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Medical mystery

Only Army will speculate on what's behind disparities in disability ratings, payments

By Kelly Kennedy

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The Marine Corps has no answer for why enlisted Marines have lower average disability payments than other service members.

The Navy is still trying to figure out why its officers get higher disability ratings than enlisted sailors — by 17 percentage points.

The Air Force doesn't know why enlisted airmen get several hundred dollars more per month in average disability retirement pay than soldiers.

The Army, at least, has ventured some guesses. Lt. Col. Robert Tallman, an Army spokesman, suggested that the Air Force and Navy have higher disability payments because their people average more years of service when they go through the disability system.

But no one knows for sure. An Army inspector general report released in early March noted that no one looks at disability retirements as a whole to check for consistency and fairness, so any explanations for the statistics are conjecture at best.

Cases are handled individually, rather than to see whether, for example, 200 soldiers who were processed out of the Army because they're blind in one eye received the same percentage disability ratings — or any ratings at all.

And so what's left is speculation. Tallman theorized that because soldiers and Marines tend to do more heavy labor, their bodies may break down sooner, causing them to medically retire earlier than sailors or airmen — and disability payments are based in part on active-duty pay at the time of medical retirement.

Tallman also said that because officers are medically retired in lower numbers than enlisted members, a small portion of very high disability ratings among officers could skew the data.

Army Times based its calculations on the total number of medical retirees receiving disability retirement pay from the military services in 2005 — 22,074 officers and 67,437 enlisted members. The figures include only those who were medically retired, not those who received one-time severance pay.

'Certainly not'

Tallman said the apparent disparities in average payments are "certainly not because the Army is trying to save money."

And the fact that a larger proportion of injured officers get higher disability ratings than enlisted members is "certainly not" because the evaluation boards "have a thing for officers and are intentionally giving them higher ratings," he said.

An Army Times analysis of five years of data from the Defense Department Office of the Actuary showed disparities in two areas — average disability payments among the services, and percentage disability ratings between officers and enlisted members.

Average disability pay for all injured Air Force officers in 2005 was \$2,604 per month, about \$600 more than the average for Army officers. The average payment for injured enlisted airmen was \$926 per month, compared with about \$770 per month for enlisted soldiers. Enlisted Marines had the lowest average, \$753 a month.

One possible explanation is that the large number of soldiers and Marines in Iraq and Afghanistan coming into the system, who skew young, are being hurt earlier in their careers, and thus get lower average disability pay based on rank and time in grade.

In the enlisted ranks, the explanation seems plausible. Injured enlisted soldiers and sailors both

averaged nine years in uniform, with the sailors averaging only about \$50 a month more in disability pay. Enlisted airmen average 12 years of service at medical retirement, and enlisted Marines average five years, which could explain their respectively higher and lower average payments.

But the argument does not seem to hold for officers, according to Office of the Actuary data. Army, Marine and Air Force officers who went through the disability system in 2005 averaged 13 years of service, yet average payments for Air Force officers were about \$600 more per month. Average time in service for injured Navy officers was 11 years.

Army Times also compared the percentage disability ratings of officers and enlisted members. From 2003, the year the Iraq war began, through 2005, the latest year for which data are available, the proportion of officers who received disability retirement ratings of 50 percent or more significantly outpaced the proportion of enlisted members who received similar ratings.

Tallman said the differences between officers and enlisted members could be because officers have more time in service when injured, on average, than enlisted people.

However, although time in service affects dollar payments, it should not have anything to do with disability ratings percentages, which measure only the severity of an injury.

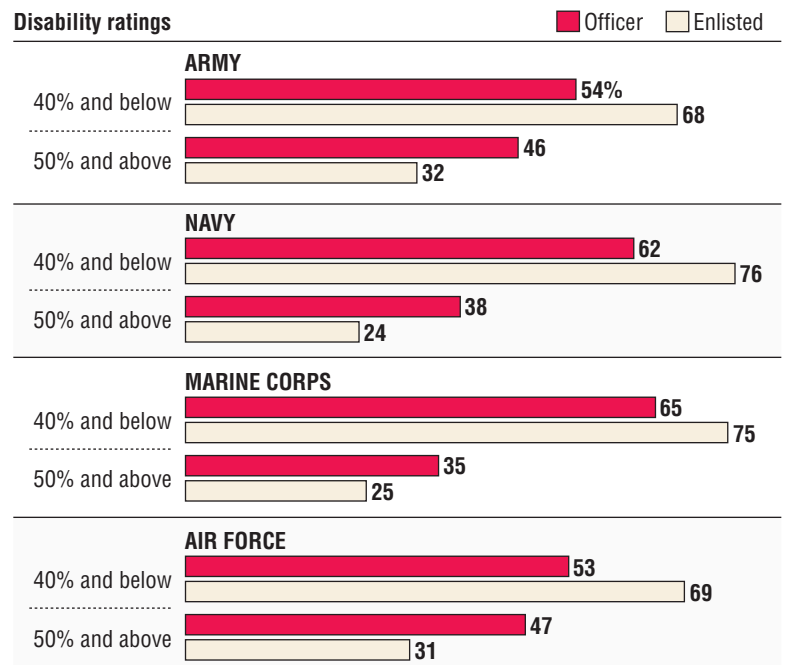
Written off too quickly?

Retired Army Lt. Col. Mike Parker, who has helped several troops through the process, said the type of duties service members perform also may play a role in the disparities in the disability payment and ratings data.

Service members go before a medical evaluation board if doc-

DISABILITY RETIREMENTS

Significant disparities in the percentages of injured officers and enlisted members who get higher disability ratings are seen in every service. But this is not just a recent wartime phenomenon; similar gaps exist in the total population of all people receiving military disability retirement pay, regardless of when they were medically retired. The proportions of all current medically retired officers and enlisted members with disability ratings of 40 percent and below, and 50 percent and above, by service:



Source: Defense Department Office of the Actuary, Military Times calculations

JOHN HARMAN/STAFF

tors or commanders realize the members may not be able to do their job because of injury.

After an examination and gathering of relevant records, the medical evaluation board sends members on to a physical evaluation board, which first determines whether members are fit for duty, and if not, what ratings they will receive for the injuries ending their military careers.

The physical evaluation boards "should have more ability to reclassify soldiers to keep them in the service," Parker said.

He noted another problem, at least in the Army, that he said may push more enlisted people than necessary into the disability retirement pipeline in the first place.

Parker noted that the recent Army IG report found the Army is not sending soldiers first to an MOS/Medical Retention Board, as required, to see if, for example, an injury that disqualifies someone from continuing to serve as a military policeman might still allow them to serve in some other job.

All active-duty personnel are supposed to appear before a retention board within 60 days of receiving a permanent medical pro-

file due to a disability. The IG report found commanders either did not know about the board, or preferred to send the soldiers to a physical evaluation board and start the separation process so they could replace them with fresh troops. Two-thirds of commanders interviewed by the IG said the retention-board process takes too long and only delays the separation process.

"As a result, the Army separates soldiers with good knowledge and skills because of a condition considered unfitting for their current military duty, even though they could perform other types of duties," the report stated. Despite all the problems noted with the disability retirement system in recent weeks, Parker said that after reading the IG report and listening to comments from senior officials about overhauling the system, he's hopeful that positive changes are on the way.

Tallman supported that view. "All leaders up and down the chain," he said, "are 100 percent committed to fixing those things that are broken" in the current medical and physical evaluation board system. □



Parker