

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 22 May 2024

DOCKET NUMBER: AR20230010526

APPLICANT REQUESTS: an upgrade of his under honorable conditions (general) characterization of service

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

- DD Form 293 (Application for the Review of Discharge)
- DD Form 214 (Certificate of Release or Discharge from Active Duty), 19 September 1981
- Military medical and dental records (18 pages), February 1982 to December 1982
- DD Form 214 (Certificate of Release or Discharge from Active Duty), 8 February 1983
- Proof of Support, Inspire Counseling and Support Center, 10 July 2023
- Social Security Administration benefits letter (4 pages), 3 March 2023
- Summary of medical appointment, Community Health Centers (5 pages), 22 February 2023
- Summary of medical appointment, Center for Advance Gastrointestinal (GI), 3 March 2023
- Letter of care, Community Health Centers, 7 April 2023
- Summary of medical appointment, Center for Advance GI, 7 March 2023

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, Section 1552(b); 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 he is currently staying at the Department of Veterans Affairs transitional house, going through a rehabilitation program, and has also put in a claim through the United States Organization. He was told and believed his discharge characterization would be upgraded to honorable six months after his discharge from the Army. He wants to straighten out this part of his life and appreciates the Board's help.

3. The applicant enlisted in the Regular Army on 22 February 1982, for 3 years. The highest rank/grade he attained was private first class/E-3.

4. The applicant received formal counseling on five occasions between 25 October 1982 and 6 January 1983 for:

- personal appearance, duty performance and being on time to his place of duty
- failure to obey a lawful order to be at his place of duty at the time prescribed
- failure to be ready for a room inspection
- taking more pride in his personal appearance and the cleanliness of his room
- fighting, recklessness, and drunken behavior while in the Army Abuse Program

5. A DA Form 4465 (Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Client Intake Record), shows the applicant was enrolled in the ADAPCP for his problem with alcohol on 21 December 1982. It further shows the applicant's usage of cannabis product as being over 6 months prior to his enrollment.

6. On 29 December 1982 and 4 June 1983, the applicant underwent a complete mental status evaluation and medical examination as part of his consideration for discharge due to his misconduct. His mental status evaluation noted, he met retention requirements, was mentally responsible, had the mental capacity to understand and participate in the proceedings, had no psychiatric illness present, and was psychiatrically cleared for any administrative action deemed appropriate by his command.

7. On 6 January 1983, he accepted non-judicial punishment under Article 15, of the Uniform Code of Military Justice, for on or about 3 January 1983, absenting himself from his appointed place of duty and did remain so absent until on or about 3 January 1983. His punishment included reduction to private/E-2, forfeiture of \$21.00, restriction for 14 days, and extra duty for 7 days.

8. On 21 January 1983, the applicant's commander in consultation with the rehabilitation center determined that further rehabilitative efforts were not practical and recommended separation. The applicant's commander stated the applicant's performance while assigned to his unit had been marked by drug/alcohol offenses or incidents. The applicant had been involved in several off-post fights while under the influence of alcohol. Even after the applicant enrolled in the alcohol rehabilitation program, he continued to drink heavily regularly.

9. On an undisclosed dated, the applicant's commander notified the applicant of his intent to initiate action to separate him from service under the provisions of Army Regulation 635-200 (Personnel Separations-Enlisted Personnel), Chapter 9 (Separation

for Alcohol or Other Drug Abuse). As the reason for his proposed action the commander cited the applicant's rehabilitative failure declared on 21 January 1983.

10. On 26 January 1983, the applicant acknowledged receipt of the proposed separation notification. He consulted with counsel and was advised of the reason for separation and the rights available to him. He understood if he was issued a general discharge, he may encounter substantial prejudice in civilian life. He elected not to submit statements in his own behalf.

11. The applicant's immediate commander formally recommended the applicant's separation from service, under the provisions of Army Regulation 635-200, paragraph 9, and recommended the issuance of a general discharge.

