


**DEPARTMENT OF HOMELAND SECURITY
BOARD FOR CORRECTION OF MILITARY RECORDS**

Application for Correction of
the Coast Guard Record of:

BCMR Docket No. 2023-043


BMC (E7) (former)

FINAL DECISION

This proceeding is conducted according to the provisions of 10 U.S.C. § 1552. The Chair docketed the case after receiving the completed application on November 29, 2023, and assigned it to an attorney to prepare the decision for the Board pursuant to 33 C.F.R. § 52.61(c).

This final decision dated August 13, 2025, is approved and signed by the three duly appointed members who were designated to serve as the Board in this case.

APPLICANT’S REQUEST AND ALLEGATIONS

The applicant, through counsel, is requesting an upgrade to his characterization of service. He is seeking to have his DD214 reason for discharge be changed from “misconduct” to “secretarial authority” to account for his cocaine addiction that the applicant struggled with during service due to his Post Traumatic Stress Disorder (PTSD). The applicant alleges he developed PTSD while enlisted after serving two tours in Iraq. The applicant sought support for his PTSD and voluntarily admitted to cocaine use as a method of coping. The applicant’s command took steps to begin a discharge based on misconduct for drug usage. The applicant asserts that because of the PTSD caused by his combat service was the reason for his misconduct, his discharge should be upgraded to “honorable” and his narrative reason for separation to “secretarial authority” pursuant to the Department’s Liberal Consideration Guidance.

SUMMARY OF THE RECORD

On December 10, 1991, the applicant enlisted in the Coast Guard.

On October 2, 1992, the applicant completed an alcohol rehabilitation treatment program. During the program, the applicant shared a history of alcohol and drug related issues using controlled substances such as marijuana, cocaine, and methamphetamine since the age of fourteen (14). The applicant noted that he had completed a civilian treatment course and remained clean/sober for over three (3) years prior to joining the military. Upon completion of this alcohol rehabilitation, the applicant had to provide weekly urinalysis for six (6) months and speak with a sponsor weekly for the following two (2) years to support his recovery. Additionally, command required that the applicant complete a twelve-step program and be in attendance four (4) days a

week for two years. Alcohol abuse was the only noted abused substance and medical professionals did not find evidence of other substance concerns.

In 1993, the applicant served as a member of the Honor Guard. He received both commendations for work completed and negative marks for insubordination and smoking in non-designated areas.

In 1996, the applicant received a letter of commendation from the commandant for his service aboard the USCGC Polar Star and supporting the burial at sea that honored two former service members.

In 1997 and 1998, the applicant received additional positive marks for his dedication to being qualified, serving the mission of the war on drugs, multiple “7’s” during evaluations, and volunteering in the community as a positive role model.

In 1998, the applicant received an achievement medal for his support of the unit’s mission, local relations in Puerto Rico, and being nominated as the enlisted person of the year.

In 2001, the applicant continued to receive highest marks in multiple categories of evaluations. The applicant received the meritorious team commendation for learning the newest rescue system and after evaluation for the team “ready for sea” in all areas.

In 2004, the applicant received the Coast Guard Commendation Medal for outstanding achievement from 2001-2004.

In 2004-2005, the applicant served on a patrol boat in support of Operation Iraqi Freedom (OIF).

From April 2007-October 2007, the applicant served alongside an Army unit near Balad, Iraq as part of a recovery crew to clean debris after explosions. The applicant witnessed fighter jets, near by explosions, and the death of civilians, enemy combatants, and service members of the Iraqi military.

On February 27, 2008, the applicant sought support for what he felt was PTSD and shared his experience in Iraq with a physician. The physician diagnosed the applicant with “unspecified adjustment reaction and other psychological or physical stress, not elsewhere classified.”

