


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

Application for Correction of
the Coast Guard Record of:

BCMR Docket No. 2024-109


(former) SA/E-2

FINAL DECISION

This proceeding was conducted by the Board for Correction of Military Records of the Coast Guard (hereinafter “Board”) according to the provisions of 10 U.S.C. § 1552 and 14 U.S.C. § 2507. The Chair docketed the case on July 31, 2024, and following receipt of additional submissions from the Coast Guard and the applicant, the case was assigned to a staff attorney to prepare the decision pursuant to 33 C.F.R. § 52.61(c).¹

This final decision, dated June 5, 2025, is approved and signed by the three duly appointed members who were designated to serve as the Board in this case.

INTRODUCTION

The applicant, a former Coast Guard Seaman Apprentice (SA/E-2), joined the Coast Guard in January 2000. He was administratively separated approximately four months later, on May 8, 2000, due to unsuitability caused by a personality disorder. His characterization of service was Honorable. The applicant has contended that his in-service psychiatric symptoms were misdiagnosed as a personality disorder, and were actually caused by a thyroid condition, specifically Graves’ disease. He has requested the Board correct his “incorrect discharge rating.”

¹ The Board received the applicant’s DD Form 149 (Application for Correction of Military Record) (hereinafter “DD 149”) on March 26, 2022. After subsequent correspondence between the Board and the applicant, the application was deemed complete and reviewable on July 31, 2024.

SUMMARY OF THE RECORD

The applicant joined the Coast Guard on January 4, 2000. A pre-screening medical examination dated January 5, 2000, did not identify any history of mental health or thyroid-related issues.

The applicant completed eight weeks of basic training and was assigned to a cutter in early March 2000.

On March 17, 2000, the applicant was admitted to the inpatient psychiatric unit of a civilian medical center after requesting assistance from local law enforcement for suicidal thoughts. The civilian facility's records show this was the applicant's first psychiatric treatment contact, though he reported a history of learning disabilities since the sixth grade. The applicant reported a two- to three-month history of increasing depression characterized by insomnia, decreased appetite and weight loss, mood variations, and increased suicidal ideations. In addition, bloodwork performed at intake revealed thyroid-related abnormalities, specifically low thyroxine (T4) hormone and high thyroid stimulating hormone (TSH). An assessment of "most likely Hashimoto's thyroiditis" was noted, and the medication Synthroid was started for this condition.

On March 21, 2000, the applicant was transferred to a military hospital for further evaluation. There, clinical records show the applicant reported having been in his usual state of emotional health until approximately one year prior. At that time, he had "flunked out" of community college despite two attempts to take courses needed for his goal of a career in law enforcement. Previously, the applicant had graduated high school on time despite a history of a learning disability. Specifically, the clinical records note that in sixth grade, the applicant had been assessed for reading and math issues and was diagnosed with dyslexia. He was subsequently placed in special education classes.

According to the inpatient records, following his unsuccessful attempt at college, the applicant noted worsening depressed mood and the emergence of frank anhedonia, insomnia, poor concentration, poor appetite, weight loss of undetermined amount, and feelings of worthlessness, helplessness, and hopelessness. The applicant then joined the Coast Guard in January 2000, hoping for "a change" and believing "it would be easier" because he "could always handle physical stuff." The applicant successfully completed basic training, but again noted academic difficulties when testing for his chosen specialty. His issues were primarily with reading and assimilating the required materials. The psychiatry notes stated that these difficulties seemed to have "rekindled feelings of inadequacy." During a visit home the weekend before his inpatient admission, the applicant expressed his dislike of the Coast Guard to his father. Although his father was able to convince him to return, the applicant continued to experience pressure from his new job. He had then been planning to travel home to visit his family again the weekend of March 18-19, but was told he would be on duty and would not be able to. The applicant was then

overcome with hopelessness and became suicidal, at which time he turned himself in to local police.

During his eight-day stay at the military hospital, the applicant was noted to respond to the psychiatric ward structure and his treatment. This resulted in an abatement of suicidal ideation, though depressive symptoms persisted. Regarding his abnormal thyroid labs, the applicant's psychiatric providers noted that these results had led to a diagnosis of hypothyroidism, suspected to be related to Hashimoto's thyroiditis. The applicant was also noted to endorse cold intolerance, occasional mental sluggishness, and drying of skin (especially within the last year), but he denied weight gain, change in voice, dysphagia, yellowing of skin, hair loss, or constipation. The psychiatric records show that the applicant's case was presented to the hospital's endocrine team. That team made specific recommendations, which were being followed, including continuation of Synthroid.

