

IN THE CASE OF: [REDACTED]

BOARD DATE: 9 February 2023

DOCKET NUMBER: AR20220002195

APPLICANT REQUESTS:

- Add his already-awarded Bronze Star Medal to his DD Form 214 (Armed Forces of the United States Report of Transfer or Discharge)
- Enter his name into the official database documenting that he was medically retired from the U.S. Army and eligible for retired pay
- Provide the foregoing documentation to DFAS (Defense Finance and Accounting Service) for entry into their database

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:

- DD Form 149 (Application for Correction of Military Record)
- DD Form 214 (Armed Forces of the United States Report of Transfer or Discharge)
- General Orders Number 465, Bronze Star Medal
- Authorization for Awards
- November 1969 Temporary Retirement Memorandum
- November 1969 orders placing him on the Temporary Disability Retired List (TDRL)
- Informal Physical Evaluation Board
- Election of VA (Department of Veterans Affairs) Pension vice Retired Pay
- 1970 VA Rating Decision
- 2017 CRSC Denial Memorandum
- VA Verification of Service-Connection Disability

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, United States Code (USC), section 1552 (b) (Correction of Military Records: Claims Incident Thereto). However, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.

2. The applicant states adding his Bronze Star Medal to his DD Form 214 will make his military record complete and accurate. He additionally states he applied for Combat-Related Special Compensation (CRSC), but the Department of the Army declared him ineligible, writing, "There is no record of you being in retired status." He points out that he nonetheless has a U.S. Army Retired identification (ID) Card and his family had dependent ID cards; in addition, they had a TRICARE Health Plan, and he is currently registered in DEERS (Defense Enrollment Eligibility Reporting System). He needs the Board to require that DFAS show he is eligible for a retired pay account; that way, Department of the Army will approve him for CRSC.

a. The applicant discloses he only discovered his retired status was an issue when, after learning about CRSC from a Veterans' chat room, he applied, but was denied. In 1969, he elected to receive VA disability compensation instead of Army retired pay; at the time, you had to select only one type of payment, and VA disability was higher than what the Army would have paid. Now, he is having trouble proving he is actually in a retired status, and he is missing what DFAS requires for proof.

b. The applicant affirms he has spoken with Army HRC (U.S. Army Human Resources Command) numerous times about obtaining orders/documents that would confirm his medical retired status, but so far he has been unsuccessful. HRC says they do not have his retirement records, but they suggest one way to locate his retired pay account is for DFAS to conduct an "audit." However, when the applicant contacted DFAS, they said they never received the applicant's retirement packet and, as a result, conducting an audit would be useless. Instead, DFAS recommends the applicant go back to the Army and have them send over his retirement packet; the applicant feels like he is stuck in the "First Circle of Hell – Limbo."

c. The applicant maintains valid documentation of his medical retirement exists, or at least there should be something showing he was medically retired; either the Army never created his retirement packet or DFAS lost it. The applicant declares he is having a serious bureaucratic problem, and he needs the Board's help to get it resolved.

d. In support of his requests, the applicant provides documents from his official military personnel file reflecting the award of the Bronze Star Medal and his Disability Evaluation System (DES) processing; a letter from HRC denying his request for CRSC; and VA documents, indicating VA's award of a combined 100 percent disability rating, and its verification showing the applicant is permanently and totally disabled.

3. The applicant's service records show:

a. On 7 September 1967, the applicant enlisted into the Regular Army for 3 years. Upon completion of initial entry training and the award of military occupational specialty 11B (Light Weapons Infantryman), orders assigned him to Vietnam, and he arrived at

his unit (1st Battalion, 503rd Infantry Regiment, 173rd Airborne Brigade), on 25 April 1968.

b. On 7 November 1968, the applicant moved within the 173rd Airborne Brigade to the 74th Infantry Detachment (Airborne – Long Range Patrol). Effective 11 November 1968, the applicant's leadership promoted him to specialist four (SP4)/E-4.

c. On 14 January 1969, while on a long-range patrol, members of the applicant's team mistook him for the enemy and shot him; the applicant incurred multiple gunshot wounds to his lower extremities. After receiving initial treatment in a local field hospital and then an evacuation hospital, medical authority evacuated the applicant to a general hospital in Japan.

d. General Orders Number 465, dated 27 February 1969 and issued by the 173rd Airborne Brigade, awarded the applicant the Bronze Star Medal for meritorious service during the period April 1968 to April 1969.

