for symptoms related to PTSD.
- f. Member's height and weight: 69", 214 pounds. If not within weight standards, what is the member's body fat percentage? 31%.
- g. Is the member within weight and body fat standards? No. If "No", is the member on an official weight control program. Yes.
- h. To your knowledge, is the member fully attending all appointments and complying with all recommended treatments? Yes. Has the member complied in the past? Yes. If non-compliant, did the appropriate authority advise the member in writing of the medically proper course of treatment, therapy, medication, or restriction? N/A. If the member is non-compliant, please explain why. N/A.
- i. What is the average number of work hours per week that the member's condition required the member to be away from his/her current duties for treatment, evaluation, and/or recuperation? None.
- j. Is the member pending disciplinary action or involuntary administrative separation for misconduct? No. If "Yes", please identify the administrative/disciplinary proceeding and the expected processing/completion date.
- k. What is the member's current length of service and date of entry into active/reserve service?
LOS: 12 Years and 4 Months ADSD/ADBBD: 22 January 2003
Active Duty Years: 5 Years and 9 Months
Reserve Satisfactory Years: 7 Years
Reserve Retirement Eligible: No

l. Considering the member's current physical and mental condition, is he worldwide assignable? No

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m. Does the member have good potential for continued service in his/her present physical and mental condition? Yes. If "No", please explain why not.

n. Does the member expressly state that he/she desires to continue his/her military service? No.

o. Regarding Permanent Limited Duty (PLD) of active duty members, would you recommend that Naval Personnel Command/Headquarters Marine Corps authorize the member's retention on active duty in a Permanent Limited Duty (PLD) status, if found Unfit? Yes

Do you recommend PLD unconditionally? N/A

Do you recommend PLD only to complete retirement eligibility? N/A

Do you recommend PLD only to EAS? N/A

If "No" to any of the above, please explain why. N/A

p. Did the member's injury occur in a combat-zone tax exclusion area as defined in DoD Financial Management Regulation, Vol. 7A, Chapter 44, Section 440103(a) (Available at <http://www.defenselink.mil/comptroller/fmr/>)? Yes. If yes, date and location of injury. Sometime between 15 May 2008 to 11 November 2010 in Camp Bucca, Iraq or Detention Facility in Parawan Afghanistan

PART II: Commanding Officer's Comments.

1. The Commanding Officer Comments explain how the member's medical condition affects the member's ability to perform the duties of her/her MOS/Rate, and the resulting impact on the command. Although a non-medical assessment, the CO should review the member's Medical Board (MEB) and/or medical record to understand the member's medical condition before writing the NMA. Please note that the NMA is not a promotion evaluation, and remains in the member's medical record. Please use additional pages as necessary.

2. The Commanding Officer submits the following comments to assist the PEB in their determination of Fitness/Unfitness in the case of SNM:

a. While I have not had the pleasure of getting to know ABH2 Little or seeing his work ethic, I can only provide the board with what I have observed in his record, and the few times we have interacted while he was beginning his LOD process. ABH2 Little appears to have been a great Sailor with wonderful potential prior to his injuries. However, after multiple tours of duty in Detainee Operations he has struggled to adapt to being back home due to multiple exposures to invisible wounds. He seems willing and ready to get the help he needs in order to return to Drilling Status and getting his career back on track. It is my understanding that he is following the advice and direction of his medical doctors in order to fully recover from his injuries. I recommend retaining him in the Navy Reserve.

b. Include an explanation on whether the member can perform his/her primary duties in garrison/shore and/or in a field/sea duty environment. With the proper medical treatment and care I see no reason why ABH2 could not perform his assigned duties. During a review of his past evaluations and Aviation Qualifications, ABH2 processes the expert knowledge of any senior ABH in the Navy, during his time in Detainee Operations he was rated as the #1 leader of all the Petty Officers who were stationed with him, and even selected to be in charge of an entire prison facility.

c. If personally known, include date and description of the event (Who, What, Where, When, How) which caused the injury. N/A

d. Was a Purple Heart (PH) awarded for this injury? No

e. Was a Combat Action Ribbon (CAR) awarded for this injury? No

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3. My point of contact is HMC(SW/AW) Floralene M. Sanchez, COMM: _____, or E-mail:



L. K. GARDNER

Copy to:
NAVOPSPTCEN Washington DC Medical Department
ABH2 Little

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26 MAY 2015

MEMORANDUM FOR WHOM IT MAY CONCERN

SUBJECT: Letter of Recommendation for ABH2 (AW/SW) Little, Michael Joseph

1. I strongly recommend ABH2 Michael J. Little for retention in the United States Navy Reserve or for Retirement. He is a remarkable employee and noncommissioned officer with exceptional organizational skills who will be an asset to any organization.
2. ABH2 Little is currently employed by me at the Association of the United States Navy (AUSN) where he is my Director of Military and Veterans Benefits. He is the direct liaison with our members when they need assistance with the Department of the Navy or the Department of Veterans Affairs. In this capacity, he is performing well above his pay grade and continues to provide exceptional support to a demanding mission that supports our mission and vision at AUSN. He brings experience from the American Legion and New York State Senate, where he served as a Veteran Service Officer and Veteran Legislative Analyst. He also serves as the direct liaison with the Department of Veterans Affairs, where he interacts with the Secretary first hand, and provides expert advice and mentorship to help Sailors get the quality care they deserve.
3. I have observed ABH2 Little almost daily since his arrival at AUSN and I am confident that he is exactly the type of leader who will excel in any organization. He is very smart, passionate about being a leader, committed to excellence, and focused on improving the lives of the sailors and veterans he serves.
4. I have interacted with service members for the past 50 years; ABH2 Little stands out as one of the top few of the thousands I have had the privilege to command. I strongly recommend that ABH2 Little be retained in the United States Navy, where he can receive treatment for the invisible wounds he received during his tours of duty in Iraq and Afghanistan, and return to duty where he will prove to be a great asset to the United States Navy. If retention is not possible, I would at least recommend him for Retirement.
5. If I can provide any other information that will result in ABH2 Little's retention or retirement, you may reach me at

A handwritten signature in black ink, appearing to read "John Totushek", is written over a light blue horizontal line.

John Totushek
Vice Admiral,
U.S. Navy Retired