12. On an undisclosed date, the separation authority approved the recommended discharge and directed the issuance of a General Discharge Certificate.

13. The applicant was discharged accordingly on 8 February 1983, under the provisions of Army Regulation 635-200, Chapter 9, by reason of alcohol abuse – rehabilitation failure, with a under honorable conditions (general) characterization of service in the grade of E-3. He received a separation code of "JPD" and reenlistment code of "RE-3." He was credited with 11 months and 17 days of net active service during the period covered.

14. The applicant provides the following documents, which are available in their entirety for the Board's review within the supporting documents:

a. A DD Form 214, showing he previously served in the Army National Guard and was credited with 6 months and 2 days of active military service from 18 March 1981 to 19 September 1981.

b. Various medical documents that show his dental, immunization, and medical history during his military service.

c. A proof of support letter from Inspire Counseling and Support Center showing the applicant was diagnosed with substance abuse disorder and was participating in treatment.

d. A letter from the Social Security Administration showing his supplemental security income benefits.

e. Medical records from Community Health Centers and Center for Advance GI summarizing the applicant's medical appointments, multiple medical and behavioral health diagnoses, and care/treatment he received from 22 February 2023 to

7 July 2023. Additionally, these records show the applicant was diagnosed with the following mental health and medical issues from 24 July 2017 to 7 July 2023:

- cirrhosis of liver without ascites, unspecified hepatic cirrhosis type
- chronic pain syndrome
- chronic hepatitis C without hepatic coma
- chronic obstructive pulmonary disease (COPD), unspecified COPD type
- erectile dysfunction (ED), unspecified ED type
- ED due to diseases classified elsewhere
- Tobacco dependence
- Abdominal cramping
- Generalized abdominal pain
- other chronic pain
- opioid use disorder
- gastroesophageal reflux disease without esophagitis
- smoking greater than 40 pack years
- pain in right shoulder
- thrombocytopenia
- primary osteoarthritis of right shoulder
- anxiety
- other cirrhosis of liver
- osteomyelitis
- COPD exacerbation
- bipolar 1 disorder
- bipolar 1 disorder, depressed, severe
- gad (generalized anxiety disorder)
- peripheral polyneuropathy
- elevated LDL cholesterol level
- prediabetes
- hypertension, unspecified type
- hemorrhoids
- neuropathy
- spondylolysis
- diarrhea
- rectal bleeding
- constipation
- chronic viral hepatitis C
- Barrett's esophagus without dysplasia
- Cirrhosis, alcoholic

15. Regulatory guidance in effect at the time provided enlisted Soldiers discharged under the provisions of Army Regulation 635-200, Chapter 9, by reason of alcohol or other drug abuse rehabilitation failure, will receive a service characterization of honorable or under honorable conditions unless the Soldier was in entry-level status.

16. The Board should consider the applicant's argument and evidence, along with the overall record, in accordance with the published equity, injustice, or clemency determination guidance.

17. MEDICAL REVIEW:

a. Background: The applicant is applying to the ABCMR requesting an upgrade of his Under Honorable Conditions (General) characterization of service to Honorable. The applicant contends that he was told his characterization of service would be upgraded to honorable six months after his discharge from the Army.

b. The specific facts and circumstances of the case can be found in the ABCMR Record of Proceedings (ROP). Pertinent to this advisory are the following:

- The applicant reported he is currently staying at a Department of Veterans Affairs transitional house completing a rehabilitation program.
- The applicant enlisted in the Regular Army on 22 February 1982. He also served in the Army National Guard from 18 March 1981 to 19 September 1981.
- The applicant was enrolled in the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) on 21 December 1982 for alcohol-related problems.
- It was noted the applicant was formally counseled five times between October 1982 and January 1983 for personal appearance, duty performance and being on-time to his place of duty, failure to be prepared for a room inspection and cleanliness of his room, fighting, recklessness, and drunken behavior while enrolled in the Army Abuse Program.
- The applicant accepted non-judicial punishment under Article 15 of the Uniform Code of Military Justice on January 03, 1983, due to absenting himself from his place of duty.
- On 29 December 1982, the applicant underwent a mental status evaluation as part of his consideration for discharge due to misconduct. The mental status evaluation indicated the applicant met retention requirements and had no psychiatric illness at that time and therefore was cleared for administrative action as deemed appropriate by his command. He also underwent a

complete medical examination and was medically cleared for chapter separation on June 04, 1983.

