

"We are in the midst of a business-process review that will generate improvements to program effectiveness, including timeliness goals for processing cases and standard definitions of start and end points, as well as other metrics to ensure that progress can be accurately measured over time against common metrics," Upton said. "We are especially concerned with a balance of what constitutes prompt adjudication, while maintaining reasonable flexibility within the system to ensure recoveries are not inappropriately rushed."

Fit for duty?

Army Lt. Col. Mike Parker was diagnosed with reactive arthritis, which causes painful swelling and eventual calcification of the joints. He was put on drugs that suppress his immune system but kept on active duty — although his medication must be refrigerated and he must remain near specialized medical care.

With a suppressed immune system, there is no chance of him being deployed, much less to a combat zone. "If I get shot, it's not good," he said. Though pleased that he could continue to serve, he wondered how a medical evaluation board could find him fit. After he talked to a dozen other service members from all branches with similar diagnoses of reactive arthritis or ankylosing spondylitis, he realized they were all evaluated based on different criteria. He produced hundreds of pages of medical records, letters and rulings to support his claims.

Some were handed disability ratings that would provide them with the \$20,000 in drugs that they would need for the rest of their lives, while others were told they had pre-existing conditions and given no benefits. Still others — including some with medical evidence proving otherwise — were told that because their diseases had improved and would not worsen, their disability ratings were based on the idea that they had improved from chronic illnesses that, in reality, could worsen.

Parker began making calls — to lawmakers, doctors, veterans' groups and the media. He sought out troops having problems and offered to help them through the process, piecing together medical paperwork to make sure people got what they deserved.

He said he has seen case after frustrating case of the services ignoring their own rules. For example, an evaluation board is supposed to provide "clear and unerring evidence" for a ruling that a particular condition is pre-existing — but Parker said that often does not happen.

He cited a Marine who received a 10 percent disability rating for post-traumatic stress disorder from a Navy physical evaluation board — and was later rated at 50 percent for the same condition by the VA, using the same ratings

schedule and medical records.

In May 2003, Army Cpl. Richard Twohig was thrown from an armored personnel carrier in Iraq. The 82nd Airborne Division paratrooper landed on his head, said his lawyer, Mark Waple of Fayetteville, N.C.

Twohig suffers headaches at least once a week that last up to 14 hours, as well as short-term

memory loss, and is dependent on pain medication.

"This is well-substantiated by his doctors — Army medical doctors," Waple said.

But his physical evaluation board rated him only 10 percent disabled for another injury because he had no substantive proof the headaches were a result of the accident — even though regula-

tions call for evaluation boards to give troops the benefit of the doubt in such instances. "I believe it is budget-related," Waple said. "I believe that there is a feeling the service member should turn to the VA for both their health care and their veterans' benefits."

Twohig can't work because of the disabling headaches, and even if he receives VA benefits, his family

has lost its medical insurance. And if a physical evaluation board rules that injuries are not related to service or were pre-existing conditions, troops are not eligible for VA benefits, either.

Waple said he began helping soldiers through the physical evaluation board process in the 1970s

See **DISABLED** next page

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