e. Orders subsequently medically evacuated the applicant again, this time from Japan to the Letterman General Hospital in San Francisco, CA; he arrived at the hospital on 7 March 1969. On 20 August 1969, a medical evaluation board (MEB) determined the applicant failed medical retention standards due to lower extremity neuropathy, limitation of movement in his left knee and ankles, and nerve damage to both legs and ankles. The MEB recommended that a physical evaluation board (PEB) make a fitness determination, and, on 15 October 1969, the applicant concurred.

f. On 17 October 1969, an informal PEB found the applicant unfit for continued military service and recommended the applicant's placement on the Temporary Disability Retired List (TDRL) with a combined disability rating of 100 percent; in addition, the PEB noted that, in or around April 1971, the applicant would need to have a medical reevaluation to assess whether the applicant's medical conditions had sufficiently stabilized for the PEB to make a final fitness determination. On 20 October 1969, the applicant concurred and waived his right to a formal hearing.

g. On 3 November 1969, the applicant elected VA compensation in lieu of retired pay. On 24 November 1969, orders honorably retired the applicant, and effective 25 November 1969, placed him on the TDRL. The applicant's DD Form 214 shows the following:

(1) Item 11c (Reason and Authority) – "Title 10, USC, (section) 1202 (Regulars and Members on Active Duty for more than 30 days: TDRL), SPN (separation program number) 270 (Placed on TDRL), Retirement (Temporary Disability)."

(2) Item 22a (1) (Statement of Service – Creditable for Basic Pay Purposes – Net Service This Period) – 2 years, 2 months, and 19 days.

(3) Item 24 (Decorations, Medals, Badges, Commendations, Citations, and Campaign Ribbons Awarded or Authorized):

- Purple Heart
- Air Medal
- Parachutist Badge
- Combat Infantryman Badge
- Vietnam Service Medal
- Republic of Vietnam Campaign Medal with Device (1960)
- National Defense Service Medal
- One overseas service bar

h. On 4 June 1971, an Army doctor (Colonel (COL) [REDACTED]), stationed at the military hospital on Fort Gordon, GA, performed the applicant's TDRL reexamination. COL [REDACTED] opined the applicant had sufficiently improved to be considered fit for active duty, and he recommended the finalization of the applicant's disability case.

i. On 9 June 1971, a MEB convened on Fort Gordon and determined the applicant was medically fit; the applicant did not concur and submitted an appeal.

j. On 22 July 1971, an informal PEB met at Fort Gordon and found the applicant was physically fit; the applicant did not agree and demanded a formal hearing with regularly appointed counsel to represent him. The applicant additionally filed a written rebuttal.

k. On 7 September 1971, a formal PEB hearing occurred on Fort Gordon. Although the applicant elected not to be physically present, he was represented by counsel.

(1) Counsel pointed out the applicant was unhappy with the manner in which his TDRL examination and MEB had taken place.

(a) The applicant indicated he had driven 600 miles only to find no one knew anything about him or that he required a TDRL reexamination. The friction generated by the manner in which his reexamination was handled permeated throughout the MEB proceedings and in the narrative summary write-up.

(b) By contrast, the applicant's original MEB and PEB, conducted at Letterman General Hospital, had determined he was not only medically unfit, but his disabilities warranted a combined disability rating of 100 percent. A year later, the VA also rated the applicant as 100 percent disabled.

(c) Counsel argued, in effect, that, while the applicant may have shown some improvement in his medical conditions, the progress was certainly not to the extent that he would have gone from being 100 percent disabled to medically fit for duty.

(2) After considering documentary evidence and counsel's arguments, the Formal PEB found the applicant physically fit for duty.

(3) On 20 September 1971, the applicant non-concurred with the Formal PEB's findings and recommendations and asked for additional time to submit a rebuttal. On 22 September 1971, the PEB approved the additional time but stipulated the applicant needed to have his rebuttal reach the PEB by 10 October 1971.

(4) On 14 October 1971, the PEB confirmed that, as of that date, it had not received the applicant's rebuttal; as a result, the PEB deemed the applicant's lack of response as, effectively, waiving his right to provide a rebuttal, and the PEB proceeded with finalizing the applicant's case.

l. Office of the Adjutant General (OAG) Letter Orders Number D110-210, dated 3 November 1971, announced the applicant's removal from the TDRL. On 3 November 1971, OAG sent a memorandum to the District Recruiting Command responsible for the applicant's home area (based on the applicant's last known address).

