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NewsLines

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RANK INJUSTICE

How wounded soldiers are short-changed on disability ratings

By Kelly Kennedy

kellykennedy@militarytimes.com

The Army and Marine Corps, which are bearing the brunt of the burden in Iraq and Afghanistan, tend to give their wounded troops lower disability ratings than the Navy and Air Force, according to Defense Department data.

The result: Soldiers and Marines receive an average of several hundred dollars per month less in disability retired pay than sailors and airmen.

Break those numbers down a different way, and the system shows another inequity: All services tend to grant officers disability ratings of 50 percent or higher at a significantly greater rate than enlisted members.

Critics say those figures support their contention that the Army, in particular, purposely tries to hold down costs by giving low ratings to enlisted soldiers who far outnumber officers going through the lengthy, convoluted system.

As of March 9, service officials did not have immediate answers for the data differences among the services, though Army officials suggested one factor might be that more young soldiers with less time in service, and lower basic pay, may account for lower average payments.

After digging through five years of reports from the Defense Department's Office of the Actuary, Military Times found the average payment for a disabled Air Force officer in 2005 was \$2,604 per month, about \$600 more than the Army's average. For enlisted airmen, the average payment was \$926 per month, compared to an average of about \$770 per month for enlisted soldiers. Enlisted Marines averaged \$753 a month.

Military Times also compared the disability ratings of officers

DISABILITY PAYMENTS

The Army is bearing the brunt of ground combat in Iraq and Afghanistan and has far more seriously wounded troops than any other service. Yet average disability retirement payments for Army officers are the lowest of any service, and payments for enlisted soldiers are the second-lowest. The number of people on disability retirement and average disability retirement payments for officers and enlisted members, by service, in 2005:

| OFFICER | | |
|--------------|---------------------|-------------------------|
| | Disability retirees | Average monthly payment |
| Army | 9,821 | \$2,009 |
| Marine Corps | 1,795 | \$2,266 |
| Navy | 4,206 | \$2,337 |
| Air Force | 6,252 | \$2,604 |
| ENLISTED | | |
| | Disability retirees | Average monthly payment |
| Army | 25,675 | \$770 |
| Marine Corps | 7,534 | \$753 |
| Navy | 19,392 | \$818 |
| Air Force | 14,836 | \$926 |

Source: Defense Department Office of the Actuary

JOHN HARMAN/STAFF

and enlisted members above 50 percent. 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 — and the comparatively larger retirement checks that come with them — significantly outpaced the proportion of enlisted members

who received similar ratings.

The smallest gap was in the Marine Corps, where 30 percent of injured officers received disability ratings of 50 percent or higher from 2003 through 2005, compared to 20 percent of injured enlisted members, a difference of 10 percentage points.

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'We're going to fix it'

Officials identify problems, make promises for Walter Reed

By Kelly Kennedy

kellykennedy@militarytimes.com

After two weeks of emotional testimony laying out problems in the Army medical system that reach much further than lost medical files and bad ratings, Army officials have acknowledged the problem — and are rushing to put solutions in place.

"I couldn't be madder and I couldn't be more ashamed," Gen. Peter Schoomaker, Army chief of staff, said at a hearing March 5.

Army Vice Chief of Staff Gen. Richard Cody described the long list of problems he saw in the medical health care system after focusing "all of my attention" on it for two weeks:

■ Regulations that have not been updated for 50 years and are "needlessly cumbersome."

■ Information overload for soldiers trying to make their way through the disability evaluation system.

■ Overworked case managers with poor training.

■ Understaffed Medical Hold Unit employees.

■ Poorly maintained facilities with rooms that are not inspected for mice, mold or loose drywall.

■ No follow-up process with the soldiers' home units.

■ Too few liaison officers between the medical evaluation and physical evaluation boards, some of whom are only privates first class without the experience or rank to properly handle cases.

■ No top-level oversight.

"We owe the soldiers a quality of care that is at least equal to their quality of service to this nation," Cody said.



SHEILA VEMMER/STAFF

From left, Army Chief of Staff Gen. Peter Schoomaker, acting Army Secretary Pete Geren and Gen. Richard A. Cody, vice chief of staff of the Army, testify during a hearing on outpatient treatment at the Walter Reed Army Medical Center in Washington.

After Army Surgeon General Lt. Gen. Kevin Kiley relieved Maj. Gen. George Weightman, Walter Reed's commander, and Defense Secretary Robert Gates had Army Secretary Francis Harvey step down, the Army has devised several quick solutions to the problems, and is setting up avenues to look for new ones. A defense department independent review group is also looking at the situation.

Schoomaker called the problems documented at Building 18, where some of Walter Reed's outpatient

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soldiers lived in squalid conditions, a "metaphor for a much bigger problem."

Kiley said the processes and regulations are "complex and demand urgent simplification," and talked about redoing 22 convoluted forms. He also said all outpatients have been moved out of Building 18, and the conditions

of all buildings at all medical installations are being reviewed.

New command, new process

Cody said the Army is overhauling the entire command structure that oversees the medical hold and holdover units at Walter Reed.

The Army's Medical Service Corps is no longer in charge of outpatient soldiers awaiting treatment and paperwork processing. Col. Ronald Hamilton, the commander of the medical center brigade, along with the sergeant major, first sergeant and all platoon sergeants in the medical hold unit, have been relieved.

Cody announced March 8 the creation of a new position, deputy commanding general of Walter Reed, who will specifically be assigned to help soldiers make it through the outpatient process.

Brig. Gen. Michael Tucker, who most recently served as deputy commander of the U.S. Army Armor Center at Fort Knox, Ky., will fill that position. A new Wounded Warrior Transition Brigade, staffed by combat-arms troops, will replace the Medical

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