- On 21 January 1983, in consultation with the rehabilitation center, the applicant's commander determined that further rehabilitative efforts were not practical and separation was recommended. It was further noted the applicant had continued to drink alcohol throughout his enrollment in rehabilitation and had gotten into several off-post altercations while under the influence of alcohol.
- The applicant was discharged on 08 February 1983 under the provisions of Army Regulation (AR) 635-200, Chapter 9, by reason of alcohol abuse-rehabilitation failure, with an Under Honorable Conditions (General) characterization of service.

c. Review of Available Records Including Medical:

The VA electronic medical record joint legacy viewer (JLV), ROP and casefiles were reviewed. The electronic military medical record (AHLTA) was not reviewed as it was not in use during the applicant's time in service. Military behavioral health (BH) records include a DD4465 Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) form and Mental Status Examination DA 3822 form. VA electronic BH-related records were available for review through JLV. Civilian health records were provided by the applicant from Inspire Counseling & Support Center and the Center for Advanced GI.

- Some military health records were provided as part of this review. Health records include SF 600s, SF 93-Report of Medical History for the applicant's initial screening at MEPS, DA 4465 Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) form, and Mental Status Examination DA 3822. The applicant's military health records are absent of any BH-related concerns or diagnoses aside from alcohol use. The SF 600s document medical treatment and follow-up for an injury that was sustained after punching another individual in 1982. Per the documentation provided, he received ongoing medical care for that injury throughout 1982-1983. He was placed on a temporary profile for upper extremity. There is no documentation provided that he was ever on a profile for psychiatric reasons.
- On the applicant's initial enlistment application SF-93 the applicant wrote "I am in good health." On that form, he denied any history of suicide, depression, or excessive worry. It was found that there were no disqualifying defects or communicable diseases as of February 22, 1982. Psychiatric was noted as 'normal' on March 21, 1982, as part of his MEPS physical.
- During his time in service, the applicant was enrolled in the ADAPCP program for alcohol use. The DA 4465 specifies alcohol as a current problem at the time of intake and the applicant's usage of cannabis as more than 6 months prior to his

enrollment in ADAPCP. He indicated cannabis was not an issue for him at the time of intake. It was also documented on this form that the applicant never used any other illicit substances aside from cannabis.

- In December 1982, results of the applicant's mental status evaluation conducted as part of his consideration for discharge due to misconduct reported the applicant met retention standards and had no psychiatric illness at that time. Therefore, he was cleared for administrative action as deemed appropriate by his command.
- Available VA records were reviewed via JLV. The applicant is 20% service-connected (SC) for tinnitus and paralysis of the median nerve; he is not service-connected (SC) through the VA for any BH-related conditions. Records were available for review in JLV from 20MAR2013-26APR24. There were numerous BH-related records available for review in JLV and the relevant BH information from JLV will be summarized. Per the note dated September 17, 2015, the applicant denied a history of any combat-related tours.
- The applicant appeared to initiate BH-related treatment through the VA on September 17, 2015; however, most of his behavioral health-related treatment through the VA appears to have begun August 24, 2023, and largely pertained to management of substance use disorder(s), assistance with being unhoused, and coping with anxiety and depression secondary to multiple hospitalizations, surgeries, and rehabilitation in 2023-2024 for physical health-related conditions. Per review of a mental health triage note dated September 14, 2023, the applicant self-reported a history of the following BH-related conditions: Posttraumatic Stress Disorder (PTSD), Adjustment Disorder with Anxiety, Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, and Polysubstance Abuse Disorder. The applicant has several BH diagnoses and psychosocial issues on his problem list in JLV including the following: Bipolar Disorder, current episode mixed, unspecified (24OCT23), Opioid Dependence, uncomplicated (29SEP23), Adjustment Disorder with anxiety (24AUG23), Problems related to other legal circumstances (01JUN20) and Homelessness, unspecified (25NOV22).
- On September 22, 2023, it was documented that the applicant reported he was diagnosed with Bipolar Disorder in 1994 while incarcerated. During this same visit it was documented that the applicant was treated for ADHD as a child with Ritalin, had been treated with Vyvanse as recently as 3 months prior to this appointment and was also previously treated with Adderall. There is no documentation that the applicant was treated for ADHD through the VA and no medical documentation nor personal assertion that his ADHD was exacerbated by service. On September 29, 2023, it was documented that the applicant had an Alcohol Use Disorder-in remission. A psychologist note dated October 23, 2023,