The clinical records show that on multiple occasions, psychiatric providers entered notes to the effect that the applicant's "endocrine disturbance" or hypothyroidism could be causing or exaggerating his feelings of low mood and diminished self-worth. In addition, numerous diagnoses were entered in the applicant's records over the course of his stay, including: depressive disorder, possible dysthymic disorder (perhaps secondary to thyroid disease); dyslexia; hypothyroidism, possible Hashimoto's thyroiditis; mild anemia; poor adjustment to military life; academic failures; cluster c traits v. disorder; reading disorder (by history); mathematics disorder (by history); dependent traits v. depressive personality; and longstanding mood disturbance (doubtful of thyroid origin) consistent with either a dysthymic pattern or personality component (depressive v. dependent).

Ultimately, however, a personality disorder not otherwise specified (NOS) with passive traits was determined to be primarily responsible for the applicant's difficulties. In this regard, the care team stated that developmentally, the applicant's learning disability had led him to have a low sense of self and to rely on his family for acceptance and love. The notes continued, stating that faced with another potential failure (his job in the Coast Guard), the applicant became suicidal. The care team stated that as a result, the applicant's personality was passive and dependent, and his family played an important role in "keeping it all together." Under these circumstances, the treating psychiatrist stated, it was unlikely the applicant would be able to conduct himself successfully in the Coast Guard due to the nature of the work, including frequent deployments.

Toward the end of his inpatient stay, the applicant's care team spoke with his command. Command expressed that they were not comfortable with the applicant returning to the boat because of the nature of the work and the autonomy given to the crew. It was determined that the applicant would likely need to separate from the Coast Guard.

In discussing the applicant's likely separation, the treating psychiatrist recorded that the "nature of the applicant's separation was secondary to a personality disorder, and not a

primary psychiatric diagnosis.” The psychiatrist also stated that although hypothyroidism could cause symptoms similar to the applicant’s, “we feel his primary problems stem from a long-term characterological style developed in the setting of low self-esteem and inadequate performance secondary to his learning disorder.”

On March 28, 2000, the applicant was released from the hospital with instructions to follow up with a physician regarding his hypothyroidism. He was to continue Synthroid. He was also to continue on Zoloft and to see a mental health provider to assess appropriate treatment recommendations. The hospital discharge plan stated that the applicant should continue stabilization for the next five days and then return to his command for initiation of administrative separation secondary to unsuitability, consistent with Coast Guard regulations.

On May 4, 2000, the applicant was seen by a physician to “check up on thyroid.” The applicant’s Synthroid was refilled, and it was noted that he was feeling much better.

On May 8, 2000, the applicant was discharged from the Coast Guard with an Honorable characterization of service. His DD Form 214 (Certificate of Release or Discharge from Active Duty) (hereinafter “DD 214”) entry under Separation Authority was “PERSMAN COMDTINST M1000.6A, 12-B-16,” the Separation Code was “JFX,” the Reentry Code was “RE-4,” and the Narrative Reason for Separation was “Personality Disorder.”

Post-service medical records show the applicant was admitted to a civilian hospital in September 2002 with a diagnosis of atrial fibrillation related to his thyroid condition. The applicant later underwent a thyroidectomy on April 14, 2003. During this post-service period, the applicant was diagnosed with Graves’ disease. In March 2004, the applicant was again hospitalized for rapid atrial fibrillation, apparently caused by a long period where he did not take or did not adjust his Synthroid dosage due to loss of insurance. In September 2009, the applicant was again treated for atrial fibrillation but left the treatment facility against medical advice.

In a decision dated October 6, 2022, the U.S. Department of Veterans Affairs (VA) granted service connection for the following: Graves’ disease, with a 0 percent evaluation; hypothyroidism, with a 10 percent evaluation; and pervasive depressive disorder related to service-connected hypothyroidism, with a 70 percent evaluation. The applicant’s recurring compensation benefits were made effective February 16, 2022 (likely the date of his application to the VA).

