ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 14 March 2025

DOCKET NUMBER: AR20230012859

APPLICANT REQUESTS: through counsel:

- placement on the Permanent Disability Retired List (PDRL) at 100% with all back pay and allowances
- referral to the Disability Evaluation System if required
- appearance before the Board

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

- DD Form 149 (Application for Correction of Military Record)
- Attorney Statement
- Tab A-NGB Form 22 (Report of Separation and Record of Service)
- Tab F-North Atlantic Treaty Organization Travel Order
- Tab B-Army National Guard (ARNG) Current Annual Statement
- Tab I-WAARNG Memorandum For Record (MFR), Subject: Functional Capability Questionnaire
- Tab H-DA Form 2173 (Statement of Medical examination and Duty Status)
- Tab C-MFR, Subject: Notification of Medical Disqualification for Non-Retention and Separation Procedures for Non-Duty Related medical disqualifying condition(s)
- Tab D-MFR, Subject: Request for Line of Duty(LOD) for disqualifying medical condition
- Tab E-Physical Profile
- Tab G-Washington ARNG (WAARNG) MFR, Subject: Functional Capability Questionnaire

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 the Government flagged her for medical disqualification. Within that context, a LOD investigation was required. The Government was clearly on notice that she had an unfitting condition that was aggravated by military service. She was separated involuntarily. Her medical issues should have been considered in the line of duty and submitted to a medical evaluation board (MEB). Significantly, there is a diagnosis of “Hypermobile Ehlers-Danlos and Thoracic Outlet Syndrome (TOS) Bilateral.” Ehlers-Danlos Syndrome (EDS) is a connective tissue disorder characterized by skin extensibility, joint hypermobility, and tissue fragility. Multiple types exist. It is clear from the record, that this condition was aggravated by military service and resulted in significant shoulder issues. (Her full statement is available in its entirety for the Board’s review).

3. The applicant provides:

a. An attorney statement, 23 August 2023 that reiterates the above and states the applicant clearly no longer met medical retention standards based on the notification of medical disqualification. A designation of "unfit for duty" is required before an individual can be separated from the military because of an injury or medical condition. The mere presence of a medical impairment does not in and of itself justify a finding of unfitness. The errors here are substantial, significantly prejudicial, and warrant relief. The Government noticed her for medical disqualification. Within that context, a line of duty investigation was required. The Government was clearly on notice that she had an unfitting condition that was aggravated by military service. She was separated involuntarily without any notice. We respectfully request that she be placed on the Permanent Disability Retired List.

b. Tab I-WAARNG MFR, Subject: Functional Capability Questionnaire, 16 January 2023 shows the applicant’s medical conditions, treatments, diagnostic imaging. “Item 11: If any limitations are noted above, when do you anticipate a return to full duty? Permanent”.

c. Tab H-Statement of Medical Examination and Duty Status, 21 February 2023 shows the applicant was an outpatient on 29 November 2022 for an injury that was likely to require follow-on care. “Condition existed prior to start of current duty? Yes.”

d. Tab C: Memorandum, Subject: Notification of Medical Disqualification for Non-Retention and Separation Procedures for Non-Duty Related medical disqualifying condition(s), 15 June 2023 shows the State Surgeon had reviewed the applicant’s records and she was identified as failing to meet the medical retention standards for continuation of military service.

e. Tab D: MFR, Subject: Request for LOD for disqualifying medical condition, 15 June 2023 shows the applicant was issued a permanent profile on 6 May 2023

disqualifying her from continued military service. If she believed her conditions was incurred on duty, she may request a LOD investigation, be initiated by her unit. Then was instructed to provide documentation to support her claim.

f. Tab E-Physical Profile, undated shows left shoulder injury/pain, mild with a PULHES ratings of "1".

g. Tab G-WAARNG MFR, Subject: Functional Capability Questionnaire, 3 April 2023 shows the applicant's medical conditions, treatments, diagnostic imaging. "Item 11: If any limitations are noted above, when do you anticipate a return to full duty? Never, not recommended, Permanent".

