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June 1, 2016

BY FACSIMILE

Director
Navy Council of Personnel Boards
Washington Navy Yard
720 Kennon St SE Rm 309
Washington, DC 20374-5023

Re: Petition for Relief ico ABH2 Michael Little, USNR

Dear Sir or Madam:

Pursuant to SECNAVINST 1850.4 series, ABH2 Little files this Petition for Relief. Please note that the report of the Physical Evaluation Board dated April 25, 2016 was not served on the undersigned or on ABH2 Little until May 18, 2016. Accordingly I am submitting this petition to meet the fifteen day requirement of SECNAVINST 1850.4 series.

ABH2 Little asks for relief pursuant to ¶s 5001(a)(3) in that the decision is contrary to the great weight of evidence of record. Specifically the PEB erred in finding him fit for duty.

Additionally, there is new evidence which directly affects the findings of the PEB and constitutes a basis for the relief pursuant to ¶s 5001(a)(1). That new evidence is attached.

As a threshold matter, in interpreting and evaluating the injury and assigning disability percentages, all reasonable doubt must be resolved in favor of the petitioner. 38 C.F.R. ¶ 4.3. See also, SECNAVINST 1850.4 series ¶3804.

The PEB did concede the presence of PTSD,¹ but they erred in weighing the evidence.

¹ The Board made the common error of referring the disability as Post Traumatic Stress Disorder. The modern and better approach is to refer to it as Post Traumatic Stress (PTS). The use of the word "Disorder" invokes negative implications of a mental defect or disease. The condition was caused by military service and is a direct result of service induced trauma. It does not reflect a psychological defect in the member. It is no more of a disorder than a physical wound. It is a psychological wound and should be referred to as such.

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The PEB rationale “cherry picked” the voluminous testimony to seize on the few points leaning in favor of a finding of fitness while ignoring the overwhelming evidence that Petty Officer Little was no longer fit for service.

The PEB rationale correctly identified the duties of an ABH2 as follows:

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 ground handling 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. Navy Enlisted Classifications Manual (NAVPERS 18068F).

Placing a PTS/TBA victim in this environment is a recipe for disaster. This position requires intensive concentration and the ability to complete mental checklists without error or omission. Petty Officer Little is incapable of remaining focused during the high tempo of aircraft operations. In his testimony, he related an incident where his lack of concentration and focus put an aircraft in an unsafe condition that could have resulted in the loss of the aircraft and the death of the pilot. It was at this point that he began to seek help for his PTS wound. Returning a mentally wounded warrior to this situation would be an accident waiting to happen and the Navy would be hard pressed to justify their actions when an airplane was lost and various personnel in the plane and on the flight deck were hurt or killed. The gross negligence involved in placing a PTS/TBI sailor in this situation would result in heavy losses in people and equipment,

RADM G. E. Hall, USN (Retired) presented significant evidence at the hearing. RADM Hall was a designated aviator and a former Commanding Officer of an aviation capable ship. He is conversant with aircraft operations and opined that ABH2 Little would be potentially harmful to himself and others if he was engaging in these types of operations. The environment is noisy and even in low tempo operations ABH2 Little would not be able to perform to expected standards. This was confirmed by Captain Ken Ireland (USN Retired), Petty Officer Little’s former Commanding Officer at NOSC North Island. Captain Ireland was a naval aviator also conversant with flight deck operations. Master Chief Niblach, a former Command Chief aboard several ships and a Command Master Chief at a NOSC agreed. Even Mrs. Little, a former ABH3 and current Coast Guard HS2, who valiantly defended her husband agreed he was no longer fit for service on a flight deck afloat or ashore. Chris Slawinski, a retired air warfare petty officer and currently service officer for the Fleet Reserve Association, who coordinated Petty Officer Little’s VA claim, also opined that he would be a danger to himself or others.

The rationale identifies a retired Master Chief as an observer. This was actually Thomas

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Snee, the National Executive Director of the Fleet Reserve Association, who was observing in that capacity.

The psychological evaluations confirm the fact that ABH2 Little is not fit for duty. On September 8, 2010, he was assigned a Global Assessment Factor of 75 (Page 268 of the record) which indicated transient symptoms. In June of 2015 the GAF has slipped to a score of 60-65. (Page 203 of the record). A score of 65 indicated mild symptom such as depressed mood and insomnia with some difficulty with social or occupational functions. In the high pressure environment of a flight deck, this was potentially dangerous. At 60, however, the symptoms were moderate to include panic attacks, which were documented in Petty Officer Little's records. More importantly, the score of 60 gives rise to potential conflicts with peers or co-workers. A flight deck must operate as a close knit team. Conflicts lead to potential fatal consequences. The score of 60 was a slight improvement of scores between 50 and 55 documented between 2011 and 2013 (page 695 of the record). and may have been a result of treatment. This 50-55 range reflects serious symptoms including the inability to keep a job and suicidal ideations. The fluctuations between 50 and 65 are indicative of a case in transition which is responding somewhat to treatment but has not been cured. The problem is that the flight deck is no place for a GAF less than 71 and Petty Officer Little has been unable to attain that level since 2010.