stated the applicant reported a history of polysubstance use beginning at age 13 (e.g., cannabinoids, opiates, LSD, methamphetamine, cocaine, and alcohol). On October 30, 2023, a psychiatrist note stated that the applicant has a history of trauma but denied any trauma-related symptoms currently. Furthermore, it was documented on September 13, 2023, in a psychosocial assessment note that the applicant believes he suffers from PTSD due to trauma experienced while he was incarcerated. The applicant was never diagnosed with PTSD in the medical record, there is no elaboration of PTSD-related symptoms, concerns or recommendation for further evaluation noted throughout the record in JLV, and no documented nexus between trauma and his military service. His diagnosis of Adjustment Disorder with Anxiety was associated with problems experienced in 2023 regarding his physical health problems, recent back surgeries, being in the rehabilitation hospital and legal issues. There was no association documented in the records between the onset of this condition and his military service.

- The applicant initiated treatment at the VA for heroin cravings on September 14, 2023. At the time of the visit, the applicant reported labile mood, inability to complete tasks, bouncing off the walls and everything feeling like a mountain. He reported having discontinued use of heroin 4 months prior to that visit and said he was experiencing significant cravings, difficulty sleeping, racing thoughts and leg cramps. At this visit, he was prescribed Naloxone (4mg) for opioid overdose and Quetiapine (50mg) for mood; however, it was documented that the applicant reported he discontinued the Quetiapine due to somnolence though at later visit reported to the provider he had never taken the medication. He was referred for a substance use disorder consult and mental health consult at the time of this visit. The applicant reported a history of three overdoses on Fentanyl with the last overdose occurring on May 12, 2023. It was documented that the applicant reported his last drink of alcohol as January 23, 2023 and last used illicit substances (methamphetamine) on May 23, 2023. He was started on Suboxone (2mg) on September 22, 2023, and as of September 29, 2023, the applicant reported his heroin-related cravings were well-managed with Suboxone. The applicant consistently denied any presence of or history of suicidal ideation, plan, intent, or previous attempts throughout the record. It was documented he denied having any history of psychiatric inpatient hospitalizations and none were noted in the record.
- A note dated October 23, 2023 stated the applicant had a history legal-related issues. According to the documentation in JLV, he was arrested in 1986 for murder and was incarcerated for 3 years. He was arrested for forgery in 1995 and incarcerated for 5 years. He was incarcerated for 2 years in 2020 for aggravated stalking. At the time of the visit, the applicant was on community-controlled AKA house arrest.