On March 22, 2008, the applicant received a diagnosis of PTSD while at the Walter Reed National Military Medical Center. Specifically, the physician at Walter Reed noted the following: “Pt is a 39 yo MCM AD USCG with no significant psychiatric history who has had multiple psychological [symptoms] since returning from two tours in support of [Operation Iraqi Freedom (OIF)]. His first tour lasted 12-14 months from 2004-2005. At that time he was on a patrol boat, helping monitor two rivers. During his second tour from April 2007- October 2007, he worked with the Army just outside of Ballad (sic), as part of a recovery crew, whose main task was to clean up any remnants after explosions. He recalls mortars going off daily and one especially landing near one of his trucks and fighter jets going off daily. He recalls being “freaked out” during

these experiences and had little time to process them when he returned only to PCS to the area (Baltimore, CG Headquarters). [Symptoms] have become more noticeable since Dec, approx. same time as birth of new son. He reports primarily irritable mood and startle response as well as hypervigilance in public places, inability to relax and avoidance of crowded spaces. He is not sleeping well (has both initial and middle insomnia) averaging 4-6 hours/night, reports nightmares (whose content have nothing to do with his experience in the desert) poor energy, diminished concentrations, and decreased interest in running, which he used to do regularly, and decreased libido. He was vague but finally admitted to having had [Suicidal Ideation] but denied having considered a plan and has no intent. He is bothered by “paranoid” thoughts or severe anger that he now has directed at people who appear to be of Middle Eastern descent. Also has had two panic attacks, one at work. Overall, denies sense of foreshortened future or re-experiencing or flashbacks.”

On April 16, 2008, the applicant received a diagnosis of PTSD and major depressive disorder.

On May 13, 2008, the applicant received a diagnosis of PTSD.

On July 7, 2008, the applicant received a diagnosis, including but not only, chronic PTSD, adjustment disorder, and major depressive disorder.

On July 12, 2008, the applicant received a diagnosis of PTSD.

On August 7, 2008, the applicant received a diagnosis, including but not only, PTSD, adjustment disorder, major depressive disorder.

On August 18, 2008, the applicant was telephoned by a doctor who performed a report on progress for the applicant. The doctor received a call from the applicant’s primary care manager (PCM) that the applicant’s CWO was concerned the patient had relapsed because of strange behavior. The applicant had charged a few thousand dollars on his government travel card but was not authorized to do so. The doctor conducted a phone interview and reported the applicant stated time with family has been going well in Texas. His wife took their newborn to India to visit her relatives and commented she may not return to the states, which caused the applicant concern. The applicant “sounded euthymic” (state of normal or stable mood) according to the doctor. An in-person check-in was scheduled for August 21, 2008.

On August 21, 2008, the applicant was diagnosed with PTSD and during a therapy session was encourage by the psychiatrist to report himself to his chain of command for having relapsed and using cocaine to self-medicate.

On August 27, 2008, the applicant was diagnosed with PTSD and cocaine dependency at the psychiatry unit in Bethesda.

On September 29, 2008, the applicant verbally admitted to Coast Guard Investigating (CGI) agents that he used a controlled substance against Coast Guard Policy.

On September 30, 2008, the applicant was diagnosed with chronic PTSD and major depressive disorder by a psychiatrist during a psychiatric visit in Bethesda, Maryland.

On October 20, 2008, the applicant on a follow-up post-deployment health assessment indicated extreme difficulty with feeling depressed and anxious. The applicant described feeling numb or detached, sleep difficulties, avoidance behavior, and taking risks like driving faster. He reported drinking 3-4 alcoholic beverages on a monthly basis now.

On October 30, 2008, the applicant was escorted to the clinic by his command after found asleep at home and failing to arrive for his duty. The applicant had already admitted to his command two days prior his use of cocaine.

On November 26, 2008, the applicant was diagnosed with chronic post traumatic stress disorder and major depressive disorder at the National Naval Medical Clinic Bethesda (now known as Walter Reed National Military Medical Center).

On December 3, 2008, the applicant completed a medical screening in preparation for separation. The relevant problems cited included: adjustment disorder, adjustment disorder with mixed emotional features, major depression disorder single episode, chronic post-traumatic stress disorder, cocaine dependence, and alcohol dependence. The applicant was actively taking eight (8) different medications prescribed by military medical. During therapy evaluation the applicant discussed his remorse in relapse and frustration that the Coast Guard did not consider his PTSD. The physician notes, "I believe he is still impaired and require continued [RX] beyond his separation."

On December 22, 2008, the applicant was separated from the Coast Guard after serving seventeen (17) years and thirteen (13) days. Separation was for misconduct for drug usage: cocaine.