The triggering stressors for the PTS occurred while Petty Office Little was assigned to detainee operation in Iraq in 2008-09. In their rationale, the PEB seems to emphasize that subsequent to the triggering stressors, Petty Officer Little volunteered for an additional Individual Augmentee tour of duty in Afghanistan. The PEB did not contest the PTS diagnosis nor the substantiated stressors but instead inferred that they were not serious enough to prevent him from performing additional duties. The attached evidence confirms the stressors that Petty Officer Little suffered during his deployments.

The Diagnostic and Statistical Manual of Mental Disorders version IV and IV-TR and V recognize delayed onset PTS. In delayed onset PTS, at least six months pass before the symptoms manifest. In fact, the symptoms may not be evident for years. Yet all experts agree that the symptoms must be imputed back to the traumatic event or stressor.

In order to trigger PTS, there must be exposure to a traumatic event or intrusive recollection. Petty Officer Little suffers from both. Additionally, he displays the symptoms of PTS which have manifested themselves with increasing frequency until he began to undergo treatment. This was documented at the hearing. Witnesses painted a picture of a deteriorating individual who would perform admirably with periods of unreliability as he sought to withdraw from life while he fought his demons.

The fact that Petty Officer Little volunteered for a follow on deployment while still in Iraq is of no moment. Given the delayed onset of PTS, the ramifications of the condition had not

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manifested itself. There is no evidence that Petty Officer Little knew he had PTS when he volunteered.

The testimony of Sam Wilson, his friend and former employer provides an insight into the developing condition. He stated that Petty Officer Little was a great employee but that things could quickly deteriorate. As a result, Mr. Little actually was unable to report to assist with a "Relay for Life Event" due to a panic attack.

The testimony of Captain Ken Ireland offers further insight. Captain Ireland was familiar with PTS and saw indications of it in Petty Officer Little. He recommended counseling and that he not undertake the second tour. Petty Officer Little was still in the denial phase of PTS, which is common in the early stages. Accordingly, Petty Officer Little did not attempt to cancel his orders. This is also consistent with the condition since most PTS victims are very patriotic. Failing to complete the mission, or even an inability to complete the mission, affects the victims self esteem. Indeed a sense of worthlessness is one of the features of PTS.

In their rationale the PEB notes that post-deployment, while on annual training, Petty Officer Little had a panic attack because "billowing steam clouds" reminded him of sandstorms. What the rationale does not discuss, although clearly presented at the hearing, is that he lost focus and failed to ensure that the check list was properly completed. The failure to properly ensure all safety procedures were followed could have resulted in the loss of an aircraft and death of the pilot had not a supervisor caught the discrepancy. This tragedy was avoided solely by luck and not due to Petty Officer Little's abilities.

The PEB also relied upon the completion of a pre-deployment mental health psych survey. It is commonly accepted that these surveys are more form than substance and are completed as part of the myriad of pre-deployment paperwork. Additionally, as discussed above, given the delayed onset of PTS his answers are not surprising. Psychological counseling would have been very premature at that stage, at least in Petty Officer Little's mind. Given the suicide information classes presented over the past decade, he knew that even if he was having suicidal thoughts, which again would be premature in delayed onset PTS, his orders would be cancelled if he revealed them. As there was no indication that he had been prescribed mental health medications, his denial of their use would have been accurate and consistent with delayed onset PTS. The significance of this survey is not relevant to his condition in 2016.

The post deployment survey conducted in 2010 merely shows the progression of the PTS. Here he reports the anxiety, nightmares and difficulty sleeping consisted with delayed onset PTS. The PEB rationale curiously dismisses the early factors because he did not report any stressors in the Afghanistan operation. While he underwent some stressors, the major occurrences happened in Iraq. The delay in the manifestation of the symptoms is in consonance with the proven progression of PTS. The failure of the PEB to recognize this progression is clear error.

