

Darnall professionals lead injured or wounded Soldiers through medical evaluation system

By Patricia Deal, CRDAMC Public Affairs

FORT HOOD, Texas--Even after they've done all that they can for the injured or wounded Soldiers they treat, the care and concern shown by the medical professionals at Carl R. Darnall Army Medical Center doesn't end with that final entry in the Soldiers' medical records.

"We may have run the gamut of medical treatment to try to fix their issues. Sometimes though, even with multiple surgeries, medications, therapies, there just comes a point when we can't do anything more for the Soldier," explained Lt. Col. Charles Chitwood, chief of the CRDAMC Medical Evaluation Board and Disability Evaluation System (MEB/DES) Clinic. "We then have to make decisions as to what's best for the Soldier and still meet the needs of the Army."

Soldiers with complex and/or multiple medical conditions that prevent them from performing their jobs or deploying are deemed "medically not ready" by the Army and must undergo a fitness and disability evaluation process, Integrated Disability Evaluation System (IDES), which ultimately determines if they can continue in the Army. The IDES consists of the Medical Evaluation board which first evaluates and assesses the Soldier's medical condition to determine if the Soldier meets Army retention standards. The second phase of IDES is the Physical Evaluation Board, which determines if a Soldier is fit to perform their military duties. IDES now includes the Department of Veterans Affairs component which determines disability ratings.

Soldiers are referred to the MEB Clinic only after all medical options have been exhausted to fix whatever medical conditions they may have, according to Chitwood. It's a comprehensive process, involving thorough exams and complete medical documentation, and not something the providers take lightly at the clinic.

"Our providers at the clinic just do MEBs. They are experienced and knowledgeable of the Army retention standards. They spend a lot of time with the Soldier, with appointments usually running 1 1/2 hours. No other place in the military care system does a patient get so much time with their doctor," he said. Chitwood is personally very knowledgeable of the MEB process, as he said he has experience with the process both as a patient, and as a physician.

Recommendations from an MEB are either return to duty, return to duty with limitations, or refer to a Physical Evaluation Board. The PEB is the determining authority for whether Soldiers are fit or unfit for duty and for continued service in their primary job classification.

"The majority of Soldiers going through the MEB are retained on duty. Many may just require a certain amount of time for recovery and or rehabilitation or some type of restrictions of duty," Chitwood said.

If Soldiers disagree with the MEB findings, they have the right to appeal and can request an impartial medical review. As the entire IDES process is often complex and detailed, the MEB/DES staff is available to help the Soldiers every step of the way.

Each Soldier is assigned a Physical Evaluation Board Liaison Officer (PEBLO) who serves as that Soldiers' "go to" source for the entire process. According to Melissa Evans, MEB/DES supervisor, PEBLOs help Soldiers by counseling them on all the steps required, reviewing findings/reports, and informing them of their rights in each phase. They conduct a weekly standard IDES briefing with other community representatives. They arrange all associated appointments and help them with required paperwork, such as VA claim forms. They also refer Soldiers to other resources as necessary such as legal or outside assistance programs. They keep Soldiers informed of the status of their case.

"We have a staff of dedicated professionals who work hard for each Soldier. People just don't realize the amount of time and effort that goes into the process," she said. Evans knows the demands well, as she started working with MEB as a clerk in 2001. "It's a difficult job sometimes, as we must remain unbiased, yet sensitive, to the Soldiers. It can be frustrating, too, as sometimes unforeseen circumstances can put hurdles in the process. But we all stay focused on taking care of the Soldier."

After the initial findings of MEB as to retention determination, Soldiers are referred to VA coordinators who are co-located with the MEB clinic to have an evaluation of their referred medical conditions. The VA medical providers also do their own comprehensive medical exam on the Soldier to determine a single disability rating as established by the Department of Veterans Affairs guidelines.

Having the VA portion co-located with the MEB clinic is a definite advantage for Soldiers, both Chitwood and Evans agreed. Before, veterans would have to wait months and months just for appointment to be seen by a VA provider. Now it's just one means to help streamline the process.

If the MEB recommends referral to the PEB, the Soldier's packet to include all medical and administrative documentation is forwarded for final disposition. The PEB reviews all the evidence and recommendations from the MEB, and then measures the Soldiers' medical condition or conditions against the physical requirements specified in order to perform the duties of their current job skill.

A referral to the PEB doesn't always mean Soldiers will be found unfit or discharged from the Army. If a Soldier is found unfit, the PEB determines the type of medical separation: separated with severance pay, separated without severance pay or retired. Soldiers rated below 30 percent are separated with or without severance pay.

As with the MEB, Soldiers also have options for appealing during the PEB process.

Getting from the MEB determination to PEB finding to the first disability paycheck can seem like a long and drawn out process, and the Department of Defense and the VA are working to lessen the processing times.

“Normally a case, with one condition for review and no appeals, can go through the system in less than 90 days,” Chitwood said. “Yet other cases may go a year or more, depending on how complex they are. Soldiers may start out with one condition, but then discover other conditions along the way. The appeals process also adds time, as does any recovery and rehabilitation periods.”

Despite the ever-increasing caseload, Chitwood and Evans believe the clinic is making great strides in reducing the backlog and to streamline the process.

There are things Soldiers can do to help make the process go quicker, too, Evans said.

“Do not miss any of your appointments. Keep everyone concerned informed as to your status and always provide accurate contact information. Be informed. Ask questions of your PEBLO if you don’t understand something,” she suggested.

Soldiers can track the progress on their MEB via the My MEB portal on AKO.

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PEBLO.jpg

Harvey Holt, a Physical Evaluation Board Liaison Officer (PEBLO) at the CRDAMC Medical Evaluation Board Clinic, reviews documentation with a Soldier who is going through the Army’s Integrated Disability Evaluation System. The IDDES system, comprised of the Medical Evaluation and Physical Evaluation Boards, ultimately determines if a Soldier is fit to perform their military duties. IDDES now includes the Department of Veterans Affairs component which determines disability ratings. (U.S. Army photo by Patricia Deal)