4. The applicant's service records show:

a. Her Report of Medical History, 3 January 2014, does not show, nor did she list that she had any relevant medical related issues, prior to her enlistment.

b. She enlisted in the ARNG on 11 July 2014, and entered active duty for training on 30 December 2014. She was honorably released from active duty for training on 8 December 2016 and transferred to the WAARNG. Her DD Form 214 (Certificate of release or Discharge from Active Duty) shows she completed 1 year, 11 months, and 9 days of net active service.

c. During the applicant's military service, which included service in Ukraine from 8 August 2018 to 19 November 2019 the applicant:

- entered active duty for training on 1 August 2018. She was honorably released from active duty for training on 28 January 2019 and transferred to the WAARNG. Her DD Form 214 shows she completed 5 months, and 28 days of net active service
- on 14 August 2019 a DD Form 215 (Correction of DD Form 214), period ending 8 December 2016 shows the applicant completed her first full term of service
- NGB Form 22, 31 July 2023 shows the applicant was honorably discharged for being medically unfit for retention per Army Regulation 40-501 (Standards of Medical Fitness)
- Orders 0005739598, 18 August 2023, involuntarily discharged the applicant on 31 July 2023

d. The applicant's available record is void of documentation to show she received a MEB or PEB, or IDES processing. In addition, her record is void of her separation packet containing the specific facts and circumstances surrounding her separation.

5. In the processing of this case, an advisory opinion was obtained, 13 February 2024 from the Legal Advisor, U.S. Army Physical Disability Agency (USAPDA), who opined in pertinent part:

a. Based on the evidence presented, this Agency does not have legal authority to grant the requested relief; therefore, we recommend further action by the Army Review Boards Agency (ARBA) and the Office of the Surgeon General (OTSG), as appropriate.

b. Background: The applicant had the right to consult with counsel along with the right to request that her case be sent to a PEB. This included the right to demonstrate that she was fit or , alternatively, that her conditions occurred in the line of duty. She was informed that she was required to complete and take appropriate action and cautioned that failure to timely respond would constitute a waiver of her rights. In the documentation provided by ARBA, there is no indication as to whether the applicant responded to the notice or that she did so in a timely fashion.

c. Analysis: The ARNG leadership is responsible for ensuring that eligible Soldiers of the ARNG are referred to the DES, as applicable , in a timely manner. Because her case was never referred to a MEB, and therefore never proceeded to a PEB, the relief requested by the applicant is outside the purview of the USAPDA.

d. Conclusion: Based on the evidence presented, we do not have legal authority to grant full administrative relief, and do not have sufficient information to render a more comprehensive opinion other than that already set forth herein.

6. On 14 February 2024, the applicant was provided with a copy of the advisory opinion with an opportunity to respond. No response as of 29 February 2024.

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 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 requesting referral to the Disability Evaluation System (DES). She states:

"The Government noticed me for medical disqualification. Within that context,

a line of duty investigation was required. The Government was clearly on notice that I had an unfitting condition that was aggravated by military service. I was separated involuntarily. We respectfully request that she be placed on the Permanent Disability Retired List."

c. The Record of Proceedings details the applicant's military service and the circumstances of the case. Her National Guard Report of Separation and Record of Service (NGB 22) shows she entered the Army National Guard on 11 July 2014 and was separated from the Washington Army National Guard (WAARNG) effective 31 July 2023 under Paragraph 6-35l(8) of NGR 600-200, Enlisted Personnel Management (25 March 2021): Medically unfit for retention per AR 40-501, Standards of Medical Fitness.

d. Paragraph 6-35l(8) of NGR 600-200:

"Commanders, who suspect that a Soldier may not be medically qualified for retention, will direct the Soldier to report for a complete medical examination per AR 40-501. If the Soldier refuses to report as directed, see paragraph 6-36u below. Commanders who do not recommend retention will request the Soldier's discharge. When medical condition was incurred in line of duty, the procedures of AR 600-8-4 will apply. Discharge will not be ordered while the case is pending final disposition. This paragraph also includes those Soldiers who refuse or ineligible to reclassify into a new MOS [military occupational specialty]. RE 3."

e. The applicant states her condition was Ehlers-Danlos Syndrome, a genetic connective tissue disorder, and thoracic outlet syndrome which she developed due to her genetic disease.

f. The Military views genetic disease, conditions which are solely attributed to genetic defects, as having existed prior to service (EPTS): The Soldier had the genetic disease before they entered the Service, and it is not a matter of if they will manifest the disease but only a matter of when they will manifest the disease. As such, these conditions are not duty related and therefore non-compensable.

g. Paragraph 4-8b(4)(a)(1) of AR 600-8-4, Line of Duty Policy, Procedures, and Investigations (12 November 2020) states:

"(1) The term "EPTS" may be added to a medical diagnosis if there is a preponderance of evidence the injury, illness, or disease or underlying condition existed prior to the current period of military service or it happened between periods of active service. Included in this category are chronic diseases with an incubation

period that clearly pre-vents a conclusion that the injury, illness, or disease started during short tours of authorized training or duty."

h. The AR 600-8-4 glossary definition of existed prior to service, same for 2004 and 2020:

