

ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [REDACTED]

BOARD DATE: 30 September 2024

DOCKET NUMBER: AR20240000422

APPLICANT REQUESTS: to change his honorable discharge to a medical discharge.

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

- DD Form 149 (Application for Correction of Military Record)
- Self-Authored Statement
- Orders D-02-714152
- Service Medical Documents
- DD Form 214 (Certificate of Release or Discharge from Active Duty) 23 June 1989
- Department of Veterans Affairs (DVA) Letters (four)
- Medical Documents
- Congressional Email
- Email
- Security Memorandum

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code (USC), 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 experienced military sexual trauma (MST) and harassment. Subsequently, he tried to hurt himself during a training exercise by letting go of a rope and falling approximately 15 feet breaking his right tibia/fibula. He was also put under locked guard before his fall but never disclosed why. He was discharge to the individual ready reserve (IRR). Due to this, he did not accrue points to get a VA loan guarantee. He is requesting the upgrade to medical so he may qualify for his other benefits. His wife has gotten him into therapy, and he is currently being treated. He has submitted this request previously and it has been lost on 2 separate occasions. Please expedite. The applicant lists PTSD, other mental health, and sexual assault/harassment as related to his request.

3. The applicant provides:

a. Service medical documents, which will be reviewed and discussed by the mental health staff at the Army Review Boards Agency (ARBA).

b. Orders D-02-714152 18 February 1997, issued by the U.S. Army Reserve (USAR) Personnel Center, St. Louis, MO reflects he was honorably discharged from the USAR.

c. DA Form 2173 (Statement of Medical Examination and Duty Status), 7 June 1989, shows he was seen by a physician as an outpatient for a stress fracture to his right foot and pain, which occurred on 21 April 1989. The applicant states during the process of training, he began to have pain in his feet, right foot, which was later diagnosed as a stress fracture. A line of duty (LOD) was requested on 7 June 1989. The medical opinion states:

- He was mentally sound
- His injury is not likely to result in a claim against the government for future medical case
- His injury was incurred in the line of duty
- His disability may be temporary

d. DVA Rating Decision letter, 25 April 2022 reflects PTSD as 100% disabling, and the right knee limitation evaluation of 10%.

e. DVA Benefits letter, 26 April 2022 shows his permanent and total disability status was established from 9 February 2022.

f. DVA Benefits letter, 14 July 2023 shows his entitlement to special monthly compensation.

g. DVA Summary of Benefits letter, 15 July 2023 shows his honorable service and his combined service-connected evaluation of 100%.

h. Email, 12 August 2024 shows his spouse had sent an email to the U.S. Army Pentagon Mailbox to request the status of her husband's (servicemember's) ABCMR current application (AR20240000422) due to his cancer diagnosis.

4. The applicant's service record shows the following information:

a. DD Form 4 (Enlistment/Reenlistment Contract-Armed Forces of the United States) reflects he enlisted in the USAR on 17 February 1989. There are no other documents to show his military service prior to 17 February 1989.

b. Orders 34-4, 17 February 1989, issued by the Military Entrance Processing Station, Boston, MA ordered the applicant to initial active duty for training (IADT). He entered active duty for training on 23 March 1989, for a period of 13 weeks or to the completion of his basic training.

c. Letter of Instructions-Unexcused absences between 5 April 1990 and 17 May 1990 shows he was absent from training assemblies. It reflects that if he accumulated nine unexcused absences within one year period, he could be declared an unsatisfactory participant and action would be taken to transfer him to the IRR for balance of his obligation.

d. Orders C-11-137837, 19 November 1991, USAR Personnel Center, Boston, MA reflects that the applicant was voluntarily transferred to the USAR Control Group, with an effective date of 18 November 1991.

e. Letter of Instructions-Unexcused absences between 12 January 1992 and 4 February 1992 shows he was absent from training assemblies. It further states that If he accumulated nine unexcused absences within one year period, he could be declared an unsatisfactory participant and action would be taken to transfer him to the IRR for balance of his obligation.

f. The applicant's available record is void of any documentation to show he received a medical evaluation board, physical evaluation board or a separation board due to a medical condition. In addition, his separation packet containing the specific facts and circumstances surrounding his separation.

g. His DD Form 214 shows he was honorably released from active duty on 23 June 1989 under the provisions of Self Terminating Orders 34-4, 17 February 1989. He had a separation code of LBK for completion of period of active-duty training with no reenlistment code. He completed 3 months and 1 day of net active service this period.

h. Orders D-02-714152, 18 February 1997, issued by the USAR Personnel Center, St. Louis, MO reflects he was honorably discharged from the USAR.

