



ABH2 (AW/SW) Michael Joseph Little  
United States Navy Reserves



07 January 2016

To Whom It May Concern:

Ref: Official Statement of Michael Joseph Little, ABH2 (AW/SW), USN

I am writing this letter in response to my Physical Evaluation Board (PEB) Proceedings I received on 29 December 2015. In response to my PEB findings:

“The member has been diagnosed with PTSD and Depressive Disorder NOS. Although the member does experience symptoms related to those conditions, he is not currently require medications for his conditions and he has no history of hospitalization. Furthermore, his command indicates that he has good potential for continued service and both his CO and co-workers who are retired flag officers endorse his retention. Therefore, it is the opinion of the Board that the preponderance of evidence at this time indicates that the member is for continued naval service”

I strongly disagree with the findings of this board, and request a formal board. I do not feel the statement “he is not currently require medications for his conditions” is accurate. I have been taking the drug Prazosin for nightmares since I started treatment at Walter Reed from Captain Komson before he transferred me to my new Doctor, Major Wise, due to his transfer, and in September 2015, Major Wise, prescribed them to me under his prescribing authority. Shortly after the board meet Major Wise prescribed me “Trazodone for intractable sleep problems”. I am also taking Clonazepam for anxiety as needed.

I would also like to bring attention to the drug I am taking called Propranolol. I have been prescribed propranolol since it was prescribed by Captain Komson, who originally prescribed it for Anxiety, and then the prescription was changed by my neurologist, Dr Glass, to treat for Migraines, I was taking it at bed time in accordance with Captain Komson’s original direction to also continue treating for nightmares, and anxiety, as well as a migraine preventative. I would like to disagree with the boards findings as to why I was not taking medication directly for Depression at the time they reviewed my case. I was taking the drug Zoloft for a brief time, but due to adverse side effects I was removed from the drug and other options for treating my PTSD was discussed, which lead to a referral to see Dr. Faller for Biofeedback Therapy once a week, and Stellate Ganglion Block. In October, Major Wise, put me in for a consultation to be seen by pain management for a procedure called Stellate Ganglion Block, which is a treatment that is used for treating severe cases of Post-Traumatic Stress Disorder (PTSD). I had my first procedure on December 4 by Dr. Verdun, and it is likely that I will continue monthly for a time frame unknown at this point.

I appreciate that my command indicates that I have good potential for continued service and that my former civilian boss thinks very highly of me as an Individual, and I do not deny that my service record is just short of being outstanding. However, I would like to point out that my

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current mental status is not consistent with being “Fit for Duty” as per the medical guidelines laid out in the NATOPS and NAVMED P-117 15-57 (9). If you look at my service record for the last 5 years, it is practically nonexistent, because after returning home from my back to back tours of duty in detainee operations, I have lived a constant struggle with adapting to being back in the society that I live. I have received blow after blow during the first 5 years with the suicides of 10 of my shipmates and battle buddies. I have also struggled to find the right fit for getting help for my post-traumatic stress disorder. While the Navy does not recognize mental disabilities with being a reason for excessive weight gain, that is not consistent with true and factual evidence of scientific research.

While I am honored that the Navy would find me fit for duty due to the recommendations of my Senior Officers, the part that doesn’t resonate with me is how the Navy can find my Fit for Duty, and send me back to the fleet, knowing that I have a long term debilitating mental disability. What I feel is not considered in these finding is “what is the long term outcome for the Sailor?” I feel that the board did the right thing by due rights process by keeping me in the Navy, but I wonder if the board feels they did the right thing to send me back into the fleet only to be Administratively Separated a few months later.

I love serving in the US Navy, it is how I have defined myself for the last 14 years. It is the most proud accomplishment I have is to be able to say to people I meet, is that I SERVED IN THE UNITED STATES NAVY. I think that is why it is so hard for me to write this appeal today, is because I would love nothing more than to serve in the Navy and become a Chief or higher, however, it took me a very long time to learn that there is a reality out there. The reality is, that I am a hazard to my Brothers and Sisters of the Navy family. It is because of the help of my doctors that I have accepted that it is now time to focus on my mental status, and to live what I am learning to be a new normal.