On June 15, 2009, the applicant received a diagnosis of PTSD and severe depression from the Veteran Affairs (VA) clinic. The medical review describes the applicant's attempt to use cocaine to suppress his PTSD and depression. It notes that the applicant served for seventeen (17) years in an otherwise honorable manner until the coping with cocaine began, which led to the applicant's discharge. The physician noted that given the totality of the applicant's service record it appears the cocaine usage was due to the PTSD and not "willful misconduct."

On April 15, 2010, the applicant received a decision from his application to the Discharge Review Board (DRB) to upgrade his discharge characterization to "honorable." The board agreed to change his characterization from "general" to "under honorable conditions" but no other upgrades were made to his DD214.

On March 11, 2024, a medical advisory opinion from Walter Reed Medical Clinic stated that the applicant's symptoms aligned with adjustment disorder and substance abuse. The opinion states that there is not enough evidence in the applicant's record for a finding of PTSD at the time of the misconduct. The opinion cites to the applicant's post-deployment health assessment from 2007 states the applicant confirmed seeing dead and wounded, which caused the applicant to fear

for his life. Upon returning from this deployment the applicant noted being constantly on-guard but denied any plan to harm himself. The opinion viewed the applicant as having an adjustment disorder due to personal strife with his marriage and past alcohol abuse, though there was no documentation of cocaine or alcohol use for several years leading up to the deployment. The opinion affirms the factors contributing to the applicant's cocaine usage were personal problems and prior addiction issues instead of PTSD from seeing dead and wounded for six months in Iraq. The opinion acknowledges the applicant's medical diagnosis of PTSD prior to the disclosure of cocaine usage leading to his discharge and after his deployment to Iraq, but disagrees with the diagnosis. The opinion accuses the applicant of creating misleading statements surrounding his deployment experience and believes because the applicant answered the homelife questions presented to him during medical interview that the actual stressor included marital strife and his newborn. The paranoia, fear, and insomnia the applicant disclosed could be contributed to cocaine usage according to this medical opinion. The opinion asserts that the symptoms of the adjustment disorder were a manifestation of the applicant's "low tolerance for stressors." Once the applicant achieved sobriety after separation, he began to achieve significant progress in his personal life. This success demonstrates a lack of PTSD according to the opinion. Instead, this success demonstrates that the applicant's challenges stem from substance abuse. The applicant's conduct of cocaine use does not excuse the conduct that adversely affected his discharge. This advisory opinion was formed based on the applicant's military record and did not conduct a medical exam/interview of the applicant.

VIEWS OF THE COAST GUARD

On April 10, 2024, a Judge Advocate (JA) for the Coast Guard submitted an advisory opinion in which he recommended that the Board deny relief in this case and adopted the findings and analysis provided in a memorandum prepared by the Coast Guard Personnel Service Center (PSC).

The JA concurred with the PSC evaluation of the applicant's request for change to his DD214 was not supported by the applicant's assertions that his cocaine addiction is directly correlated to his time in Iraq, which resulted in PTSD. PSC acknowledged the applicant admitted to a pre-existing condition of substance abuse prior to entering the service and therefore cannot claim PTSD created his substance abuse. The Coast Guard acted within its regulations and policies regarding the discharge of the applicant. The JA recommends the Board deny relief.

APPLICANT'S RESPONSE TO THE VIEWS OF THE COAST GUARD

On June 12, 2024, the Chair sent the applicant a copy of the Coast Guard's views and invited him to respond within thirty (30) days. The applicant requested an extension and on July 10, 2025, responded with the following comments.

The applicant, through counsel, rejects the JA's recommendation and application of the facts in his case. The applicant reasserts the Maher Memo in how liberal consideration is to be applied by outlining the four key questions asked to determine if liberal consideration applies to an applicant. The applicant asserts that he meets the requirements of each of the four questions in that; 1. He has a qualifying condition (PTSD), 2. The condition is an outcome of military service

(his time in Iraq), 3. The conduct is a related cause of the qualifying condition (using cocaine to manage PTSD), and 4. The condition outweighs the harm of the conduct (PTSD is a serious illness outweighing the misuse of a controlled substance in an attempt to escape). The applicant did have previous substance issues but managed to serve seventeen (17) years of successful service and two tours in Iraq. Multiple medical professionals link the cocaine usage to the applicant's PTSD, which was brought on by his service in Iraq. The applicant endured mortar explosions, fighter jets, and the death of Iraqi coalition soldiers, enemy combatants, civilians, and children. The applicant was unable to cope with these scenes of war and attempted to self-medicate with cocaine. The application of liberal consideration requests the Board to take the applicant's own testimony under review and couple that with his medical diagnoses and military record.