5. There was no documentation in the applicant's service record to show he had a LOD investigation into his foot injury in April 1989.

6. The Board should consider whether an in line of duty MEB/PEB was warranted. The Board may also consider whether the applicant should have be referred for a Non-duty related PEB for a fitness for duty determination.

7. MEDICAL REVIEW:

a. 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 (EMR – AHLTA and/or MHS Genesis), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, the Army Aeromedical Resource Office (AERO), and/or the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

b. The applicant is applying to the ABCMR in essence requesting a referral to the Disability Evaluation System (DES) and a medical retirement. On his DD 149, he has indicated that PTSD, Other Mental Health conditions, and Sexual Assault / Harassment are issues related to his request. He states in his self-authored letter:

“During my active-duty training many years ago I experienced MST [military sexual trauma] and harassment. I subsequently tried to hurt myself during a training exercise by letting go of a rope and falling approximately 15 feet, breaking my right tibia/fibula [lower leg]. I was also put under locked guard previous to my fall but never disclosed why.

I am enclosing medical documents of when I broke my leg during training as well as mental health records and MST and C&P [VA Compensation and Pension Examination] records. Also, VA decision letter. ”

c. The Record of Proceedings details the applicant's military service and the circumstances of the case. A DD 214 shows the former USAR Soldier entered active duty for advanced individual training on 23 March 1989 and was honorably discharged on 23 June 1989 after completing the Infantryman training at Fort Benning, GA (now called Fort Moore) as part of his one station unit training (OSUT).

d. Orders published by the 94th Army Reserve Command show the applicant was transferred to the United States Army Reserve Control Group (Annual Training) effective 29 May 1992 due to unsatisfactory participation.

e. Orders published by the United States Army Reserve Personnel Center show the applicant was honorably discharged from the USAR effective 18 February 1997 under the provisions provided in AR 135-178, Army National Guard and Army Reserve – Enlisted Administrative Separations. The orders do not cite an authorizing paragraph or chapter nor provide a narrative reason for his discharge.

f. His period of service predates the EMR. Bilateral lower extremity radiographs obtained at Martin Army Community Hospital (Ft. Moore, GA) in January 1989 revealed a right tibial stress reaction.

g. An incomplete Statement of Medical Examination and Duty Status (DA form 2173) states the applicant was diagnosed with a right foot stress fracture on 21 April 1989.

h. Submitted medical documents show the applicant was treated for both a right tibial stress reaction and right foot metatarsal stress fracture while on active duty.

i. A Personnel Qualification Record (Enlisted) (DA form 2-A) with an 11 August 1989 as of date has a normal physical profile except for a non-duty limiting ear condition which was likely mild hearing loss. A second DA form 2A with a 29 November 1991 as of date shows the same physical profile. This speaks against the claim that his 1989 stress fracture or stress reaction led to a disability, as does the fact that he graduated the Infantryman course.

j. Memorandums to the applicant from his company commander in 1990 and 1992 show he had several unexcused absences from unit training assemblies.

k. Multiple submitted VA clinical encounters show he was evaluated and treated for MST caused PTSD. A 10 February 2022 primary mental health assessment encounter for PTSD supports the applicant's claims for MST caused PTSD and self-injury during active duty:

"Veteran reported that he had experienced MST while in basic training in his 20s, and stated that he got out of the military due to an injury, 'I think I might have let go and fallen 15 on purpose because of what happened.' Endorsed nightmares and intrusive thoughts, avoidance, hypervigilance, feeling disconnected from others, and guilt ...

Veteran noted that when he separated from the military, 'I threw out everything I had. I told no one I was in the military. My doctors just now were surprised when I told them.' Indicated that he worked with a psychologist or prescriber for 'years, but I never told them what happened.' Expressed that he never spoke about his trauma to anyone, but currently takes Ativan prescriber by his non-VA

PCP [primary care provider].

