

FORMAL	Findings of the Physical Evaluation Board Proceedings	Ref. # F216nm00576
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<i>PERSONNEL DATA</i>					
1. Name LITTLE, Michael J	2. SSN	3. Rate/Rank ABH2	4. Service USNR	5. Desig.	6. LOS 5 yrs. 9 mos.

<i>PHYSICAL EVALUATION BOARD</i>
7. The Board convened at: NCPB, Washington DC, to consider the MedBoard originated at: Bethesda, MD
Board Membership Consisted of: CDR., USN, Medical Officer Capt., USNR, Line Officer Col., USMC, Line Officer

<i>FINDINGS</i>		
8. Finding Fit	9. Recommended Disposition Fit to Continue on Active Duty	10. Combined Disability Rating

J. D. Reeser, SECNAV, CORB
President, PEB

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AUTHENTICATION

PHYSICAL EVALUATION BOARD MEMBERSHIP

Medical Officer: E. E. Duffy, CDR., USN, Medical Officer
 Presiding Officer: R. T. Carretta, Capt., USNR, Line Officer
 Third Officer: R. E. McCarthy, Col., USMC, Line Officer

FINDINGS COMMENTS

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See formal rationale

FORMAL BOARD RATIONALE ICO LITTLE, MICHAEL J., ABH2, USNR

PETITION TO THE FORMAL BOARD

On 17 March 2016, the member appeared at the hearing requesting to be found unfit to continue naval service due to physical disabilities based on Diagnoses 1 (POST-TRAUMATIC STRESS DISORDER) and 2 (MIGRAINES), warranting placement on the Permanent Disability Retired List (PDRL). He considered Diagnosis 1 ratable at 70% under Department of Veterans Affairs (VA) code 9411, and Diagnosis 2 ratable at 30% under VA code 8045 for a combined disability rating of 80%.

FINDINGS

After careful review of all the available evidence and based on a unanimous opinion, the Formal Physical Evaluation Board (PEB) finds the member is fit to continue naval service.

RADM G. E. Hall, USN (ret.), the member's supervisor, appeared as a witness and presented testimony on behalf of the member. Master Chief Petty Officer (MCPO) M. L. Niblack, USN (ret.), the member's colleague, appeared as a witness and presented testimony on behalf of the member. HS2 E. A. Little, USCG, the member's wife, appeared as a witness and presented testimony on behalf of the member. ABH2 C. J. Slawinski, USN (ret.), the member's colleague, appeared as a witness and presented testimony on behalf of the member. CAPT K. C. Ireland, USN, the member's former Navy Operational Support Center (NOSC) commander, was a telephonic witness and presented testimony on behalf of the member. Mr. S. B. Wilson, the member's friend, was a telephonic witness and presented testimony on behalf of the member. MCPO T. J. Snee, USN (ret.), the member's colleague, appeared as an observer.

ANALYSIS

The service member is a Navy Aviation Boatswain's Mate, Aircraft Handling, Second Class Petty Officer (ABH2). The primary duties of an ABH2 are to direct the movement and spotting of aircraft ashore and afloat; operate, maintain, and perform organizational maintenance on groundhandling equipment used for moving and hoisting of aircraft ashore and afloat; supervise securing of aircraft and equipment; perform crash rescue, firefighting, crash removal, and damage control duties; perform duties in connection with launching and recovery of aircraft. See Navy Enlisted Classifications Manual (NAVPERS 18068F).

Diagnosis 1: PTSD

The Board determined Diagnosis 1 does not preclude the continued performance of duties and is not unfitting.

The Service member testified he developed this condition following his first Individual Augmentee (IA) deployment to CENTCOM. He deployed to Iraq at Camp Bucca from August 2008 to April 2009. During that deployment, he performed detainee operations. He testified that he received minimal training in this type of work, which is very different from the duties of his rate, before he entered theater. He testified that during this deployment he saw a detainee pulled limb from limb by other detainees, suffered taunts from detainees to include having feces thrown at him, and was forced to run for his life during a riot and breakout at the compound. He stated that he witnessed his colleagues treat detainees poorly, and he also suffered discrimination and isolation from his colleagues as he was one of the few Sailors in an Army unit.

Despite these events, he volunteered – while still in Iraq – to do another IA assignment the next year in Afghanistan. He completed a Post-Deployment Psych Survey Patient Questionnaire at Mental Health Clinic Gulfport, MS on 20 April 2009 upon his return from his detention operations tour of duty at Camp Bucca, Iraq. The member acknowledged receiving a PTSD brief prior to leaving theater. He indicated on this questionnaire that he did not experience nightmares, difficulty sleeping, inappropriate anger, feelings of depression, or anxiety since returning CONUS. The member indicated he did not experience any traumatic incidents while deployed. He denied experiencing any flashbacks. He also denied having any thoughts of suicide, homicide, or any hallucinations.

ABH2 Little's prior NOSC commanding officer, CAPT (ret.) Ireland, testified that he noticed changes in ABH2's demeanor upon his return from Iraq that gave him pause. He encouraged ABH2 Little to seek counseling and to withdraw from his pending deployment to Afghanistan.

When the member returned from Iraq, he remained in San Diego and conducted continuous periods of reserve drilling and active duty prior to his deployment to Afghanistan. He reported that during this interval, he was working ABH operations on a carrier and the billowing steam reminded him of the sand storms in Iraq. He became panicked and recused himself from further duties.

