

Board recommends single disability system for services

By Kelly Kennedy

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A commission appointed by Defense Secretary Robert Gates unveiled recommendations April 11 that could completely change the way disability retirement benefits are determined — and cost the Defense Department millions of dollars in back pay to service members with low disability ratings.

The commission also called for more funding for research on traumatic brain injuries and post-traumatic stress disorder.

“We are very unified in our belief that the horrors inflicted on our service members [through the disability evaluation system] must be addressed,” said Togo West Jr., co-chairman of the commission, at a meeting April 11 to discuss its draft report.

But the group went beyond assessing problems with the disability system and conditions of medical facilities that have made headlines in the wake of the situation at Walter Reed Army Medical Center; it also said not enough is being done for service members with traumatic brain injuries and PTSD.

The commission cited inconsistent treatment, poor training, a lack of identification techniques for brain injuries and PTSD, insufficient research efforts, declining military mental health staff, low compensation for loss of use of a limb, and a “cumbersome, inconsistent and confusing” evaluation process.

The board also recommended:

- The services determine fitness for duty, while the Department of Veterans Affairs determine compensation.

- One system be created for all services to evaluate disabilities for soldiers, airmen, Marines and sailors, rather than each service having its own system.

- The undersecretary of defense for per-

sonnel and readiness review all disability decisions lower than 30 percent since 2001 for consistency and compliance with regulations.

- A new disability rating system be created that can be updated as injuries and medical care change.

- Better screening to identify traumatic brain injuries.

- A single examination suffice for both Defense Department and VA medical evaluations.

- Active-duty and reserve component troops on medical hold status be combined into one unit.

Commission members said they were disheartened to find that their investigation substantiated many of the problems cited in recent months by Army Times and other news publications.

Members said they think Army regulations need to be completely revamped, and the best way to do that might be to allow the Defense Department to run one disability retirement system for all the services.

An Army Times analysis of Pentagon data showed airmen average higher disability payments than other service members, even without the traumatic injuries soldiers and Marines face, and that officers tend to get higher disability ratings across the board than enlisted members. Critics have said one system may make those ratings more equitable.

“These problems and failures ... are not going to go away this time because there’s so much attention focused on them,” West said.

Maj. Gen. Eric Schoomaker, Walter Reed’s new commander, told the board much has already been done to address the issues.

“We’re going to solve this,” he said. “We will not rest until these problems are solved.” □

Health

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Guard; Baumann was one of his soldiers.

Miller said Baumann’s records were lost. His Army doctors said he had PTSD, but the CBHCO doctors determined he did not. His psychological exam was more about searching for his records, Miller said, as Baumann tried to prove he’d witnessed a traumatic incident.

“What’s a guy supposed to do?” Miller said. “You get shot in the battlefield, and you pull an affidavit out of your back pocket and ask your buddies to sign it?”

After watching many soldiers endure similar problems, Katie Morissette created Operation Golden Soldier. Her Web site, <http://www.operationgoldensoldier.com>, is designed to help them through the medical evaluation process. She said her phone rings “nonstop.”

She knows of these issues firsthand — her husband, Maj. Bill Morissette, was a company commander in the California Guard who entered the CBHCO program after he hurt his back.

After a year, he was dropped too, she said. “After one year on CBHCO, he had no discharge physical — and his soldiers



LEZLIE STERLING

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didn’t either,” she said. “They just kick them out.”

An Army physician diagnosed him with multiple sclerosis, but as he began the medical evaluation board process, another doctor diagnosed him with fibromyalgia — which garners a lower rating on the disability evaluation chart. Morissette paid for a civilian doctor to look at him again, who reinforced the initial Army physician’s diagnosis of multiple sclerosis because he has lesions on the front of his brain.

“The Army won’t even look at” the civilian doctor’s report, she said.

“And his command? They haven’t called in three years.” □

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