Veteran described a history of one suicide attempt in 2005, and reported that he

spent 5 days in the hospital for this. Denied current SI [suicidal ideation, plan, and intent, and stated 'I have my wife now, too much to live for.' Noted that he was interested in treatment to 'get things off my chest,' and address MST that he had not discussed for many years. Expressed that he had lost a previous relationship, and 'I don't want to lose this.'"

l. Review of submitted documents and JLV shows the applicant has been awarded a VA several service-connected disability ratings, including a 30% rating for PTSD on 7 September 2021 which was increased to 100% effective 9 February 2022, a 10% rating for tinnitus, a 0% rating for impaired hearing, and two 10% ratings related to his right knee.

m. The DES compensates an individual only for service incurred medical condition(s) which have been determined to disqualify him or her from further military service. The DES has neither the role nor the authority to compensate service members for anticipated future severity or potential complications of conditions which were incurred or permanently aggravated during their military service. These roles and authorities are granted by Congress to the Department of Veterans Affairs and executed under a different set of laws.

n. The applicant's MST caused PTSD with its associated avoidant behaviors certainly may have been the cause for his numerous unexcused absences and subsequent transfer from his infantry unit to the USAR Control Group (Annual Training). However, there is insufficient probative evidence the condition was of such a severity that is prevented him from maintaining contact with his chain of command or to have failed the medical retention standards of chapter 3 of AR 40-501, Standards of Medical Fitness, prior to his discharge. Thus, there was no cause for referral to the Disability Evaluation System.

o. Paragraph 3-1 of AR 635-40, Physical Evaluation for Retention, Retirement, or Separation (1 September 1990) states:

"The mere presence of an impairment does not, of itself, justify a finding of unfitness because of physical disability. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the soldier reasonably may be expected to perform because of his or her office, grade, rank, or rating."

p. It is the opinion of the Agency Medical Advisor that a referral of his case to the DES is unwarranted.

BOARD DISCUSSION:

After reviewing the application and all supporting documents, the Board determined relief was not warranted. The applicant's contentions, the military record, and regulatory guidance were carefully considered. Based upon the available documentation and the findings and recommendation in the medical review, the Board concluded there was insufficient evidence of an error or injustice warranting a change to the applicant's narrative reason for separation.

BOARD VOTE:

Mbr 1 Mbr 2 Mbr 3

:	:	:	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, United States Code (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. Section 1556 of Title 10, USC, requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to Army Board for Correction of Military Records applicants (and/or their counsel) prior to adjudication.

3. Title 38 USC, section 1110 (General-Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

4. Title 38 USC, section 1131 (Peacetime Disability Compensation - Basic Entitlement) states for disability resulting from personal injury suffered or disease contracted in line of duty, or for aggravation of a preexisting injury suffered or disease contracted in line of duty, in the active military, naval, or air service, during other than a period of war, the United States will pay to any veteran thus disabled and who was discharged or released under conditions other than dishonorable from the period of service in which said injury or disease was incurred, or preexisting injury or disease was aggravated, compensation as provided in this subchapter, but no compensation shall be paid if the disability is a result of the veteran's own willful misconduct or abuse of alcohol or drugs.

5. Army Regulation 635-40, in effect at the time, establishes the Army Disability Evaluation System and sets forth policies, responsibilities, and procedures that apply in determining whether a Soldier is unfit because of physical disability to reasonably perform the duties of his office, grade, rank, or rating. Only the unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability. Once a determination of physical unfitness is made, all disabilities are rated using the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD).

a. Chapter 3-2 states disability compensation is not an entitlement acquired by

reason of service-incurred illness or injury; rather, it is provided to Soldiers whose service is interrupted and who can no longer continue to reasonably perform because of a physical disability incurred or aggravated in military service.

b. Chapter 3-4 states Soldiers who sustain or aggravate physically-unfitting disabilities must meet the following line-of-duty criteria to be eligible to receive retirement and severance pay benefits:

(1) The disability must have been incurred or aggravated while the Soldier was entitled to basic pay or as the proximate cause of performing active duty or inactive duty training.