On 20 October 2009, the member completed a "Pre-Deployment Psych Survey" at the Behavioral Health Clinic in Gulfport, MS. He stated that he had not received any mental health counseling in the past 3 years, taken any mental health medications in the last 3 years, and did not have any thoughts of suicide, homicide, or hallucinations. He stated that he felt "very confident" about the upcoming deployment and was "looking forward to the new experience."

During the Afghanistan deployment the member had multiple visits to the infirmary for what the medical record refers to as a "Phase of Life or Circumstance Problem" regarding the impending birth of a child. These visits did not reference PTSD. On post-deployment medical and psychological screening forms dated 16 September 2010, he stated that he was "bothered a lot" by "the stress of taking care of children, parents, or other family members" and that the most stressful thing in his life right now was "returning home to no job, new baby, not much money." On the Mental Health Clinic Gulfport, MS "Post Deployment Psych Survey" dated 16 September 2010, he reported that he had nightmares, difficulty sleeping, and anxiety but denied being exposed to any traumatic incidents during the deployment.

The Board had difficulty reconciling the member's timeline of his Iraq deployment with known events that have been documented in numerous open sources. The member testified to crossing paths with Abu Bakr al-Baghdadi, the founder and current leader of ISIS, while serving as a prison guard at the detention facility in Camp Bucca in Iraq. However, al-Baghdadi was interred in Camp Bucca from April to December of 2004, well before ABH2's deployment. ABH2 Little also testified to have witnessed numerous riots at Camp Bucca, but the last documented riot at Camp Bucca occurred in November 2007. The member arrived at Camp Bucca in August 2008.

RADM Hall and MCPO Niblack both testified as to the member's current work performance as the Director of Legislative Affairs for the Association of the United States Navy. In testimony he was characterized as the Association's "...Swiss Army Knife. He influences and advises Congress. He does what is right." The testimony provided by RADM Hall portrayed the member as extremely capable: "He is sought out by Congressmen. He was offered a job by a Congressman as a Military Legislative Director. He singlehandedly stopped BAH cuts for children of veterans in the Post-9/11 GI Bill." This echoes the testimony previously supplied by his former employer, Vice Admiral (ret.) Totushek, in the memo dated 26 May 2015 and is in keeping with the member's Non-Medical Assessment that endorsed retention of the member. While the member does periodically need to miss work and is provided some accommodations by his employer such as the ability to telework and take unscheduled time off, he continues to be a prime asset to his organization. His colleagues could not recall him missing an important engagement except for a hearing regarding the Vietnam "Blue Water Navy" that was conducted two weeks prior to this Board.

ABH2 Little has a sustained record of adequate work performance as a Sailor from 2010 through 2015. The member drilled regularly with the Navy Reserve until January 2015 when his Line of Duty Benefits Letter was issued for PTSD. ABH2 and others testified that working with aircraft is too difficult for him, because he cannot sustain concentration and may make mistakes. He stated that during a recent Annual Training (AT) period in Souda Bay, Crete, he could not emotionally handle supporting flight operations, but the case file contains no documentation that he was not qualified to support flight operations, and he was not referred to Medical.

In addition to maintaining full-time employment, the member and his wife testified that he has created his own non-profit entity where he volunteers to assist veterans with understanding the myriad benefits available to them. Through this work, he stated he is exposed to vicarious traumatization when he hears stories of other veterans' combat experiences.

The Board found the testimony of the member's wife to be particularly informative as she witnesses the member in a wider range of environments than his co-workers. She discussed how her husband enjoys World War II documentaries but avoids movies set in the current-day Middle East as well as news programs on ISIS. She noted how he is generally a happy individual but becomes quieter when doing his pro bono work for veterans. She also

discussed their social activities to include camping, visiting museums, and bowling with friends, as well as their more recent work preparing the nursery for their first child, due in a few months. She stated she could not remember the member having a nightmare or waking up from a nightmare. When questioned about the member waking up at odd hours and remaining awake, the member's wife could not recall the member waking up and remaining up; to the contrary, she testified that the member was typically asleep when she arose in the mornings to prepare for work.

The member and his wife witnessed a motor vehicle collision in 2014 in which a car struck and killed a pedestrian. The member suffered a flashback at that time, and his mental health decompensated acutely. He relied on his support network to help get him into psychiatric care with the VA in a timely manner. He has since continued treatment and returned to the performance level at work discussed above, including earning a promotion in 2015.

In summary, the member has a diagnosis of PTSD according to medical documentation. Based on the evidence contained within the case file and after listening to the member and the witnesses, the Formal Board determined 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.

Diagnoses 2: MIGRAINES.

The Board determined Diagnosis 2 does not preclude the continued performance of duties and is not unfitting.

The member suffers from migraine headaches, which is supported by his medical documentation. His wife and co-workers all mentioned concern about these headaches, and they have caused him to miss work hours. He has recently found relief with receiving stellate ganglion blocks. This monthly therapy could make deployment difficult, but a finding of Unfit is not – per instruction – to be based on deployability alone. The member did not have a Line of Duty Benefits Letter for this condition.

CONCLUSION

The member is fit to continue naval service.