In his submission to the Board, the applicant stated that his condition had deteriorated. There are no recent medical records before the Board, however, documenting the applicant’s current condition.

APPLICATION

In his submission to the Board, the applicant requested correction of the “incorrect discharge rating ‘Personality Disorder’ labeling as issued by [the Coast Guard].” He further stated that he was looking for medical support from the VA, and for his country to do the right thing. The applicant explained that aside from being embarrassed, and his honor being questioned by family and friends, his request was also about being issued the “wrong discharge reasoning as a result of a medical condition which developed during active duty.”

In support of his request, the applicant argued that the Coast Guard had wrongly decided that his condition was “pre-existing” without a full understanding of the situation. In this regard, the applicant stated that “mental disorders merge highly with Graves’ disease because of its regulatory effects on Serotonin and Noradrenalin.” He also stated that Graves’ disease had been linked closely to depression and anxiety. The applicant argued that he was diagnosed with Graves’ disease during service when his thyroid levels were “off the charts,” resulting in fatigue, fast and irregular heart rate/palpitations, anxiety, hair loss, irritability, weight loss, and immune systems events. The applicant also stated that he had been admitted to the hospital on many occasions both while on active duty and since separation for atrial fibrillation, hypothyroidism, and other immune events as a result of his Graves’ disease, including for a thyroidectomy, all of which had had taken a financial toll on his family.

In the section of the application form designated for explaining any delay in filing, the applicant stated that the conditions of his discharge had always been a source of shame for him, but having VA medical support had become critical for he and his family. He also stated he was “unaware this could be changed.”

In a personal statement submitted with his DD 149, the applicant asserted that prior to his Coast Guard service, he was a happy, energetic man who enjoyed socializing and participating in sports and outdoor activities. During service, he stated, he slowly started to feel differently without knowing why, and noticed increased anxiety, thinning hair, weight loss, and difficulty sleeping. He recalled that his symptoms began to interfere with his duties in the Coast Guard, and his condition deteriorated until he became suicidal and was sent to the hospital. There, he stated, things became clear when he was determined to be experiencing a “thyroid storm,” also referred to as thyrotoxic crisis. The applicant went on to state that after service, he struggled with maintaining safe thyroid levels, as sometimes he produced too much hormone, and sometimes not enough. This resulted in symptoms that made it difficult to maintain a job. He stated that despite medication, his

hormone levels were never consistent, and he was admitted to the emergency room a number of times with heart palpitations.

VIEWES OF THE COAST GUARD

In a memorandum dated March 20, 2025, a Coast Guard Judge Advocate (JA) provided the Coast Guard's views. The JA adopted the facts and analysis provided by the Coast Guard Personnel Service Center (PSC) in an enclosed memorandum. Therein, the PSC first contended that the applicant's submission was untimely, having been received more than 20 years after the applicant's discharge from the Coast Guard. The PSC then summarized a medical opinion it had obtained from a Coast Guard Medical Officer, Dr. K.H., regarding the applicant's case. The opinion stated as follows:

The contemporaneous record reflects a carefully articulated and fully explored psychiatric diagnosis on an inpatient psychiatric unit with a robust and conscientious approach to care. The member's presentation, as well as developmental and social history are consistent with the diagnosis of Personality Disorder. He would not have been referred to an MEB for another condition. While he may have come to clinical attention at that time from depressive symptoms, the symptoms were not of sufficient severity alone to refer him for a medical board in the absence of treatment. Also, collateral information provided by his leadership indicates that the symptoms were precipitated by having to stand duty over the weekend when the command had previously been lenient with him. The record indicates the symptoms were longstanding, while his time in service was relatively short at three months. Likely he came into the service with the thyroid condition three months prior, and while previously undiagnosed, did manifest itself in the first 6 months of service. It would have been a disservice and humiliating to him to make him wait a year to stabilize his thyroid with oral meds, then separate him anyway for his learning disorder which was diagnosed in 6th grade, and for which I did not see a waiver. Meanwhile, he was still underperforming due to longstanding character features (personality disorder) and learning disability, both considered developmental disorders and not subject to an MEB. Multiple options for administrative separation were available to the Command, including fraudulent enlistment. This separation was both fully appropriate, and kind. At the time he was separated, he would have been expected to be maintained on oral thyroid (shelf stable medication) indefinitely. It is very common. His personal experience of it may not be; however, he stabilized psychiatrically with a global assessment of functioning at 70 on discharge, representing relief from the stressors he faced on admission.