(2) The disability must not have resulted from the Soldier's intentional misconduct or willful neglect and must not have been incurred during a period of unauthorized absence.

c. The percentage assigned to a medical defect or condition is the disability rating. The fact that a Soldier has a condition listed in the VASRD does not equate to a finding of physical unfitness. An unfitting, or ratable condition, is one, which renders the Soldier unable to perform the duties of their office, grade, rank, or rating in such a way as to reasonably fulfill the purpose of their employment on active duty. There is no legal requirement in arriving at the rated degree of incapacity to rate a physical condition which is not in itself considered disqualifying for military service when a Soldier is found unfit because of another condition that is disqualifying. Only the unfitting conditions or defects and those which contribute to unfitness will be considered in arriving at the rated degree of incapacity warranting retirement or separation for disability.

5. Army Regulation 600-8-4 (Line of Duty Policy, Procedures and Investigations) prescribes policies and procedures for investigating the circumstances of disease, injury, or death of a Soldier providing standards and considerations used in determining LOD status.

a. A formal LOD investigation is a detailed investigation that normally begins with DA Form 2173 completed by the medical treatment facility and annotated by the unit commander as requiring a formal LOD investigation. The appointing authority, on receipt of the DA Form 2173, appoints an investigating officer who completes the DD Form 261 and appends appropriate statements and other documentation to support the determination, which is submitted to the General Court Martial Convening Authority for approval.

b. Paragraph 1-7a states the worsening of a pre-existing medical condition over and above the natural progression of the condition as a direct result of military duty was considered an aggravated condition. Commanders must initiate and complete LOD

investigations, despite a presumption of Not In the Line of Duty, which can only be determined with a formal LOD investigation.

c. Paragraph 2-6 states an injury, disease, or death is presumed to be in LOD unless refuted by substantial evidence contained in the investigation. LOD determinations must be supported by substantial evidence and by a greater weight of evidence than supports any different conclusion. The evidence contained in the investigation must establish a degree of certainty so that a reasonable person is convinced of the truth or falseness of a fact.

6. Title 10, USC, chapter 61, provides the Secretaries of the Military Departments with authority to retire or discharge a member if they find the member unfit to perform military duties because of physical disability.

a. Soldiers are referred to the disability system when they no longer meet medical retention standards in accordance with AR 40-501 (Standards of Medical Fitness), chapter 3, as evidenced in an MEB; when they receive a permanent medical profile rating of 3 or 4 in any factor and are referred by a Military Occupational Specialty Medical Retention Board; and/or they are command-referred for a fitness-for-duty medical examination.

b. The disability evaluation assessment process involves two distinct stages: the MEB and PEB. The purpose of the MEB is to determine whether the service member's injury or illness is severe enough to compromise his/her ability to return to full duty based on the job specialty designation of the branch of service. A PEB is an administrative body possessing the authority to determine whether or not a service member is fit for duty. A designation of "unfit for duty" is required before an individual can be separated from the military because of an injury or medical condition. Service members who are determined to be unfit for duty due to disability either are separated from the military or are permanently retired, depending on the severity of the disability and length of military service.

c. The mere presence of a medical impairment does not in and of itself justify a finding of unfitness. In each case, it is necessary to compare the nature and degree of physical disability present with the requirements of the duties the Soldier may reasonably be expected to perform because of his or her office, grade, rank, or rating. Reasonable performance of the preponderance of duties will invariably result in a finding of fitness for continued duty. A Soldier is physically unfit when a medical impairment prevents reasonable performance of the duties required of the Soldier's office, grade, rank, or rating.

7. Title 38, USC, permits the VA to award compensation for a medical condition which was incurred in or aggravated by active military service. The VA, however, is not

required by law to determine medical unfitness for further military service. The VA, in accordance with its own policies and regulations, awards compensation solely on the basis that a medical condition exists and that said medical condition reduces or impairs the social or industrial adaptability of the individual concerned. Consequently, due to the two concepts involved, an individual's medical condition, although not considered medically unfitting for military service at the time of processing for separation, discharge or retirement, may be sufficient to qualify the individual for VA benefits based on an evaluation by that agency. The VA can evaluate a veteran throughout his or her lifetime, adjusting the percentage of disability based upon that agency's examinations and findings.

8. Army Regulation 635-5 (Separation Documents), states, the DD Form 214 is a summary of the Soldier's most recent period of continuous active duty. It provides a brief, clear-cut record of all current active, prior active, and prior inactive duty service at the time of release from active duty, retirement, or discharge. The information entered thereon reflects the conditions as they existed at the time of separation.