(1) The OAG advised that, prior to 30 November 1971, a recruiter needed to contact the applicant and offer him the opportunity to reenlist in the Regular Army. In the event the applicant declined, and because he had a remaining military service obligation, the applicant would be transferred to the appropriate U.S. Army Reserve Control Group.

(2) On 1 December 1971, the District Recruiting Command responded, stating a recruiter learned the applicant no longer lived at the provided address and could not be located; as such, the OAG's request was returned without action.

m. Reserve Components Personnel and Administration Center Orders, dated 3 August 1976, honorably discharged the applicant from the Retired Reserve, effective 3 August 1976.

4. Army Regulation (AR) 635-40 (Physical Evaluation for Retention, Retirement, or Separation), in effect at the time, prescribed policies and procedures for the physical disability evaluation and disposition of Army Soldiers, in accordance with chapter 61 (Retirement or Separation for Physical Disability), Title 10, USC.

a. When Soldiers incurred a medical condition or conditions that caused them to fail medical retention standards, as outlined in AR 40-501 (Standards of Medical Fitness),

medical authority referred the Soldiers to an MEB for a medical fitness determination; files pertaining to medically unfit Soldiers were then forwarded to a PEB for a decision as to the Soldiers' physical fitness for continued military service.

b. PEBs were charged with investigating the nature, cause, degree of severity, and probability of permanency of the Soldier's disability or disabilities. The PEB first conducted an informal hearing, during which the applicant was not present; as a result of its assessment, the PEB would make a fitness determination and recommend a disability rating and the Soldier's disposition. The Soldier had the right to demand a formal PEB, to appear personally before the PEB, and to have representation by counsel.

(1) Final disposition could include separation with severance pay when the Soldiers' disability rating was less than 30 percent and the conditions were incurred in the line of duty. Disability ratings of 30 percent or higher required an additional determination as to whether the medical conditions were sufficiently stable; the PEB recommended placement on the Permanent Disability Retired List for stable conditions and those deemed likely to change over time were recommended for the TDRL. Placement on the TDRL is authorized by Title 10, USC, chapter 61, section 1202.

(2) Per Title 10, USC, chapter 61, section 1210 (Members on TDRL: Periodic Examination; Final Determination Status), Soldiers placed on the TDRL required periodic reevaluations of their medical conditions, and they could remain on the TDRL for no more than 5 years. If, as a result of the periodic examination, the Soldier was determined to be fit, the Secretary of the Army could, with the Soldier's consent, allow the Soldier to reenlist at the rank/grade held prior to placement on the TDRL. In cases where the Soldier opted not to reenlist, he/she would be transferred to a Reserve Component, when he/she had a military service obligation, or the Soldier would be separated.

5. The applicant provides proof of his VA disability ratings; the Army (under the Department of Defense) and the VA operate under separate provisions of Federal law (respectively Title 38 (Veterans' Benefits) and Title 10). As such, each makes independent determinations, based upon the requirements set forth within their respective parts of the law and their own internal regulations. Determinations made by the VA are not binding on the Army.

6. MEDICAL REVIEW: The Army Review Boards Agency (ARBA) Medical Advisor was asked to review this case. Documentation reviewed included the applicant's ABCMR application and accompanying documentation, the military electronic medical record (AHLTA), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, and/or the Interactive Personnel Electronic Records

Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

a. The applicant is applying to the ABCMR requesting, in essence, referral to the Disability Evaluation System and to be permanently retired for physical disability.

b. The Record of Proceedings details the applicant's military service and the circumstances of the case. The applicant's DD 214 for the period of service under consideration shows he entered the regular Army on 11 November 1968 and was placed on the temporary disability retirement list (TDRL) on 24 November 1969. Orders published on 3 November 1971 show the applicant had been found FIT for military service as an Infantryman (11B) and removed from the TDRL without benefits effective 30 November 1971.

c. The 6 August 1969 medical evaluation board (MEB) narrative summary (NARSUM) shows the applicant was severely injured in a friendly fire accident while serving in Vietnam after which time he was categorized as "expectant", i.e., expected to die from his injuries:

HISTORY OF PRESENT ILLNESS: On 15 January 1969, this 20-year-old active-duty Caucasian male Infantryman was on a long-range patrol in Vietnam and while returning to his area, was mistakenly identified as an enemy soldier and sustained multiple gunshot wounds from friendly fire. Several rounds struck his lower extremities, causing open fracture of the left femur, right tibia and fibula ... The left thigh wound partially damaged the sciatic nerve on the left, involving both the posterior tibial and common peroneal nerves on the left. The right thigh and calf wounds resulted in partial loss of the superficial peroneal nerve on the right.

d. On 20 August 1969, he was referred to a physical evaluation board for fitness determination on numerous residual disabilities from these injuries.

e. Physical Evaluation Board Proceedings (DA Form 199) show that on 17 October 1969, the applicant was found unfit for continued military service for:

- 1) Impairment of the left femur with nonunion of the fracture.
- 2) Moderately severe partial paralysis of the left sciatic nerve.
- 3) Moderate paralysis of the right sciatic nerve.

- 4) Severe injuries to muscle groups XIV (anterior thigh / quadriceps muscles) and XV (medial thigh / adductor muscles) of the left leg due to through and through gunshot wounds.
- 5) Moderate injury to muscle group XV (medial thigh / adductor muscles) of the right leg due to through and through gunshot wounds.
- 6) Impairment of the right tibia and fibula due to fracture malunion
- 7) "Marked ankle disability", right ankle.

f. Using the VASRD, the PEB derived and applied a combined 100% combined military disability rating, and with one or more of these conditions being medically unstable for final rating purposes, recommended the applicant be temporarily retired for physical disability. His DD 214 shows he was placed on the TDRL on 24 November 1969

g. The 4 June 1971 MEB NARSUM for his TDRL reevaluation shows he had improved considerably though continued to have some deficits:

The patient ambulates without gait impairment and without external support. Examination of the lower extremities reveals a 1-1/4 inch shortening of the right lower extremity and a 3/4 inch atrophy of the right calf. Thigh circumferences at respective levels are equal. There are long scars of both internal thighs with a significant underlying muscle involvement of the left mesial thigh group.

Knee range of motion is normal and both knees are stable. The left knee has mild sub-patellar crepitation {grinding} on range of motion. Ankle range of motion in the right lower extremity is from 10 degrees of dorsiflexion to 35 degrees of plantar flexion. On the left the range of motion is from 10 degrees of dorsiflexion to 45 degrees of plantar flexion.

There is no current sciatic nerve paralysis ...

DIAGNOSES:

1. 7385 - Shortening, right lower extremity, 1-1/4 inches, due to old fracture of tibia and fibula.
2. 7339 - Impairment of muscle group XV, left thigh, moderate.
3. 7339 - Impairment of muscle group XIV, left thigh, slight.
4. 7339 - Impairment of muscle group XV, right thigh, slight ...
5. 5980 - Stricture, urethra, minimal.
6. 7297 - Chondromalacia, left patella, with periodic slight pain and

crepitation on range of motion.

RECOMMENDATIONS: This patient has improved sufficiently to be fit for active duty. It is recommended that his case be finalized.

h. The applicant non-concurred with the MEB's fit finding. It appears the applicant supplied a 17 September 1970 VA Rating Memorandum as evidence with his appeal:

CONDITION TITLE	DEGREE OF DISABILITY	COMMENCING DATE
Neuropathy, left lower extremity, sciatic nerve with foot drop	40 percent	7-13-70
Residuals, gunshot wound, left thigh, with fracture mid femur, and internal derangement of knee	40 percent	7-13-70
Residual, gunshot wound right thigh	30 percent	7-13-70
Neuropathy, right lower extremity	20 percent	7-13-70
Residual, gunshot wound right leg with fracture tibia & fibula	20 percent	7-13-70
Residual, gunshot wound left leg	10 percent	7-13-70

i. Review of his records in JLV show these ratings remain in effect.