I would also request that the PEB review my personal statement that I submitted with my original LOD that I am attaching below. It was written over a year ago and at that time I was still under the impression that if I got treatment for my PTSD then I would be able to continue my service in the Navy. It is because of the help of my doctors that I have accepted that it is now time to focus on my mental status, and to live what I am learning to be a new normal. It is because of my treatment ups and downs over the last year, that I have learned that my original thought is no longer consistent with the fact of reality that I am not longer fit for duty in the Navy due to my mental disabilities, as sustained from my time in a combat zone.

Again, I respectfully request that the United States Navy allow me a chance to provide my new evidence and offer me a chance to be reconsidered for Medical Retirement due to Combat Related Injuries.

Very Respectfully,

Michael Joseph Little  
ABH2 (AW/SW), USN

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10 January 2015

To Whom It May Concern:

Ref: Official Statement of Michael Joseph Little, ABH2 (AW/SW), USN

The following statement is an account of my own personal belief as to why I feel I was injured in the Line of Duty during the time of deployment to Iraq and Afghanistan, which occurred between the dates of 01MAY2008 and 10NOV2010. This statement serves as my own personal testimony of the hardships I faced, and the torture I have lived since returning home from War. This statement was made of my own free will and nobody forced me to make it. By making this statement I am aware that no benefits shall be made to me because of its content. In making this statement, I would like to request a Line of Duty (LOD) determination be granted, in order to establish treatment at the local Military Treatment Facility (MTF), located in Bethesda, Maryland, a facility that has more resources than the VA offers. I believe a MTF will have the ability to help me return to fit for Duty Status so I can serve out my last 8 years in the Navy honorably.

It is important to point out that I cannot disclose a great deal about some of the situations to which I was subjected due to their sensitive nature. I was specifically instructed not to speak of these events during the legal briefing of a 15-6 investigation upon my return from deployment. Many of these situations, if not all, left me fearing for my life on a daily basis. The things that I experienced have left a lasting impact on my life, my current mental state and mental functioning. The events have impacted my relationship with my spouse, career, family, friends, and daily functioning.

On or about 15MAY2008 I was deployed to Camp Bucca Iraq as an individual Augmentee, assigned to Navy Provisional Detainee Battalion 5 (NPDB 5). Where I served as Cell Guard, Compound Section Leader, and Sergeant of the Guard. During my time at Camp Bucca, I was exposed to constant moral injury, mental stress, physical and mental abuse, and feared for my life on multiple occasions.

Every day that I reported to work at Camp Bucca, I was constantly on guard. The detainees would throw their feces at us and there were more days that I went home at night with excrement on my uniform than days I did not. The process of washing human excrement from my body was belittling and dehumanizing. The fact that I was still able to maintain my professional bearing, wore at my composure, stamina, and mental health. This currently affects my life, because my wife and I want to have a baby, but the mere thought of changing diapers scares me to the point that I don't know if I can be a fit father. I have often had flashbacks picking up after my dog and I live in fear that I may flashback while holding my own child because of the smell of feces. These issues cause a great deal of tension at home, because my wife cannot understand what I have gone through, and believes I should just be able to look past the events.

It was about three months into my deployment when I began to wonder if I could tolerate another day in this environment of fear and loathing from the detainees. It was this constant pressure upon our unit that caused a breakdown inside the unit itself that made things worse. The

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inability to react to assaults from detainees caused unit members to assault one another because we always had to find blame in why a situation happened. The only thing that didn't change was we knew we couldn't give up on our mission, so instead we gave up on trusting one another. For example, during one shift as the Compound Section Leader, I assigned a junior Sailor to the perimeter rove, after 4 hours on watch and due to the injury of another Sailor there was no one to relieve him. In 105 degree heat, I had to instruct this Sailor he was to stand a double watch. After a heated debate, I reminded the Sailor I was the ranking member on staff, we were all holding double shifts, and there was no more debate needed. This Sailor responded by placing his shotgun in front of my nose, racking a round into the chamber, and asking who the ranking member was now. Having feared for my life, I tried to take disciplinary action on this Sailor, but because of the stressful work environment, and the lack of Sailors available, this incident (amongst others) was simply swept under the rug as if nothing had ever happened.