Given the applicant's testimony, service record, and medical evaluations taken together the applicant states he qualifies for an upgrade to his DD214. Liberal consideration is appropriate to provide, according to the applicant, and the Board should grant relief by upgrading the applicant to honorable characterization of service.

APPLICABLE LAW AND POLICY

The Board may correct errors or remove injustices in a service member's records pursuant to 10 U.S.C. § 1552(a).

(1) Error can be defined as either legal and/or factual.

(2) Injustice, when not also error, is treatment by the military authorities that "shocks the sense of justice."¹ In addition, the Board has the authority to decide whether an injustice exists in an applicant's record on a case-by-case basis. The application must file within three years after discovery or reasonably should have discovered the alleged error or injustice for a correction or relief.²

33 C.F.R. § 52.24 (a)

Burden of Proof: "It is the responsibility of the Applicant to procure and submit with his or her application such evidence, including official records, as the Applicant desires to present in support of his or her case."

33 C.F.R. § 52.24 (b)

Presumption of Regularity: "The Board begins its consideration of each case presuming administrative regularity on the part of the Coast Guard and other Government officials. The Applicant has the burden of proving the existence of an error or injustice by the preponderance of the evidence."

COMDTINST M1850.2D (May 2006) Physical Disability Evaluation System.

¹ *Sawyer v. United States*, 18 Cl. Ct. 860, 868 (1989) citing *Reale v. United States*, 208 Ct. Cl. 1010, 1011, cert. denied, 429 U.S. 854, 50 L. Ed. 2d 129, 97 S. Ct. 148 (1976).

² 33 C.F.R. § 52.22

Chapter 2. Definitions, Presumptions, and Policies.

4. Aggravated by Service. A measurable or demonstrated increase in the level of a member's impairment in excess of that due to the natural progress of a disease or injury which occurs after a member enters active duty in the Coast Guard or during inactive duty training.

51. Service-Connected. This means, with respect to disability or death, that such disability was incurred or aggravated, or that the death resulted from a disability incurred or aggravated in line of duty in the military, naval, or air service.

10 U.S.C. Chapter 61 §1207a. Members with over eight years of active service: eligibility for disability retirement for pre-existing conditions.

(a) In the case of a member described in subsection (b) who would be covered by section 1201, 1202, or 1203 of this title but for the fact that the member's disability is determined to have been incurred before the member became entitled to basic pay in the member's current period of active duty, the disability shall be deemed to have been incurred while the member was entitled to basic pay and shall be so considered for purposes of determining whether the disability was incurred in the line of duty.

(b) A member described in subsection (a) is a member with at least eight years of active service.

COMDTINST M1000.6A Coast Guard Personnel Manual Chapter 12.B.18.b.4. Drugs.

a. Involvement with Drugs. Any member involved in a drug incident or the illegal, wrongful, or improper sale, transfer, manufacture, or introduction onto a military installation of any drugs, as defined..., will be processed for separation from the Coast Guard with no higher than a general discharge.

Pursuant to 10 U.S.C. § 1552(h), if an applicant's claim for review of a discharge or dismissal is based in whole or in part on matters relating to PTSD as supporting rationale and whose PTSD is related to combat trauma, the Board (1) shall review medical evidence of the VA or a civilian health care provider that is presented by the applicant; and (2) review the claim with liberal consideration to the applicant that PTSD potentially contributed to the circumstances resulting in the discharge or dismissal or to the original characterization of the applicant's discharge or dismissal.

DHS Office of the General Counsel, "Guidance to the Board for Correction of Military Records of the Coast Guard Regarding Requests by Veterans for Modification of their Discharge Based on Claims of Post-Traumatic Stress Disorder, Traumatic Brain Injury, Other Mental Health Conditions, Sexual Assault, or Sexual Harassment" (June 20, 2018) (DHS Liberal Consideration Guidance) provides, in most relevant part, that:

- Unless otherwise specified, the term “mental health condition” in this guidance refers to both diagnosed and undiagnosed mental health conditions, including PTSD and TBI.
- The Board shall waive the statute of limitations (if applicable) and liberally consider and reconsider veterans’ requests for discharge modifications based in whole or in part on claims that a mental health condition, sexual assault, or sexual harassment either excuses the conduct or poor performance that adversely affected the discharge or otherwise warrants modifying the discharge.
- Requests for discharge modifications should not be denied based solely on the absence of a pre-separation diagnosis of the asserted mental health condition or the lack of a pre-separation report of sexual assault or sexual harassment.
- An honorable discharge does not require flawless military service. Many veterans who have committed some minor misconduct are separated with an honorable discharge.
- Liberal consideration does not mandate an upgrade. Relief may be appropriate, however, in cases of minor misconduct or other conduct or performance problems commonly associated with mental health conditions, sexual assault, or sexual harassment, and even in some cases of significant misconduct if it is sufficiently justified or outweighed by the facts and circumstances.
- Absent clear evidence to the contrary, a diagnosis rendered by a licensed psychiatrist or psychologist is evidence that the veteran has or had the diagnosed mental health condition.
- A diagnosis made by a licensed psychiatrist or psychologist indicating that a mental health condition existed during military service shall be liberally considered along with other evidence.
- A determination made by the VA that a veteran’s mental health condition, sexual assault, or sexual harassment is “service connected” is not binding on the Board but shall be considered persuasive evidence that the condition existed, or the experience occurred during military service.
- The Board shall liberally consider whether the conduct or poor performance that adversely affected a veteran's discharge should be considered excused by a mental health condition or experience of sexual assault or sexual harassment that the Board believes to have existed at the time of that conduct or poor performance.
- The Board shall liberally consider whether a mental health condition or experience of sexual assault or sexual harassment that the Board finds to have existed at the time of separation outweighs the conduct or poor performance that adversely affected the veteran's discharge or otherwise warrants modifying the discharge.
- The Board may find that a veteran’s misconduct is so severe that it should not be excused because of a mental health condition, sexual assault, or sexual harassment.

FINDINGS AND CONCLUSIONS

The Board makes the following findings and conclusions on the basis of the applicant's military record and submissions, the Coast Guard's submission, and applicable law:

1. The Board has jurisdiction concerning this matter pursuant to 10 U.S.C. § 1552(a) because the applicant is requesting correction of an alleged error or injustice in his Coast Guard military record. The Board finds that the applicant has exhausted his administrative remedies, as required by 33 C.F.R. § 52.13(b), because there is no other currently available forum or procedure provided by the Coast Guard for correcting the alleged error or injustice that the applicant has not already pursued.

2. The applicant brings this request beyond the required three (3) years of its occurrence making the application untimely for review. However, the Board views this case under liberal consideration and shall waive the time requirement.

3. The applicant is requesting changes to his DD214 because he received a discharge for misconduct and general characterization of service for using cocaine during service. The applicant is seeking an honorable characterization of service and a reason for discharge to be changed to Secretarial Authority. The applicant, through counsel, has asserted PTSD as the cause for his cocaine use, which caused his discharge from service. For this reason, the applicant will be reviewed under the liberal consideration guidance provided by the Department of Homeland Security for veterans diagnosed with service-connected PTSD.

4. The applicant states the Coast Guard erred in discharging him without completing a Medical Board using the Physical Disability Evaluation System (PDES) due to his diagnosed PTSD already within his medical records prior to his discharge.³ Instead of being discharged for misconduct, the applicant asserts he should have been separated due to his medical condition of PTSD. The Board acknowledges that a PDES provided at the time of discharge would have offered the applicant the most accurate and equitable review of his medical concerns, although it does so without considering whether such a discharge was appropriate. The applicant's requested relief makes that unnecessary. But the Board does note that the medical opinion from 2024 which was largely unresponsive of the applicant's claims was prepared sixteen (16) years after the applicant's discharge. The medical opinion did not screen the applicant in person and only reviewed past files, while making a determination if the applicant suffers from PTSD or not. This medical advisory opinion rejects the numerous past medical opinions provided by physicians, which diagnosed the applicant with PTSD during service due to the applicant's time in Iraq. The medical advisory opinion provided in 2024 is unconvincing in asserting that the numerous medical documents created throughout 2008, while the applicant is serving, citing PTSD should be disregarded

³ Although the applicant's counsel discusses PDES processing in his application, he did not request medical separation through PDES processing as a form of relief from this Board. The application specifically requested correction of the record to reflect separation through "secretarial authority." As a result, the Board does not address whether a correction of the record to reflect medical discharge would be appropriate.

because the applicant had a previous substance abuse history. The previous medical physicians were all aware of the applicant's past substance history, his then current family life stress, and still provided a medical diagnosis of PTSD in 2008.