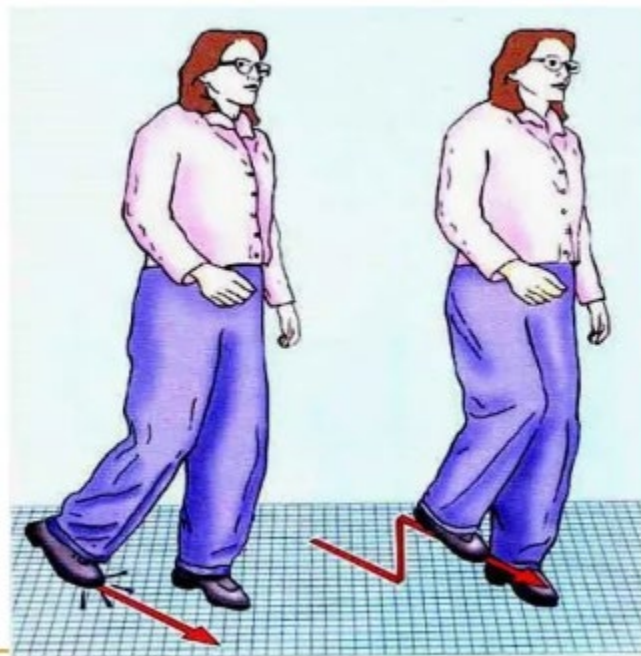
j. The MEB narrative summary contradicts facts as noted below and these findings by the Veterans Benefits Administration.

k. The NARSUM writer stated the applicant had a normal gait (walk). While studies of military recruits show many of us have a slight leg length discrepancy of up to 1 centimeter (0.4 inches) which has no noticeable effect, leg length discrepancies over 2 centimeters significantly affect a walking gait and even more so a running gait and overloads the shorter extremity. The applicant's leg length discrepancy of 1.25 inches

or 3.2 centimeters would certainly have yielded an abnormal gait and affected his ability to effectively serve as an Infantryman.

l. The NARSUM writer also stated “There is no current sciatic nerve paralysis.” Even with today’s microsurgical repair and grafting techniques, complete neurological recovery of traumatic sciatic nerve injuries is not guaranteed, especially for the common peroneal nerve which was injured on the applicant’s left side as this nerve is known to have a relatively poorer prognosis for recovery. A 27 September 2018 JLV encounter shows the applicant continued to have a left peroneal nerve injury of which the applicant complained and the provider documenting as “left foot drop.” This means the nerve never recovered.

m. A foot drop occurs when the muscles which dorsiflex the foot, pulling the foot and toes upwards during the forward swing of the leg while walking, cannot do so and the foot “drops” into a toes down position. Unable to dorsiflex the ankle and raise the foot as the leg swings forward while walking, the patient must raise the leg higher in the air to keep the downward foot from striking the ground and thus tripping them. The foot then strikes the ground with a characteristic “slap.” This affects walking and to a greater extent running so those affected wear an L-shaped brace to keep the foot from dropping. This condition is unfitting for continued service in the Army.



n. Paragraph 3-14e of AR 40-501, Standards of Medical Fitness (10 August 1971) states that paralysis of one or more muscles which precludes satisfactory performance of duty fails medical retention standards.

o. His informal TDRL PEB determined the applicant was fit for military service as an Infantryman. The applicant non-concurred with the PEB’s recommendation and requested a formal hearing. On 9 September 1971, the formal PEB confirmed the fit finding of the informal PEB. The applicant’s appeal of this finding was likewise denied and he was subsequently discharged without benefits.

p. Paragraph 3-13e of AR 40-501, Standards of Medical Fitness (10 August 1971), states that shortening of an extremity of more than 2 inches (5.1 centimeters) fails medical retention standards. However, it is challenging to see how a Soldier with 1.25 inches of shortening and an associated footdrop on the contralateral side would be found fit for this leg length discrepancy. While a condition may not fail retention standards per se, it may be found unfitting for certain Military Occupational Specialties, particularly those which are more physically demanding like Infantryman. In addition, paragraph 4-25a(1) of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation (17 August 1970) reads in part:

“A single impairment or the combined effect of two or more impairments normally makes an individual unfit because of physical disability if -

(a) The individual is precluded from a reasonable fulfillment of the purpose of his employment in the military service.

q. Paragraph 4-25a of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation (17 August 1970) provides the general guidance for a finding of unfit:

“a. Unfit because of physical disability. A member is unfit because of physical disability when he is unable to perform the duties of his office, grade, rank, or rating in such a manner as to reasonably fulfill the purpose of his employment on active duty.”

r. It is clear the applicant’s left peroneal nerve palsy with foot drop failed medical retention standards and was unfitting for continued service as an Infantryman; and that his leg length discrepancy would likewise have been unfitting for continued military service. It is also more likely than not that the moderate impairment to the adductor muscles in his left thigh would also be unfitting.

s. It is the opinion of the ARBA Medical Advisor the applicant should be referred into the Disability Evaluation System.