- Records provided by the applicant from the Center for Advanced GI were reviewed. The applicant was seen by a PA-C and MD (specialties unspecified) on July 7, 2023. There were no BH-related concerns or diagnoses recorded on the documentation provided. A review of systems reported the applicant denied experiencing anxiety, depression, difficulty sleeping, hallucinations, nervousness, panic attacks or paranoia. It was noted that the applicant was diagnosed with Cirrhosis, alcoholic March 3, 2023.
- A record of care was provided from the Community Health Centers dated February 22, 2023. The applicant was seen by a provider (MD) with the specialty unspecified. There were no BH-related diagnoses associated with the visit on that date; however, it was documented that two BH-related medications should be continued, Trazodone HCL (50mg) and Aripiprazole (2mg). There is no indication in the record provided as to the purpose for the medication nor when it was started. The diagnoses that were listed on the applicant's problem list from this record included the following BH-related diagnoses: Opioid use disorder, modified on 2/26/2020, Anxiety, modified on 6/15/2022, Bipolar 1 disorder, modified on 7/21/2022, Bipolar 1 disorder, depressed, severe modified on 8/2/22, GAD, modified on 7/22/22 and Anxiety, modified on 8/2/22. There is no clarification in the record as to the onset or initial date of diagnosis for any of these conditions.

d. Based on the available information, it is the opinion of the Agency BH advisor that the applicant did not have a BH condition or experience that mitigated his conduct. The applicant was discharged under (AR) 635-200, Chapter 9, by reason of alcohol abuse-rehabilitation failure, which appears to be a fair and equitable discharge. Alcohol use disorders fall under the purview of administrative separations and do not require disposition through medical channels. There is evidence in the medical record that that the applicant continued alcohol use after discharge and was diagnosed with an Alcohol Use Disorder (in remission as of 2023) and Cirrhosis of the liver as a result of alcohol use. On DD Form 293, the applicant does not assert that any other BH diagnoses contributed to his discharge. Furthermore, documentation overall is insufficient to support that symptoms related to BH conditions diagnosed or self-reported post-discharge to include, Bipolar Disorder, PTSD, Generalized Anxiety Disorder, or Adjustment Disorder with Anxiety, existed in-service. Accordingly, medical mitigation is not supported.

e. Kurta Questions:

(1) Does any evidence state that the applicant had a condition or experience that may excuse or mitigate a discharge? Yes, records show that the applicant was enrolled

in ADACP for alcohol use. Post-discharge records indicate that the applicant met criteria for Alcohol Use Disorder.

(2) Did the condition exist or experience occur during military service? Yes, the applicant was enrolled in ADAPCP for alcohol use while in-service.

(3) Does the condition or experience actually excuse or mitigate the discharge? No. The applicant was enrolled in the ADAPCP while in-service and was discharged under AR 635-200, Chapter 9, by reason of alcohol abuse-rehabilitation failure. Therefore, mitigation is not indicated as he was administratively discharged based on the associated condition while in-service.

f. The applicant is not service-connected through the VA for any BH-related conditions. Per review of his DD 293, the applicant does not assert that any of the BH-related conditions diagnosed or self-reported post-discharge were associated with his service nor conduct that resulted in discharge. There is no assertion, linkage, or temporal association throughout the available medical records that any of the self-reported or diagnosed BH conditions that were designated post-discharge and would support medical mitigation were present during the applicant's military service. The available records indicate first diagnosis of Bipolar Disorder approximately 11 years after discharge do not specify the onset of the condition nor suggest onset during his time in service. There is no date of onset for Generalized Anxiety Disorder and the only documentation of this condition was in 2022, to which there no documentation provided linking this condition to his time in service. His diagnosis of Adjustment Disorder with Anxiety in 2023 was specifically linked to recent physical health and psychosocial concerns unrelated to his time in service. There is also no date of onset of PTSD, and it was documented in the record that the applicant believed his trauma was a result of events experienced during incarceration. Although alcohol and substance use disorders can be co-morbid with all listed BH conditions that have since been diagnosed, there is insufficient evidence to suggest that these conditions were present during his military service.

BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted. The Board carefully considered the applicant's record of service, documents submitted in support of the petition and executed a comprehensive and standard review based on law, policy and regulation, and published Department of Defense guidance for liberal and clemency determinations requests for upgrade of his characterization of service. Upon review of

the applicant’s petition, available military records and medical review, the Board concurred with the advising official finding the applicant did not have a BH condition or experience that mitigated his conduct. The Board noted the applicant’s first diagnosis of bipolar disorder was approximately 11 years after discharge and does not specify the onset of the condition nor suggest onset during his time in service.