5. Given the seventeen (17) years of an overall successful career it appears unreasonable to blame the applicant's past addiction struggles and "low tolerance for stress" as the cause of his later cocaine addiction. The medical opinion in 2024 proposes that seeing dead bodies while serving in a war zone could not have caused the level of stress to create PTSD and instead the applicant endured arguing with his mother-in-law, marital strife, and a newborn, which led to relapse to addiction because of his low tolerance for stress. The Board disagrees. The member effectively completed two tours in a war zone and for six months had boots on the ground in Iraq serving alongside an Army unit. The applicant sought help in February of 2008 (less than four months after returning stateside) and the applicant's chief concern was his growing PTSD. The applicant was medically diagnosed with chronic PTSD the following month in March of 2008, which was five months before the applicant began using cocaine to cope with his symptoms.

6. Liberal consideration requires the Board to accept the testimony of an applicant and the valid medical diagnosis of PTSD. It is understood the Coast Guard's position is that the applicant fabricated his Iraq experience and did not state all of the symptoms found in PTSD. However, over twelve (12) medical visits diagnosing the applicant with chronic PTSD should not be disregarded. With only three (3) years left till full retirement, it appears less than likely that the applicant decided to willfully commit a wrongdoing after seventeen (17) years of service, each year being found fit for duty.

7. As the JA's AO details, the standard for evaluating a member for physical disability occurs because "the disease or injury began during service or was aggravated through military service."⁴ The applicant admits to a previous struggle with substance abuse. However, this did not appear to be a continued struggle throughout service as the applicant did not fail the randomized drug tests performed by the Coast Guard over the course of his seventeen (17) years of service. It was not until the applicant served in Iraq that he developed PTSD and from that experience aggravated the applicant's previously conquered issue with substance abuse. The applicant came forward to share with his command his use of cocaine based on his treating physician's recommendation. The Coast Guard could have reviewed the applicant's medical file to better understand his PTSD diagnosis but instead denied the applicant a medical board and pushed the discharge through with a reason for discharge as "misconduct." Within a matter of months after the applicant's discharge the VA determined the applicant had PTSD and his cocaine usage was a byproduct of the PTSD, not a willful act of misconduct.

8. The 2024 medical opinion's discussion on the applicant's success in civilian life after achieving sobriety is not convincing that the applicant did not suffer from PTSD or continues to suffer from PTSD. However, the applicant shares persuasive scholarly articles documenting the possibility for service members with PTSD to return to society in a successful manner with the correct tools and resources.⁵ The applicant achieving sobriety after discharge and moving forward

⁴ PDES M1850.2D May 2006

⁵ *Julianne C. Flannagan, Kristina J. Korte, Therese K. Killeen and Sudie E. Back, Concurrent Treatment of Substance Use and PTSD, Current Psychiatry Reports (August 2016).*

to have a career is not clear evidence of an adjustment disorder in lieu of PTSD. The applicant served for seventeen (17) years, which would mean the Coast Guard is claiming that for seventeen years the applicant failed to adjust to military life. However, the applicant's service record is filled with medals and awards demonstrating a well-adjusted service member. Additionally, the Coast Guard was aware of the applicant's addiction struggles and continued to use the applicant in service. If at any time the Coast Guard felt the applicant was not properly adjusting to military life over the course of the applicant's seventeen-year career of service the Coast Guard could have brought this discharge concern forward, but they chose to continue using the applicant as an effective military member. However, similar to the "egg shell plaintiff" in law of torts, the Coast Guard had every reason to be aware of the applicant's struggles with substance abuse long before it allowed him to reenlist, promote, and serve in a forward combat environment. The Board finds it particularly unjust that the applicant's known history with addiction would then be used to undercut or downplay his claims of PTSD when those addiction issues reemerged.