BOARD DISCUSSION:

1. The Board carefully considered the applicant's request, supporting documents, evidence in the records, a medical review, and published Department of Defense guidance for liberal consideration of requests for changes to discharges.

- 2. The Board concurred with the conclusion of the ARBA Medical Advisor that the evidence supports referring the applicant to the Disability Evaluation System to determine if the TDRL PEB finding of fit for duty is correct.
- 3. The Board concurred with the corrections described in Administrative Note(s) below.

BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

:	:	:	GRANT FULL RELIEF
■	■	■	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:	:	:	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

1. The Board determined the evidence presented is sufficient to warrant a recommendation for partial relief. As a result, the Board recommends that all Department of the Army records of the individual concerned be corrected by making the corrections described in Administrative Note(s) below and by referring his records to the Office of The Surgeon General to determine if the evidence supports the fit-for-duty finding of the TDRL PEB.

a. If a review by the Office of The Surgeon General determines the evidence supports amendment of his disability evaluation records, the individual concerned will be afforded due process through the Disability Evaluation System for consideration of any diagnoses (or changed diagnoses) identified as having not met retention standards prior to his discharge.

b. If a formal PEB becomes necessary, the individual concerned will be issued invitational travel orders to prepare for and participate in consideration of his case by a formal PEB. All required reviews and approvals will be made after completion of the formal PEB.

c. Should a determination be made that the applicant should be retired for disability, these proceedings serve as the authority to issue him the appropriate separation retroactive to his original separation date, with entitlement to all back pay and allowances and/or retired pay, less any entitlements already received.

2. The Board further determined the evidence presented is insufficient to warrant a portion of the requested relief. As a result, the Board recommends denial of so much of the application that pertains to any relief without benefit of the review described above.

7/3/2023

X

CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

ADMINISTRATIVE NOTE(S): The applicant's DD Form 214 is missing awards he is authorized. Correct the DD Form 214 by adding the following:

- Bronze Star Medal
- Four bronze service stars with the Vietnam Service Medal
- Republic of Vietnam Gallantry Cross with Palm Unit Citation

REFERENCES:

1. Title 10, USC, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.

2. Title 10, United State Code, section 1556 (Ex Parte Communications Prohibited) provides the Secretary of the Army shall ensure that an applicant seeking corrective action by ARBA is provided a copy of all correspondence and communications, including summaries of verbal communications, with any agencies or persons external to agency or board, or a member of the staff of the agency or Board, that directly pertains to or has material effect on the applicant's case, except as authorized by statute.

3. AR 635-40, in effect at the time, prescribed policies and procedures for the physical disability evaluation and disposition of Army Soldiers, in accordance with chapter 61, Title 10, USC.

a. When Soldiers incurred a medical condition or conditions that caused them to fail medical retention standards, as outlined in AR 40-501, medical authority referred the Soldiers to an MEB for a medical fitness determination; files pertaining to medically unfit Soldiers were then forwarded to a PEB for a decision as to the Soldiers' physical fitness for continued military service.

b. PEBs were charged with investigating the nature, cause, degree of severity, and probability of permanency of the Soldier's disability or disabilities. The PEB first conducted an informal hearing, during which the applicant was not present; as a result of its assessment, the PEB would make a fitness determination and recommend a disability rating and the Soldier's disposition. The Soldier had the right to demand a formal PEB, to appear personally before the PEB, and to have representation by counsel.

(1) Final disposition could include separation with severance pay when the Soldiers' disability rating was less than 30 percent and the conditions were incurred in the line of duty. Disability ratings of 30 percent or higher required an additional determination as to whether the medical conditions were sufficiently stable; the PEB recommended placement on the Permanent Disability Retired List for stable conditions and those deemed likely to change over time were recommended for the TDRL. Placement on the TDRL is authorized by Title 10, USC, chapter 61, section 1202.

(2) Per Title 10, USC, chapter 61, section 1210, Soldiers placed on the TDRL required periodic reevaluations of their medical conditions, and they could remain on the TDRL for no more than 5 years. If, as a result of the periodic examination, the Soldier was determined to be fit, the Secretary of the Army could, with the Soldier's consent, allow the Soldier to reenlist at the rank/grade held prior to placement on the TDRL. In cases where the Soldier opted not to reenlist, he/she would be transferred to a Reserve Component, when he/she had a military service obligation, or the Soldier would be separated.

//NOTHING FOLLOWS//