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The PEB rationale infers that Petty Officer Little was lying when he said that Abu Bahkr al-Baghdadi was a prisoner at Camp Bucca at the time of his Iraq deployment. In fact there is evidence that al-Baghdadi was held there from 2005-2009. See, Terrence McCoy, "How ISIS Leader Abu Bahkr al-Baghdadi became the world's most powerful jihadist leader," *Washington Post* 10 December 2014. The former Commander of Camp Bucca, Colonel Kenneth King confirmed the presence of al-Baghdadi during this time period. Michael Daly, "ISIS Leader: See you in New York," *The Daily Beast*, 14 June 2014. The statement in the PEB rationale that there were no riots at Camp Bucca after November 2007 is vitiated by the attached correspondence from CDR Malone and LCDR Maslank. While Wikipedia refers to the riots ending in November 2007, significant disturbances continued on an almost daily basis. While one might quibble on the definition of the term "riot" there were certainly violent outbreaks. Both letters demonstrate the constant attacks on guards as well as Commander Malone's discussion of escape attempts. In the minds of the detainees, they were still on the battlefield. Their weapons were psychological but they were no less real.

Thus the Board should have had no difficulty in reconciling the events with Petty Officer Little's time line.

While RADM Hall and Master Chief Niblach testified to Petty Officer Little's excellent work performance, the rationale cherry picks from the testimony to accentuate the positive. Both testified that he often worked from home due to panic attacks and lack of sleep. Both testified that he would sometimes miss important events. The Blue Water Navy case was cited as an example and not the sole instance of absence. Master Chief Niblach testified that some of the civilians at his workplace were resentful because Petty Officer Little often did not come to the office. RADM Hall testified that he purposely made accommodations because of his familiarity with PTS and his sympathy for the effects of the condition. This was not discussed in the rationale. The testimony indicated that while Petty Officer Little would often perform at the highest levels, he would unpredictably withdraw from his responsibilities due to panic attacks and anxiety.

The PEB Rationale further notes that Petty Officer Little and his wife created a non-profit entity where he works to counsel benefits. This was necessary due to his role as a registered lobbyist. For him to counsel veterans in that capacity would give rise to a conflict of interest. More importantly, the counseling often consisted of shared experiences which is therapeutic for the counselor as well as the counselee. In other words, this counseling was part of his treatment for PTS.

Mrs. Little testified that she had seen significant changes in her husband since the time they had served together on a carrier flight deck. She was aware of his headaches and had administered shots for him, with medical approval, to treat them. She was also aware of his occasional bad temper and panic attacks. She notes that while he watched World War II movies on TV he cannot watch anything dealing with the Middle East conflicts. She confirmed his pro

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bono work for veterans was therapeutic. Although the rationale says Mrs. Little did not remember him waking up from nightmares that report is not consistent with her testimony. In fact she remembers some nightmares but confirmed she is a deep sleeper. She attempted to curtail any negative statements about her husband in an obvious loyalty and love she felt for him. Witnesses including his co-workers confirmed that he often hid his panic attacks, nightmares etc. from her because he did not want to worry her. Mrs. Little also testified that things had improved somewhat since Petty Officer Little began the stellate ganglion block treatments, a regime that is only available at a few locations such as Bethesda.

The rationale seems designed to rely upon positive evidence while ignoring the negative. As in all cases there is a mixture of both. The standard for this petition is whether the PEB ignored the weight of the evidence and in this case they did. Trained and experienced naval officers and petty officers all stated that he could not perform the duties of his rate. Nor could he depended upon to perform the duties of a second class Petty Officer at the NOSC or even to attend drills.

The picture of this dedicated petty officer and smooth counselor and lobbyist dissolved at the hearing as Petty Officer Little deteriorated into a sobbing shell who was begging for help. His demeanor and body language were not reflected in the PEB rationale.

Petty Officer Little has served his country well. Now it is time for the country to serve him. The military has been taken to task by Congress for its refusal to aid its mentally wounded warriors. Several provisions of the 2010 and now the pending 2017 National Defense Authorization Act have highlighted Congressional concerns. The pending Fairness for Veterans Act, S 1567/HR 4683, which is gaining significant support, would require appropriate boards within the military to better understand and cope with PTS/TBI. As a sailor, a veteran's advocate and a human being Petty Officer Little deserves to be placed on the Temporary Duty Retirement List (TDRL). A TDRL assignment will allow further evaluation as his treatment progresses. If treatment is successful he can reassume his duties. If not, then he should be permanently retired. His wounds are no less real than those caused by the physical penetration of the body. Instead he suffers from a penetration of the mind.

Prior to making the final decision, I ask the reviewer to reflect on whether he or she would want to land or take off from a Carrier with ABH2 Little performing supervisory duties on the flight deck. I would not.

On behalf of Petty Officer Little I respectfully request that the decision of the PEB be vacated and that he be placed on the TDRL.