The PSC went on to argue that the applicant had been diagnosed with a personality disorder due to military lifestyle stressors, complicated by a long-standing learning disorder. The PSC stated that the applicant's condition was pre-existing and disqualifying, having been diagnosed in the 6th grade, which the applicant had failed to disclose during his accession or pre-training examinations. Ultimately, the PSC argued, the applicant's previously undisclosed learning disorder, specifically dyslexia, impacted his performance during his Coast Guard service. Had this condition been disclosed appropriately, the PSC stated, the applicant would not have been eligible for enlistment. According to the PSC, under these circumstances, the Command had several options, including separation for fraudulent enlistment. Overall, the PSC stated, the method of separation applied in the applicant's case was in accordance with policy and regulations.

APPLICANT'S RESPONSE TO THE VIEWS OF THE COAST GUARD

The applicant provided a response to the Coast Guard's views in a submission dated April 15, 2025. The applicant first reiterated that his request was rooted in the belief that his discharge for personality disorder had been based on a misdiagnosis. He again stated that he was diagnosed with Graves' disease after experiencing a thyrotoxic storm during his hospitalization in March 2000. He stated that this condition had caused his symptoms, including anxiety, weight loss, confusion, and heart palpitations, many of which were mistakenly interpreted as psychiatric in origin. In this regard, the applicant noted that his symptoms subsided when medical treatment began, which he argued demonstrated his condition was physiological. Under these circumstances, the applicant argued, the evidence clearly showed his discharge should have been considered by a Medical Evaluation Board (MEB), and not been attributed to a personality disorder. The applicant argued that the MEB process would have accurately identified his condition and resulted in a discharge that properly reflected his circumstances.

The applicant also "strongly disputed" the claim that he was diagnosed with dyslexia in the sixth grade, stating that he had never been formally diagnosed with that condition. He stated that if such a diagnosis appeared in his medical file, it may have been speculative and unsubstantiated.

The applicant also disputed the medical opinion provided by the Coast Guard, noting that Dr. K.H.'s statement that he "likely entered service with the thyroid condition" was not supported by any evidence. He also noted that no thyroid-related issues were documented prior to his enlistment, nor was bloodwork performed to detect the condition. The applicant also stated that Graves' disease was known to be triggered or accelerated by acute stress, such as that resulting from military training.

The applicant reiterated that the nature of his discharge had had lasting personal and professional consequences and did not reflect the reality of his medical condition at the time. He further stated that he was "not seeking additional benefits," but instead was seeking an "accurate and fair representation of [his] service and the circumstances surrounding [his] discharge."

APPLICABLE LAW AND POLICY

Board Proceedings

The Board may correct errors or remove injustices in a service member's records pursuant to 10 U.S.C. § 1552(a). "Error" means a mistake of a significant fact or law and includes a violation by the Coast Guard of its own regulations. *See Reale v. United States*, 208 Ct. Cl. 1010, 1011 (1976) ("Error" means legal or factual error.); *Ft. Stewart Schools v. Federal Labor Relations Authority*, 495 U.S. 641, 654 (1990) ("It is a familiar rule of

administrative law that an agency must abide by its own regulations.”). Injustice, when not also error, is treatment by the military authorities that “shocks the sense of justice.” *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). The Board has authority to determine whether an injustice exists on a “case-by-case basis.” Docket No. 2002-040 (DOT BCMR, Decision of the Deputy General Counsel, Dec. 4, 2002).

Coast Guard Policy

The Coast Guard Personnel Manual, COMDTINST M1000.6A (hereinafter “*PERSMAN*”) was in effect during the applicant’s service and discharge. *PERSMAN* Article 12.B.16. authorized the discharge of enlisted personnel by reason of unsuitability, including as a result of personality disorders, at the direction of the Commandant. Art. 12.B.16.b. authorized unsuitability discharges for members diagnosed with one of the “personality behavior disorders ... listed in Chapter 5, CG Medical Manual. COMDTINST M6000.1 (series).”

Art. 5.B.2. of the Coast Guard Medical Manual, COMDTINST M6000.1 (hereinafter “*Medical Manual*”), as referred to by *PERSMAN* above, listed disorders considered disqualifying for appointment, enlistment, and induction. These included “dependent” personality disorder and “personality disorder NOS (includes Passive-aggressive).”