During my time at Camp Bucca, I was also exposed to detainee abuse by the guard force. I had to intervene and prevent situations from getting out of hand, which could have resulted in injuries or death, to detainees and the guard force. This led to multiple Sailors being removed from the compound for the remainder of the deployment, due to investigations, which left us very short handed. Because of the detainee abuse, the detainees made life a living hell for us for the remaining time of our tour.

While I was in Bucca, I was commended by the Deputy Commanding General of Detainee Operations and asked if I would be interested in volunteering to deploy to Afghanistan. So after a 90 day rotation back to the states, I joined Task Group Trident 5 Alpha, and deployed on or about 15SEP2009 to Detention Facility in Parwan (DFIP) Afghanistan, where we served as the decommissioning unit for the Bagrham Theater Interment Facility (B-TIF) as well as the commissioning guards for the brand new DFIP. During this deployment I served as Cell Guard, Sergeant of the Guard, Guard Force Commander, and after a very short time in Afghanistan hand selected by COL John Garrity of the 16<sup>th</sup> MP Airborne to become acting Battle Captain, making me the lowest ranked member in the facility to hold a position of overall authority on my watch, I shared this position with 2 junior officers from the Army, this demanded that I report my daily journal of the facility to the Pentagon, and Senate Committees for review. In this role I was in charge of detainee intakes, which consisted of; reviewing evidence which led to the detainee's arrest, during which time I often reviewed pictures, diagrams, and descriptions of murdered Service Members along with the weapons used to commit these crimes. When riots occurred or assaults were made upon the guard force, I would be responsible for assigning punishment to the detainees. Mentally this was exhausting because while my first instinct was to take the harshest route possible, that often was overlooked in favor of collecting passive intelligence from detainees and our strict observance of the Rules of War (Geneva Convention). It became hard for me to maintain friendships amongst my peers due to their desire for harsher punishments for detainees. I was often shunned from interacting with my shipmates for this reason, and spent many nights alone eating in the Galley, and turning into my rack shortly after my shift to avoid verbal lectures, or threats.

When riots would get to a point of no control I would often respond personally where I was usually assaulted with feces or juice, and many times felt at risk for my life because the detainees had broken the integrity of the cell. What differentiates this from Camp Bucca was the fact I was unsure who my friends were in the DFIP compound. Many would talk to me when

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they wanted something but others would hold grudges against me, and still do to this day. This led me to believe my peers wouldn't respond to an emergency or crisis. Such as, the time I was escorting a detainee from the recreation yard to his cell to have a conversation about his pending medical appointments, and his current behavior towards the guards, and the detainee took apart his handcuffs, dropped them at my feet, and there was no response from peers to my sudden vulnerability (I was unarmed). I watched many of my Sailors be physically injured, one of which resulted in the awarding of the Purple Heart. I never felt more guilty than the day I awarded the detainee 5 days of segregation because he gave up vital intel, instead of the normal 30 day punishment, and had to look my "Shipmate" in the eyes, with her 25 stitches in her head, telling her I was sorry I couldn't do more.

While deployed to Afghanistan it was a nightly ritual of being mortared or the perimeter being breached, and being secured to the bunkers for hours on end. During these times I was often able to feel the concussion wave of the blast, with at least three explosions occurring within 50 meters of me. These were extremely frightful experiences where I again feared for my life. In particular I was there for one of the bloodiest attacks at the time. That is, Camp Alpha was breached on Bagrham and the perimeter of the DFIP was breached and separated from the rest of the compound. During this time I observed tower guards shoot and kill insurgents. I remember vividly thinking if I was able to observe insurgents being killed, they were able to shoot and kill me. At this time I only had a 9 mm and felt inadequate to defend myself. I not only feared for my life but feared for every Service Member inside the compound. I saw a lot of death during my deployment, and watched a lot of bodies being sent home.