"Any injury, disease, or illness, to include the underlying causative condition, which was sustained or contracted prior to the present period of AD or authorized training, or had its inception between prior and present periods of AD or training is considered to have existed prior to service. A medical condition may in fact be present or developing for some time prior to the point when it is either diagnosed or manifests symptoms. Consequently, the time at which a medical condition "exists" or is "incurred" is not dependent on the date of diagnosis or when the condition becomes symptomatic. (Examples of some conditions which may be pre-existing are slow-growing cancers, heart disease, diabetes, or mental conditions, which can all be present well before they manifest themselves by becoming symptomatic.)"

i. Counsel states that a line of duty determination was required. This is not the case for purely genetic conditions.

j. Counsel states that the disability evaluation assessment process involves two distinct stages: the MEB and PEB. This is only true for Soldiers going through the duty-related DES process.

k. Counsel states the condition were permanently aggravated by her military service. No evidence of this was presented nor found in the EMR. Her Army National Guard Current Annual Points Statement (NGB Form 23A) shows she was a drilling from 1 October 2021 until her separation on 31 July 2023.

l. Permanent service aggravation is addressed in Paragraph 4-8b(4)(a)(4) of AR 600-8-4, Line of Duty Policy, Procedures, and Investigations (12 November 2020) states:

"Service aggravation is defined as a permanent worsening of a pre-service medical condition over and above the natural progression caused by trauma or the nature of military service. A permanent worsening of a condition, as a result of the performance of military duties, is required to find there is service aggravation."

m. The applicant was placed on a duty limiting permanent physical profile for these non-duty related disabilities 6 May 2023. The WAARNG notified her of these non-duty

medically disqualifying conditions on 15 June 2023. They gave her a suspense of 31 July 2023 to request a line of duty determination (LODD) if she believed these to be related to her military service.

n. There is no evidence that such a LODD request was initiated; and as the condition is a genetic disease, it would have been found not to have occurred in the line of duty.

o. There is insufficient probative medical evidence the applicant had any duty incurred medical condition which failed the medical retention standards of chapter 3 of AR 40-501, Standards of Medical Fitness, prior to her discharge. Thus, there was no cause for referral to the Disability Evaluation System.

p. JLV shows he has been awarded multiple VA service-connected disability ratings, including ratings for limited motion of the jaw, degenerative arthritis of the spine, and generalized anxiety disorder. However, the DES only compensates an individual for permanent service incurred medical condition(s) which have been determined to disqualify him or her from further military service and consequently prematurely ends their career. 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; or which did not cause or contribute to the termination of their military career. These roles and authorities are granted by Congress to the Department of Veterans Affairs and executed under a different set of laws.

q. It is the opinion of the ARBA medical advisor her genetic condition was not duty related and thus a referral of her case to the DES is unwarranted.

BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the applicant's military records, 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 review based on public law, policy, and regulation.

a. Placement on the PDRL at 100% with associated backpay and allowances. Deny. The Board concluded the applicant has not demonstrated that the condition was incurred or permanently aggravated in the line of duty. The request for placement on the PDRL at 100% with back pay and allowances does not meet the statutory or regulatory requirements for relief.

b. Referral to the DES. Deny. The Board reviewed and concurred with the medical advisor's review finding insufficient medical evidence the applicant had any duty incurred medical condition which failed the medical retention standards prior to her discharge. Therefore, the Board concluded referral to the DES was not warranted.

2. The applicant's request for a personal appearance hearing was carefully considered. In this case, the evidence of record was sufficient to render a fair and equitable decision. As a result, a personal appearance hearing is not necessary to serve the interest of equity and justice in this case.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
:XX	:XX	:XX	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.

[redacted]

X //SIGNED//

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.

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. 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 15-185 (ABCMR) prescribes the policies and procedures for correction of military records by the Secretary of the Army, acting through the ABCMR.

The ABCMR begins its consideration of each case with the presumption of administrative regularity, which is that what the Army did was correct.

a. The ABCMR is not an investigative body and decides cases based on the evidence that is presented in the military records provided and the independent evidence submitted with the application. The applicant has the burden of proving an error or injustice by a preponderance of the evidence.

b. The ABCMR may, in its discretion, hold a hearing or request additional evidence or opinions. Additionally, it states in paragraph 2-11 that applicants do not have a right to a hearing before the ABCMR. The Director or the ABCMR may grant a formal hearing whenever justice requires.

6. Army Regulation 635-40 (Personnel Separations Disability Evaluation for Retention, Retirement, or Separation), 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.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. AR 37-104-4 (Military Pay and Allowances Policy) states, only the Director, DFAS–IN may make settlement actions affecting the military pay accounts of Soldiers as a result of correction of records by the ABCMR per provisions of AR 15–185.

//NOTHING FOLLOWS//