9. During 2008, the applicant sought tools and resources. He was given eight (8) different prescription drugs by military medical professionals attempting to understand how to help the applicant through his diagnosed PTSD. While these drugs take time to discover what works to relieve symptoms of PTSD and what does not, it appears plausible during the on-set of the applicant's PTSD he would turn to other substances to cope. Now having awareness of his PTSD, strategies to manage it, and proper medical drugs to support the applicant it is highly plausible for him to achieve a healthy life. Being successful after service does not disprove PTSD during service. More broadly, the Board notes that it would create a perverse incentive for applicants to be considered less favorably for discharge upgrade because of their post-discharge success in civilian life. On the contrary, this seems to support the conclusion that the applicant's drug use was a temporary coping mechanism related to PTSD.

10. The Board has reviewed the four (4) key questions used to apply liberal consideration and if it should be granted to the applicant. The Coast Guard has provided their response to each question with a result that the applicant does not qualify for liberal consideration because he had a pre-existing addiction problem. The applicant provided their response, which claims he does qualify for liberal consideration because he had accomplished sobriety for years and relapsed due to the PTSD developed after his time in Iraq. The struggle appears to be that the applicant had a previous issue with addiction. While the Board recognizes the applicant's past addiction problems it cannot ignore the applicant's years of sobriety, then time served in Iraq, and then multiple diagnosis of PTSD while in service prior to the applicant's use of cocaine and ultimate separation from the Coast Guard. Under the Maher Memo, we ask and answer the following:

a. *Does the applicant have a mental health condition or experienced a sexual assault or sexual harassment that may excuse the conduct or poor performance that adversely affected the discharge or may otherwise warrant modifying the discharge?* This Board recognizes the PTSD diagnosis by multiple physicians in 2008 and 2009, which is a qualifying condition.

b. *Did that condition exist, or experience occur during service?* The Board recognizes that the condition is service-connected due to the applicant's service in Iraq and the condition of PTSD occurring during active-duty service triggering the use of cocaine.

c. *Lastly, does the condition or experience excuse the conduct or poor performance that adversely affected the discharge; or does the condition or experience outweigh the conduct or poor performance or otherwise warrant modification of the discharge?* The last question is either/or when reviewing the applicant's conduct. The Board realizes the correlation between PTSD and substance abuse. The conduct of using cocaine and then self-reporting the use of cocaine after beginning PTSD treatment excuses the harms mentioned by the Coast Guard of violating the drug policy, oversleeping causing applicant to miss scheduled duty, and misuse of his government travel card. These harms are relatively small in comparison to the struggles the applicant endured through his PTSD. It can be challenging to imagine "excusing a harm" which is why liberal consideration is important to apply correctly. The Board cannot ignore the possibility that had the applicant NOT gone to Iraq, that he would not have developed PTSD or used cocaine. However, the applicant did serve in Iraq honorably and effectively on two separate tours. When he returned stateside the applicant became more aware of his struggle to settle back into a non-war environment, which prompted his request for medical help. The treatment of his PTSD is clearly documented with ongoing struggles and the applicant sought additional comfort through drug abuse. This usage of cocaine is the direct reasoning for the applicant's discharge and the Coast Guard failed to acknowledge the applicant's PTSD as the triggering factor for his drug usage.

11. The Board is compelled also to note that the applicant's discharge, even without applying liberal consideration, appears at least unfair. The applicant sought medical treatment for mental health challenges as well as substance abuse, which was then reported by his doctor to his command. This appears to have triggered a criminal investigation. The record indicates that the only evidence of his drug use – and the only misconduct relied upon to support his discharge – was his admission to CGIS that he used drugs. The Board finds this, independent of his PTSD, to be an unjust result. The applicant was not suspected of or investigated for any drug-related misconduct. He self-reported his problem to a medical provider to receive help. While it is unnecessary to determine whether the Coast Guard's actions were in error because of our findings above, it strikes the Board as troublesome that the applicant's attempt to receive medical treatment would result in administrative action for misconduct.

12. The Board, in full view of all facts, assertions, and applicable laws, views this case as squarely within the purpose of the liberal consideration doctrine. The applicant should be granted relief by having his DD214 upgraded to an honorable discharge with a reason for separation to read Secretarial Authority.

(ORDER AND SIGNATURES ON NEXT PAGE)

ORDER

The application of former BMC [REDACTED], USCG, for correction of his military record is granted. The Coast Guard shall upgrade the applicant's DD214 to reflect a characterization of service as Honorable and change the reason for discharge to Secretarial Authority.

August 13, 2025