Physical Disability Evaluation System, COMDTINST M1850.2C (July 1996) (hereinafter “*PDES Manual*”) was also in effect during the applicant’s service and discharge. In relevant part, Art. 3.B.1. authorized the convening of an Initial Medical Board (IMB)² by Commanding Officers, Medical Officers, and/or other authorized officials. Per Art. 3.D., IMBs should be convened under certain specific circumstances and whenever a member’s fitness for continuation of active duty was in question. The goal of an IMB and the PDES process as a whole was to determine whether a member was unfit for continued duty by reason of permanent physical disability incurred or aggravated in active duty. *See* Art. 3.C.3.a.(3). If such determination was made, the member was medically retired or medically separated with severance pay, depending on the overall severity of the unfitting physical disability or disabilities. *Id.* Importantly, Art. 2.A.38. defined “physical disability” to include “mental disease, but not such inherent defects as behavior disorders, personality disorders, or primary mental deficiency.” Reinforcing this exclusion, Art. 2.A.7. made clear that for purposes of the PDES, character disorders and personality disorders listed in Chapter 5 of the *Medical Manual* were not considered physical disabilities within the meaning of the law, and that members with such conditions were subject to administrative separation.

² Today, the first step of the PDES process is referral to a MEB. Per the version of the *PDES Manual* in effect during the applicant’s service, IMBs performed a function similar to today’s MEBs.

The Separation Program Designator (SPD) Handbook is used by the Coast Guard in conjunction with *Certificate of Release or Discharge from Active Duty, DD Form 214*, COMDTINST M1900.4 (series) to determine the entries to be made on a member's DD 214. Per the SPD Handbook in effect during the applicant's service, the Separation Authority "12-B-16," Narrative Reason "Personality Disorder," and SPD Code "JFX" were to be assigned for an involuntary discharge when a personality disorder existed, not amounting to a disability, which potentially interfered with assignment to or performance of duty.

FINDINGS AND CONCLUSIONS

The Board makes the following findings and conclusions based on the applicant's military record, his submission, the Coast Guard's submission, and applicable law and policy:

1. The Board has jurisdiction under 10 U.S.C. § 1552(a), as the applicant is seeking correction of an alleged error or injustice in his military records. The applicant has exhausted all other 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 did not request a hearing before the Board. Accordingly, the application will be considered based on the records and evidence submitted.

3. "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 a preponderance of the evidence." 33 C.F.R. § 52.24(b). Absent evidence to the contrary, the Board presumes that Coast Guard officials have carried out their duties "correctly, lawfully, and in good faith." *Arens v. United States*, 969 F.2d 1034, 1037 (Fed. Cir. 1992); *Sanders v. United States*, 594 F.2d 804, 813 (Ct. Cl. 1979).

4. The application is untimely, as it was not filed within three years of the applicant's discovery of the alleged error or injustice, as required by 10 U.S.C. § 1552(b). The applicant separated from the Coast Guard in May 2000. His initial application documents were received by the Board almost 22 years later, in March 2022.

5. The Board may excuse the untimeliness of an application if it is in the interest of justice to do so. In *Allen v. Card*, 799 F. Supp. 158 (D.D.C. 1992), the court stated that in determining whether the interest of justice supports a waiver of the limitations period, the Board should "analyze both the reasons for the delay and the potential merits of the claim based on a cursory review." The court noted that "the longer the delay has been and

the weaker the reasons are for the delay, the more compelling the merits would need to be to justify a full review.” In this case, the applicant has explained that shame played a role in his filing delay. The Board is also cognizant of the potential impacts that significant physical and mental health challenges may have on an individual’s ability to determine his or her legal options and to prepare an application. In addition, as discussed below, the Board has determined upon cursory review of the record that partial relief is warranted in this case. Consequently, under the facts of this particular case, the Board finds that the interests of justice warrant a waiver of the statute of limitations.