9. Army Regulation 635-5-1 (Separation Program Designator (SPD) Codes) provides the specific authorities and reasons for separating Soldiers from active duty, and the SPD codes to be entered on the DD Form 214 (Certificate of Release or Discharge from Active Duty). The separation code LBK (is to be used for Soldiers discharged for completion of period of active-duty training).

10. The SPD/RE Code Cross Reference Table provides instructions for determining the RE Code for Active Army Soldiers and Reserve Component Soldiers. This cross-reference table shows the SPD code as "LBK" for the completion of period of ADT.

11. Army Regulation 601-210 (Active and Reserve Components Enlistment Program) covers eligibility criteria, policies, and procedures for enlistment and processing into the Regular Army, U.S. Army Reserve, and Army National Guard. Table 3-1 provides a list of RE codes:

- RE-1 Applies to persons immediately eligible for reenlistment at time of separation
- RE-2 Applies to persons not eligible for immediate reenlistment
- RE-3 Applies to persons who may be eligible with waiver-check reason for separation
- RE-4 Applies to persons who are definitely not eligible for reenlistment

12. PTSD can occur after someone goes through a traumatic event like combat, assault, or disaster. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association (APA) and provides standard criteria and common language for the classification of mental disorders. In 1980, the APA

added PTSD to the third edition of its DSM nosologic classification scheme. Although controversial when first introduced, the PTSD diagnosis has filled an important gap in psychiatric theory and practice. From a historical perspective, the significant change ushered in by the PTSD concept was the stipulation that the etiological agent was outside the individual (i.e., a traumatic event) rather than an inherent individual weakness (i.e., a traumatic neurosis). The key to understanding the scientific basis and clinical expression of PTSD is the concept of "trauma."

13. PTSD is unique among psychiatric diagnoses because of the great importance placed upon the etiological agent, the traumatic stressor. In fact, one cannot make a PTSD diagnosis unless the patient has actually met the "stressor criterion," which means that he or she has been exposed to an event that is considered traumatic. Clinical experience with the PTSD diagnosis has shown, however, that there are individual differences regarding the capacity to cope with catastrophic stress. Therefore, while most people exposed to traumatic events do not develop PTSD, others go on to develop the full-blown syndrome. Such observations have prompted the recognition that trauma, like pain, is not an external phenomenon that can be completely objectified. Like pain, the traumatic experience is filtered through cognitive and emotional processes before it can be appraised as an extreme threat. Because of individual differences in this appraisal process, different people appear to have different trauma thresholds, some more protected from and some more vulnerable to developing clinical symptoms after exposure to extremely stressful situations.

14. The fifth edition of the DSM was released in May 2013. This revision includes changes to the diagnostic criteria for PTSD and acute stress disorder. The PTSD diagnostic criteria were revised to take into account things that have been learned from scientific research and clinical experience. The revised diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms, the seventh criterion assesses functioning, and the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.

15. On 3 September 2014, the Secretary of Defense directed the Service Discharge Review Boards (DRB) and Service Boards for Correction of Military/Naval Records (BCM/NR) to carefully consider the revised post-traumatic stress disorder (PTSD) criteria, detailed medical considerations and mitigating factors when taking action on applications from former service members administratively discharged UOTHC and who have been diagnosed with PTSD by a competent mental health professional representing a civilian healthcare provider in order to determine if it would be appropriate to upgrade the characterization of the applicant's service.

16. 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 DRBs and BCM/NRs when considering requests by veterans for modification of their discharges due in whole or in part to: mental health conditions, including PTSD; 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. The guidance further describes evidence sources and criteria and requires Boards to consider the conditions or experiences presented in evidence as potential mitigation for misconduct that led to the discharge.

17. The Under Secretary of Defense (Personnel and Readiness) issued guidance to Service DRBs and Service BCM/NRs on 25 July 2018 [Wilkie Memorandum], 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 court-martial forum. However, the guidance applies to more than clemency from a sentencing in a court-martial; it also applies to any other corrections, including changes in a discharge, which may be warranted on equity or relief from injustice grounds.

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, Boards 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//