Upon completion of my deployments on 10NOV2010 I returned to my home in Illinois and tried to resume my post-secondary education, which due to my mental hardships I have only been able to receive my Associates Degree. Since this time I have experienced the loss of 10 shipmates to suicide that served in Iraq and Afghanistan with me, two of which I held as very close personal friends. I continued to honorably serve in the Navy until January 2012, when I started to realize my mental health was failing. During this time I reported to a new NOSC in St Louis, where after losing my 8<sup>th</sup> friend to suicide I felt like I needed to die myself, because when my shipmate tried to contact me before he took his own life, I was too intoxicated to answer the phone. This would again happen one year later, with the death of a Female Shipmate. I became suicidal, and reported to my NOSC that I was struggling. They responded by sending me home, and told me to come back in 6 months after my TNPQ was finalized, but before returning, I was informed I was being discharged from the Navy for administrative reasons. I fought the charges and after an extremely long process, I was reinstated back into the Navy Reserve, with all charges dropped on 03March2013. It was at this time I was diagnosed by the Veterans Health Administration Hospital (VA) in Marion Illinois with having posttraumatic stress disorder, anxiety, depression, migraines, irritable bowel syndrome (please see my medical records for the entire list).

Getting help from the VA was difficult due to the lack of understanding by the staff, physicians, and other allied health professionals involved in my care. During my initial care my health team was skeptical of my service, due to a lack of records available to them and my nontraditional service having worked in detainee operations as a Sailor assigned to Army Battalions. This initially appeared unlikely and incredible to the professionals involved in my care. However, I have been able to provide documentation showing I served in these units and

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experienced these events. Having my integrity questioned in this manner, while I was seeking help at my most vulnerable moment, has been a hurdle in my recovery, and caused many major setbacks. This situation has finally been resolved at the VA.

My current symptoms are particularly those of posttraumatic stress disorder, migraines, and irritable bowel syndrome. I have daily migraine headaches that last from 5 hours to many days. My migraines are currently treated with Depakote, with little relief, and when my migraines are severe I take injections of Toradol, which provides some relief. I have missed anywhere from 2 to 3 days of work per week due to severe migraine headaches. Which seems like a lot but currently my boss is very understanding of my health, and allows me to work from home, I can't say this will always be the case, and it often leaves me paranoid that I might lose my job which would be a severe blow to me. Every aspect of my life is affected by pain from my migraines, as even on a good day I suffer from light sensitivity and pain.

I also experience chronic insomnia, nightmares, irritability, flashbacks, hypervigilance, anxiety, startle response, and depression largely secondary to my experience of posttraumatic stress disorder, and currently I receive individual counseling from a VA psychologist for these symptoms. In the past, I have been prescribed Zoloft, Seroquel, Xanax, Trazodone, Propranolol (nightmares and migraines) and many others in treatment of posttraumatic stress disorder. However, I appear to be sensitive to the secondary effects of medication and have not tolerated these prescriptions well. I likely lose at least one day of work a week secondary to these symptoms, although they often co-occur with migraine headaches as well. My symptoms of posttraumatic stress disorder also negatively impact my relationship with peers, family, friends, my spouse, and currently has caused a huge divide between me and my co-workers.

I currently do not meet Navy standards for weight. While I have made wonderful progress having lost 65 pounds over the past 2 years, the fact remains I am still outside of the standard BCA required for my height. My history of medication, particularly Depakote, Seroquel, and Propranolol has contributed significantly to my initial weight gain and has made weight loss more difficult. Further, my chronic pain, depression, and overall irritability have made weight loss difficult and challenging despite my progress, and continued attempt. I feel that with an approval of a LOD, and being given access to better treatment, and then I will be able to lose the remaining weight I need to get back within standards. In my opinion, if I can receive the treatment available at a MTF to combat the depression and other symptoms of PTSD I will be able to meet my goals and regain weight within Navy Standards.

In light of the above, I respectfully request a Line of Duty determination to be able to receive treatment at a Military Treatment Facility in order to have access to treatments that are currently not available to me through the Veteran's Affairs Hospital for the injuries I sustained while serving in combat operations in Iraq and Afghanistan.

Very Respectfully,

Michael Joseph Little  
ABH2(AW/SW),USN

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