6. The Board initially notes that the nature of the relief requested by the applicant is not entirely clear. In his DD 149, the applicant stated that he was requesting a correction to his “incorrect discharge rating ‘Personality Disorder’ labeling as issued by [the Coast Guard.]” The applicant did not explicitly raise entitlement to a medical retirement/separation or referral to the PDES. The Coast Guard’s submission, however, and specifically the enclosed opinion from Dr. H.K., raised these issues and argued that such relief was not warranted. In his reply to the Coast Guard’s views, the applicant argued that convening of a MEB would have been proper, but he also stated he was “not seeking additional benefits” and only wanted an “accurate and fair representation of [his] service and the circumstances surrounding [his] discharge.” Under these circumstances, the Board will construe the applicant’s submissions liberally and address all forms of relief potentially requested.³

7. The Board will first address whether the Coast Guard’s failure to process the applicant through the PDES for a medical discharge or medical separation constituted error or injustice. Initially, the Board observes that the applicant has contended that he was diagnosed with Graves’ disease during his in-service hospitalization. The records before the Board, however, do not include an in-service diagnosis of Graves’ disease. Instead, it appears the applicant was diagnosed with hypothyroidism due to likely Hashimoto’s disease during service, with the first diagnosis of Graves’ disease appearing in post-service civilian hospital records.

8. The applicant presented with mental health symptoms approximately two months after entering the Coast Guard. At that time, he reported the onset of his symptoms was approximately one year prior, following his “flunking out” of community college. Over eight days of inpatient care, multiple psychiatrists carefully considered the applicant’s symptoms and history, and arrived at a diagnosis, among other conditions, of personality disorder NOS with passive traits. Per *PDES Manual* Art. 2.A.7., this condition did not qualify as a disability warranting processing in the PDES. According to *PERSMAN* Art.

³ The Board also acknowledges the applicant’s statements to the effect that he is seeking VA or other medical support for his conditions. In this regard, the Board wishes to make clear that its authority does not extend to providing or determining eligibility for healthcare. The applicant’s Honorable characterization of service, and the October 2022 VA decision referenced above, however, entitle him to VA healthcare and disability compensation benefits, respectively. As such, the applicant is advised to seek medical care through the VA, to the extent he has not already.

12.B.16., the applicant's condition was grounds for administrative separation due to unsuitability. Although he was also diagnosed with depressive disorder, the applicant's treating psychiatrist determined that the symptoms in question were primarily a result of the applicant's pre-existing personality disorder. Despite the option to do so, none of the applicant's treatment providers convened an IMB. Accordingly, it may be inferred that none of those providers, based on their assessments of the applicant, believed the applicant's depressive disorder rendered him permanently unfit for continued duty.

9. A thyroid condition, previously undiagnosed, was also discovered during the applicant's March 2000 hospitalization. Following consultation with endocrinology specialists at the hospital, the applicant was placed on medication for this condition. Taking that consultation and the applicant's overall condition and history into account, the applicant's psychiatric care team determined that although the thyroid condition could cause psychiatric symptoms, the applicant's primary issue necessitating his separation from the Coast Guard was his personality disorder. Again, the Board infers that none of the treatment providers believed the applicant's fitness for continued duty was in question as a result of his thyroid condition, such that convening of an IMB was appropriate. This apparent determination also appears consistent with the May 4, 2000, treatment record referenced above, which documents that the applicant had continued on Synthroid and was feeling much better.

10. The Board also finds the opinion of Dr. K.H. included with the Coast Guard's submission, to be notable. Dr. K.H. did not provide an in-depth rationale for her assertion that the applicant's thyroid condition likely pre-dated service. The Board finds, however, that this assertion is supported by the applicant's diagnosis only two months after enlistment, and his report of depressive symptoms and increasingly dry skin over the prior year (assuming, *arguendo*, that these symptoms were attributable to a thyroid condition). Based on Dr. K.H.'s opinion, the Board finds that even had the applicant's medical providers or command saw fit to refer him to an IMB based on his thyroid condition, it is quite possible that condition could not have formed the basis for a medical retirement or separation.

11. The Board acknowledges that the applicant has been granted VA compensation benefits on the basis that his thyroid condition is "service-connected" and that his depressive disorder is secondary to his thyroid condition. A VA rating, however, does not of itself provide justification for separation or retirement from military service because of physical disability.⁴ The nature of VA benefits decisions differs decisions made by separation authorities and record correction boards. While VA decisions are often based upon retrospective medical opinions assessing the degree to which a medical condition began during or is related to service, the question before this Board is whether the Coast Guard's actions at the time of the applicant's discharge constituted error or injustice. In

⁴ PDES Manual Art. 2.C.2.i.

addition, the Board notes that it is not privy to all of the evidence considered by the VA in its October 2022 decision, nor the bases for its determinations therein. The Board's analysis, therefore, is confined to the record before it and the scope of its own authority.

