

Who's fit for duty?

GAO finds medical evaluation boards inconsistent

By Kelly Kennedy
TIMES STAFF WRITER

Lt. Col. Mike Parker started having back problems eight years ago.

He couldn't carry heavy packs. He had to be near medical facilities. And he needed to keep his medication refrigerated.

He was sent before a medical evaluation board last fall to determine whether, after 18 years in uniform, he could still do his job and stay until retirement.

The board found he was fit for duty as an acquisitions officer. "And that was the end of the story," Parker said.

Almost. While doing research about his disease, Parker found another service member, Air Force Staff Sgt. Robert Booth, who took the same medication for a similar autoimmune disease that causes back problems: Parker has reactive arthritis; Booth has ankylosing spondylitis.

But Booth's medical board found that because, like Parker, he needed to remain near medical facilities and refrigerated medication, he was unfit for duty.

Booth, an 18-year veteran, was medically discharged last fall with a 10-percent disability rating; no retirement, no medical benefits.

Parker said that made him realize he could have been the one "given the boot without retirement."

"I couldn't believe how low [others] were being rated," he said, emphasizing he spoke only for himself, not his command. Parker continued researching his disease and contacted other service members going through the medical evaluation process. He discovered the system was being swamped by thousands of claims filed by a new generation of soldiers.

From 2001 through 2004, the number of active-duty and reserve claims made with the Army Medical Evaluation and Physical Evaluation boards nearly doubled from 7,218 in 2001 to 13,748 in 2005.

A soldier goes before a physical evaluation board if a medical evaluation board determines he is not able to do his job. The physical evaluation board then determines how much the Defense De-

NAVIGATING THE BOARDS

The medical evaluation process can be confusing, but understanding it can mean the difference between staying in the military or being kicked out, as well as getting medical benefits after being discharged — or not.

Here's how the process works:

■ A physician evaluates the soldier's injury or disease.

■ The doctor's report initiates the medical evaluation board process. At least two doctors informally decide whether that soldier can return to duty. If so, he goes back to work — process over. That's all supposed to happen within 30 days of the first diagnosis, according to Army regulations.

■ If not, the medical evaluation board doctors forward their evaluation of the soldier deemed not fit to return to duty to the Physical Evaluation Board. The soldier selects a counselor, either from the Army or a civilian provided by the Disabled American Veterans.

Without the soldier present, the Physical Evaluation Board conducts an informal assess-

ment. Three voting members — a combat arms colonel, a personnel management officer and a physician — look at the evidence and decide whether the soldier is fit for duty. If so, the soldier is returned. If not, the board assigns that soldier a disability rating, based on injury- or disease-specific factors.

■ If the disability rating is at least 30 percent, the soldier gets medical benefits for life as well as the same percentage of base pay.

If it is lower, the soldier receives a one-time severance payment, calculated by multiplying his number of years in service by his monthly pay, and then doubling the total.

■ The soldier then talks with his counselor about whether he should accept the recommendations or request a formal hearing. The government does not argue its case against the soldier — the board is there to hear the evidence from the soldier.

If the soldier is still not satisfied, he can appeal to the Physical Disability Agency — the Department of Defense's oversight agency.

partment will compensate the soldier.

A report by the Government Accountability Office released in March found that no one is checking the consistency of the boards' decisions — whether some soldiers' claims are rejected as others with similar disabilities earn benefits, for example.

In April, the House slipped a section into the 2007 defense authorization bill aimed at helping soldiers make their cases during physical evaluation boards, a change Parker has been pushing for.

The House bill, seeking to expedite claims and bring some consistency to rulings rendered in cases involving similar medical condi-

tions, mandates that physical evaluation board members document each item in their decisions, and that the secretary of defense establish training procedures for counselors who help soldiers through the board process. The bill also mandates changes to make sure decisions are handled in a timely manner and requires the secretary of defense to ensure the new policies are enforced.

An advocate for consistency

After his medical board ruled he could resume his military duties, Parker began spending his spare time digging into the cases of a dozen troops with the same disease.

He noticed the same patterns emerging — patterns that left the soldiers, sailors and airmen he talked with confused and sometimes bitter about the way their

cases had been handled. He provided Army Times with documentation for a half-dozen of those cases.

Parker started making phone calls — a lot of phone calls — on the service members' behalf, and set up an in-person meeting with a House Armed Services Committee staffer in early December.

Randy Reese, national service director for Disabled American Veterans, said his organization is monitoring the defense bill and that he has worked with Parker. DAV provides civilian counselors for soldiers who request them during the physical evaluation board process.

"There's been a lot of change because of Lieutenant Colonel Parker," Reese said. "Service members often get low-balled because there are no checks and balances. I think there is room for improvement. It doesn't take a big regulation, just a little language and the impact can be dramatic."

Parker was diagnosed with reactive arthritis, a disease similar to "ankylosing spondylitis" in which the immune system response goes haywire and attacks beneficial protein along with invading bacteria. That causes the joints in the spine to inflame, triggering severe, chronic pain where the spine joins the pelvis.

Parker takes Enbrel, a drug that suppresses his immune system — which causes problems of its own. If bad bacteria attacks while he's taking Enbrel, his body can't fight back, which is why he needs to be near a medical facility.

"If I get shot," Parker said, "it's not good."

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