Thank you for your consideration. I am available should you have any questions.

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Respectfully Submitted

John B. Weiss
Commander USN (Retired)
Attorney at Law



Charles W. Malone

CDR, USN (Ret.)

May 12, 2016

To whom it may concern,

I had the pleasure of serving as Commanding Officer of Navy Provisional Detainee Battalion FIVE, at Camp Bucca, Iraq in 2008 and 2009. Additionally, I served as a Catapult and Arresting Gear Officer (V-1 and V-2 Division) onboard the USS Kitty Hawk (CV-63) from 1998-2000. Because of these two positions I've held, I am uniquely qualified to speak to both what happened at Camp Bucca, and whether resulting trauma from that position could impact future capability on the flight deck. More specifically, having known ABH2 Michael Little from day one of training for NPDB-5, and having led numerous Aviation Boatswain's Mate (Handlers) in my career, I can speak more accurately than most anyone as to what his performance was like as a guard, how it affected him personally, and whether he could continue to serve as an ABH as a result of his diagnosed PTSD.

During our time at Camp Bucca, ABH2 stuck out as a performer, a hard worker, an optimist and a highly capable Sailor. He never shirked from his duties or wavered despite fecal attacks, attempted assaults, or from highly planned, attempted escapes. I can speak with certainty that the men and women who guarded detainees were continually under threat. I specifically remember two major escape attempts, where lives were specifically threatened. I can speak to the daily stresses of mind-numbing duties of guards working through the relentless targeting by detainees, hell-bent on exploiting Sailor weakness. The constant contact with the enemy, at times, had debilitating affects on very good Sailors. This threat would have been heightened for ABH2 Little as the Compound Section Leader overseeing "death row" inmates who were guilty of particularly egregious crimes.

Prior to assuming command of NPDB-5, I read a behavioral study, which spoke to the level of PTSD of detainee guards, and how they often suffered with a quicker onset of PTSD than Soldiers in the line of fire. As a result of this study, we took significant measures to combat the problems associated with PTSD. Despite our efforts, we struggled daily with their affects. The battalion prior to our arrival had experienced one suicide during the deployment, and our command experienced one at home, following deployment. Though NPDB-5's mission was to guard the most dangerous and violent detainees within Camp Bucca, the mission of the senior staff was to lift up the Sailors who did the guarding. Out of the 400 Sailors in the command, ABH2 Little stuck out as a solid performer who had endured significant harassment. Having heard of how he has suffered since his return, and having read some of his diagnoses, I can say without question that while he performed his duty admirably, that duty impacted him considerably. With this in mind, knowing the danger and exhaustive nature of the ABH's work, Petty Officer Little, in no way, belongs on the flight deck. His continued service, especially in his rate, would put other lives in peril.

ABH2 Little has been a strong and memorable Sailor. He has done his duty and has paid the price for doing it. He deserves full respect and benefits from the Navy for a job well done.

Very Respectfully,

C. W. Malone

May 12, 2016

To Whom It May Concern,

I was quiet dismayed, annoyed actually, to hear of the navy's treatment of Petty Officer Michael Little's treatment at the hands of the navy.

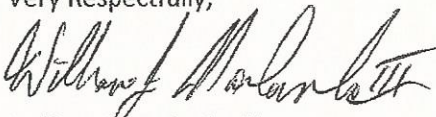
As Petty Officer Little's Executive Officer in Camp Bucca Iraq from May 2008 to April 2009 (May to July in Ft. Dix NJ for training) I witnessed and handled the administrative results of assaults on Navy Provisional Detainee Battalion FIVE (NPDB-5) sailors from August 2008 to April 2009. I personally viewed video tape of an assault on our sailors in the December 2008, January 2009 time frame, and processed a number of incidents of assaults on the Sailors of NPDB-5 almost daily from March to April 2009.

Now I'm not aware of ABH2 (AW/SW) Little's experiences in Afghanistan, but I can tell you he witnessed or was a victim of assaults by the detainees while in Iraq with NPDB-5. The same detainees that are now running ISIS (ISIL), who at the time were on Death Row or were to be imprisoned for life under the Iraqi government.

It is a travesty that the navy has not adequately investigated the incidents at Camp Bucca Iraq, nor sought out additional information from more reliable sources.

If further information regarding Petty Officer Michael Little's character or performance as a sailor in NPDB-5 is desired contact me through the information provided below. I'm happy to answer question about any of the sailors who performed magnificently under the harshest conditions at Camp Bucca Iraq and NPDB-5.

Very Respectfully,



William J. Maslanka III
LCDR USN (Ret.)