12. As noted in the Coast Guard's submission, the Board also observes that per *PERSMAN* Art. 12.B.18.b.2., a misconduct discharge was warranted where a "fraudulent enlistment" was procured through any deliberate material misrepresentation, omission, or concealment – including relating to current or past medical conditions – which, if known at the time, might have resulted in rejection. The applicant has disputed his dyslexia diagnosis, despite its notation on multiple occasions in his March 2000 hospitalization records based on his reported history at the time. The applicant, however, does not dispute that he was diagnosed with a learning disability or disabilities in approximately sixth grade. Under these circumstances, although it is unclear whether a misconduct discharge would have been warranted, it does appear that a decision by Command to pursue such a discharge may not have been unreasonable or outside the bounds of the relevant policy.

13. Upon careful consideration of the foregoing, and of the entire record, the Board finds the Coast Guard's decision to administratively separate the applicant, rather than refer him to the PDES, was reasonable and consistent with policy. Over eight days, military psychiatrists treated and evaluated the applicant extensively. They considered the applicant's depressive symptoms and thyroid condition and consulted with endocrinology specialists. Ultimately, they concluded that the applicant's primary issue was a passive, dependent-type personality disorder stemming from his childhood and exacerbated by the academic challenges attendant to his early Coast Guard career. Based on its review of the record, the Board finds this conclusion was reasonable. Because the relevant Coast Guard policies contemplated an administrative separation due to unsuitability under these circumstances, the Board finds that the Coast Guard's failure to refer the applicant to the PDES or to issue a medical retirement/separation was not error or injustice.

14. Having made this determination, the Board observes that it is authorized to grant relief when it "considers it necessary to correct an error or remove an injustice." 10 U.S.C. 1552(a)(1). This authority has been explained as a "twofold duty to properly evaluate the nature of any error or injustice and, in addition, to take such corrective action as will appropriately and fully erase such error or compensate such injustice."⁵

15. In considering this case, the Board is mindful that because a veteran's DD 214 may be requested by employers or for other official purposes, it is important that such documents fairly reflect a veteran's service and are not unduly prejudicial. As such, in light of the highly prejudicial nature of a discharge by reason of "Personality Disorder," the Board has often ordered the Coast Guard to correct the narrative reason on an applicant's

⁵ *Caddington v. United States*, 178 F. Supp. 604, 606 (Ct. Cl. 1959).

DD 214 to some other, less prejudicial entry when the discharge did not also involve significant misconduct or damaging behavior.⁶

16. In this case, owing to the significant complexity of the applicant's in-service medical conditions and the lack of misconduct or other derogatory information in the applicant's record, the Board finds that partial relief is appropriate despite the reasonableness and propriety of the Coast Guard's actions.

17. Per the SPD Handbook in effect during the applicant's service, as an alternative to *PERSMAN* Art. 12.B.16., the Coast Guard was authorized to separate a member for the convenience of the government under Art. 12.B.12. when a condition, though not a disability, interfered with performance of duty. In effecting such a discharge, the Separation Authority was to be listed as "12-B-12," the Narrative Reason as "Condition, Not a Disability," and the SPD Code as "JFV."

18. For the reasons discussed above, the Board finds that partial relief is appropriate. The Coast Guard will be directed to issue the applicant a corrected DD 214 in line with an administrative separation under *PERSMAN* Art. 12.B.12.

(ORDER AND SIGNATURES ON NEXT PAGE)

⁶ See Board Docket Nos. 2009-106, 2008-127, 2007-221, 2007-028, 2005-082, 2005-045, 2004-044, 2003-015.

ORDER

The application of former Coast Guard member [REDACTED] is denied in part and granted in part.

The request for a medical retirement/separation and/or PDES processing is denied.

The request for a correction of prejudicial DD 214 entries is granted. The Coast Guard is directed to issue a new DD 214 to the applicant, with a Separation Authority entry of "12-B-12," Narrative Reason for Separation of "Condition, Not a Disability," and the Separation Code of "JFV."

June 5, 2025

