

The... waiting wounded

A slow medical evaluation process leaves many injured troops in limbo. Some settle for low disability ratings and long waits for VA health care

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Leaning over the sink in an almost-clean barracks bathroom across the street from Walter Reed Army Medical Center, Pvt. Robert Van Antwerp, 20, quickly sheared the hair of his new roommate into a fresh crew cut.

"This is what my dad does when he really wants to get to know someone," Van Antwerp said, referring to Lt. Gen. Robert Van Antwerp, head of the Army's Accessions Command. "He cuts hair. Now it's a family tradition."

His dad told him people reveal their deepest secrets while sitting in a barber's chair, he said. It builds that sense of camaraderie — of taking care of each other.

"I cut hair the whole time I was in Iraq," he said.

But as he cut, Van Antwerp revealed much more about himself than did his customer — who fell asleep in Van Antwerp's gentle hands.

A pale scar creates a deep furrow connecting Van Antwerp's eyebrows. Doctors replaced bone with titanium after he fractured his skull. Bare-chested as he trimmed, Van Antwerp has a deep, laddered line from beneath his sternum to at least the top of his sweatpants. A blast ruptured his spleen and ripped out his colon. Pushing up his left pant leg as he told his battle story, Van Antwerp showed

where three ligaments tore away from his knee, and then pointed out the scar from his broken tibia.

Above his heart, the ranks and last names of two dead friends are etched in ink. But he calls a friend to ask their first names. Short-term memory loss arrived for Van Antwerp in the same attack that killed his buddies.

In Bayji, Iraq, a suicide bomber drove a vehicle beside the truck Van Antwerp drove for the 101st Airborne Division and set off an improvised explosive device, killing Pfc. Alex Gaunky and Spc. Vernon Widner on Nov. 17, 2005. Van Antwerp said he believes in one of the Army's oft-repeated mottoes: "No soldier left behind."

He will always carry his friends with him.

Yet when it was time for the Army to take care of him, one of its wounded warriors, Van Antwerp gave up before he even began. Rather than fight for a higher disability rating, he quietly signed for 20 percent — and no medical benefits — saying he knew he couldn't do better. He inherited his father's stubbornness, he said, and refused to ask anyone to pull strings based on his dad's rank. Then his first medical board counselor, the person who would help him make his way through the medical evaluation board system, left. The second, he said, "wasn't on the ball."

"The Army is trying to give you the lowest amount of money possi-



Buchanan



Hamilton

ble," he said. "A lot of people are appealing, but I'll be going to [the Department of Veterans Affairs]. I want to go home."

Van Antwerp is one of thousands of wounded troops rushed from the war zone for health care and then stranded in administrative limbo. They are at the mercy of a medical evaluation system that's agonizingly slow, grossly understaffed and saddled with a growing backlog of cases. The wounded soldiers, sailors, airmen and Marines are stuck in holding companies awaiting hearings and decisions on whether they will continue their military service or be discharged, and if so, at what level of benefits — if any.

In 2001, 10 percent of soldiers going through the medical retirement process received permanent disability benefits. In 2005, with two wars raging, that percentage dropped to 3 percent, according to the Government Accountability Office. Reservists dropped from 16 percent to 5 percent.

Soldiers go to VA to try for more



NAVIGATING THE MEDICAL 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 assessment. 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 Defense Department's oversight agency.

benefits, but the department had a staggering 400,000-case backup on new claims in fiscal 2006, according to VA.

For that reason, Van Antwerp faces another wait at VA. Cases there have an average of a one-year wait. And this is important because it may take a while before Van Antwerp, who must carry a

notebook to remember his daily chores, can make his way back to the work world.

Perhaps more important, many of the soldiers leaving Walter Reed face post-traumatic stress disorder. Studies have shown that if soldiers receive treatment within a year, they fare much better.

Van Antwerp has been a patient