2. The Board determined there is insufficient evidence to support that symptoms related to BH conditions diagnosed or self-reported post-discharge to include, Bipolar Disorder, PTSD, Generalized Anxiety Disorder, or Adjustment Disorder with Anxiety, existed in-service. The applicant was discharged by reason of alcohol or other drug abuse rehabilitation failure and was provided an under honorable conditions (general) characterization of service. Evidence shows the applicant was in an entry level status and completed 11 months and 17 days of net service this period. The Board agreed that the applicant's discharge characterization is warranted as he did not meet the standards of acceptable conduct and performance of duty for Army personnel to receive an Honorable discharge. Based on the preponderance of evidence, the Board denied relief.

BOARD VOTE:

<u>Mbr 1</u>	<u>Mbr 2</u>	<u>Mbr 3</u>	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
■	■	■	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.



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.

REFERENCES:

1. Title 10, U.S. Code, 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, U.S. Code, Section 1556, 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. Army Regulation 635-200, sets forth the basic authority for the separation of enlisted personnel. The version in effect at the time provided that:
 - a. An honorable discharge is a separation with honor and entitles the recipient to benefits provided by law. The honorable characterization is appropriate when the quality of the member's service generally has met the standards of acceptable conduct and performance of duty for Army personnel or is otherwise so meritorious that any other characterization would be clearly inappropriate.

b. A general discharge is a separation from the Army under honorable conditions. When authorized, it is issued to a Soldier whose military record is satisfactory but not sufficiently meritorious to warrant an honorable discharge.

c. Chapter 9 provided the authority and outlined the procedures for discharging Soldiers for alcohol or other drug abuse rehabilitation failure. A member who has been referred to the ADAPCP for alcohol/drug abuse may be separated because of inability or refusal to participate in, cooperate in, or successfully complete such a program if there is a lack of potential for continued Army service and rehabilitation efforts are no longer practical. Nothing in this chapter prevents separation of a Soldier who has been referred to such a program under any other provisions of this regulation. Initiation of separation proceedings is required for Soldiers designated as alcohol/drug rehabilitation failures. The service of Soldiers discharged under this chapter will be characterized as honorable or under honorable conditions unless the Soldier is in entry-level status.

4. On 25 August 2017, the Office of the Undersecretary of Defense for Personnel and Readiness issued clarifying guidance for the Secretary of Defense Directive to Discharge Review Boards (DRB) and Boards for Correction of Military/Naval Records (BCM/NR) when considering requests by Veterans for modification of their discharges due in whole or in part to: mental health conditions, including post-traumatic stress disorder; Traumatic Brain Injury; sexual assault; or sexual harassment. Boards are to give liberal consideration to Veterans petitioning for discharge relief when the application for relief is based in whole or in part to those conditions or experiences.

5. On 25 July 2018, the Under Secretary of Defense for Personnel and Readiness issued guidance to Military DRBs and BCM/NRs regarding equity, injustice, or clemency determinations. Clemency generally refers to relief specifically granted from a criminal sentence. BCM/NRs may grant clemency regardless of the type of court-martial. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to other corrections, including changes in a discharge, which may be warranted based on equity or relief from injustice.

a. This guidance does not mandate relief, but rather provides standards and principles to guide Boards in application of their equitable relief authority. In determining whether to grant relief on the basis of equity, injustice, or clemency grounds, BCM/NRs shall consider the prospect for rehabilitation, external evidence, sworn testimony, policy changes, relative severity of misconduct, mental and behavioral health conditions, official governmental acknowledgement that a relevant error or injustice was committed, and uniformity of punishment.

b. Changes to the narrative reason for discharge and/or an upgraded character of service granted solely on equity, injustice, or clemency grounds normally should not result in separation pay, retroactive promotions, and payment of past medical expenses

or similar benefits that might have been received if the original discharge had been for the revised reason or had the upgraded service characterization.

//NOTHING FOLLOWS//