

Medical Boards:

#1. The worst mindset that a service member can have when they become injured in service is to cover it up and work through the pain and hence refuse medical treatment. I say this because no documentation equals, no service connection, and once you get out of service you will have no proof that it happened in service, so you basically end up giving the VA and military a pass. While I am well aware of the culture that exists within the military where nobody wants to admit they are injured because other service members will talk a lot of trash about you being weak, I would also point out that I have never seen a single service member that talked trash pay for the injured veteran's bills! It's up to you to report it, because that guy talking all his junk, WILL NOT provide for you and your family once you discharge from service! Which is why if you become injured especially with a life changing injury, you will seriously want to consider the Medical Board process.

#2. Oftentimes injured service members tell me that they have been referred to as a MALINGERER for being injured in service. This is the point where I like to mention that there is a culture of this way of thinking in the military. You're taught in service that you're bigger, stronger, faster and tougher than anything. I once worked with a WWII combat veteran that was shot in the head twice, survived both gunshots, and was then called a malingerer for seeking medical attention after 3 weeks of being in sick bay over in Europe. Heck, I served with a guy named "Smitty", who used to call me a malingerer for being hospitalized for 2 years while being paralyzed with Guillain Barre Syndrome! Last time I checked though I never saw "Smitty", since the day that I left the service, and "Smitty", never called, never wrote, and has yet to take care of my family financially since I medically retired from the Navy! My point being to this is that those who would give you a hard time because you can no longer physically run with the pack, I assure you will not be there for you after you're handed your DD Form 214.

#3. Many of the people at "Veterans Benefits Support" are family members of service members and veterans. One of the things that I am truly proud of is that more and more frequently, when a service member becomes injured we are able to work with the family from the very first day that the injury occurs. One of the main things that I like to stress to the family member that I am working with is to just go and be with your loved one, start a journal of everything, and collect copies of any and all records because we will need them down the road once

the Medical Board process begins! Especially when it's a life changing injury, I stress to the family members that they need to make sure that their service member does NOT try and play the tough guy, get it properly documented and we will deal with the rest later!

#4. Injuries that happen in the military come in numerous forms and fashions. While many times injuries may be small or insignificant at the time, they are still worth getting checked out and documented in the event that years later they persist. Then there are the life changing injuries that from the injury date forward everything will be different, not ended, but different none the less. In these cases the injured service member is often looking at a Medevac, in which case it's going to get documented, but you still have to get copies of it. Then there are the hidden illnesses/injuries of the world. These would be the ones that many times the service member may not even realize that the illness was caused by their service until years, if not decades later. These are often heart conditions, diabetes, respiratory illnesses, PTSD, etc. that are caused by the environments they were exposed to such as Agent Orange, Asbestos, service in Iraq/Afghanistan, and Vietnam.

#5. Frequently I speak with service members that have injuries that refuse to get them checked out or treated because they fear that their military careers will be over with. Oftentimes when the injuries are so severe that I like to point out to them that they can either go up the mountain with my arm around them or with my foot up their behinds, but either way they are going. I tell them this because logically you can see that they will not make it to the 20 year mark anyway with many injuries, so they will more than likely get phased-out regardless, which is why it's better to protect yourself from a benefits standpoint rather than running yourself completely into the ground. In these cases I like to point out that many times athletes refuse to accept their injuries as well, and they end up having life-changing injuries they end up living with because of those decisions. Then I ask them if they have seen Muhammad Ali lately?

#6. Oftentimes when I speak with service members that have become injured while serving I like to put it into relationship terms for them so that they will better understand what is going on. For example: When 2 people decide to get married its based out of love and caring for one another. Each party has decided that they want to be with the other and marriage is a legal binding arrangement. Enlisting with the military is the same thing because the service member wants to be in the military and it's basically joining the military family,

and from the militaries, perspective you're the one that they want because you're young, in shape, and deployable. Getting injured though can oftentimes cause the military to want a divorce, and once that party wants a divorce it immediately becomes a legal matter which is why divorces end up in court rooms with attorneys present on the last day of the marriage. My point to this is that many times one party wants to "work things out" which is why they tend to end up getting taken to the cleaners in their divorce settlement because they refuse to accept that their marriage is over with and hence refuse to take the necessary steps to protect themselves legally. I honestly hate to be the dream crusher to the many service members that thought that they would be the one in a million that would continue serving after a major injury, but I try and get them to see that by not defending their positions they would end up regretting it for the rest of their lives!

#7. Years ago while I was learning how to walk again, my physical therapist Lt. Guzman, made a statement to me that made my world implode. She said: "Alan, if you can no longer be on a ship, then you can no longer be in the Navy, and Alan you can no longer be on a ship so you need to start preparing for that!" In that exact moment my world came crashing down but in retrospect I realize that she was just trying as my friend, to prepare me for what laid ahead. See, I as so many here, thought that I was going to be the guy to beat the odds and make it back. Up until that exact moment I had asked her every day for over a year: How much longer until I can get back to my ship? I have to get back to my ship! I want to get back to my department, the guys that I serve with need me! I can honestly say that I have had this exact conversation with a few hundred other injured service members over the years and it's never an easy conversation to have, but it's something that needs to be addressed when a service member becomes injured because it can cause a turning point in their lives which begins a new chapter, which is the next chapter in their life. It's the where do we go from here chapter, which leads toward the Medical Board Process.

#8. When a service member becomes injured while serving, many of the decisions that are made which determine if you can continue serving or not are based off of 6 letters. They are "PULHES". These are extremely important to learn and understand because they basically tell the tale of which direction you're headed. PULHES stands for:

P—Physical Capacity / Stamina

U—Upper Extremities

L—Lower Extremities

H—Hearing / Ears

E—Eyes

S—Psychiatric

There are four numerical designations (1, 2, 3, or 4) for each factor in PULHES, which evaluates the individual's functional capacity in that particular area. Specifics follow for each medical factor:

P: Physical capacity or Stamina (First number in the profile series) - Organic defects, strength, stamina, agility, energy, muscular coordination, function, and similar factors.

1. Good muscular development with ability to perform maximum effort for indefinite periods.
2. Able to perform maximum effort over long periods.
3. Unable to perform full effort except for brief or moderate periods.
4. Functional level below the standards of "3."

U: Upper extremities (2nd number in the profile series) - Strength, range of motion, and general efficiency of upper arm, shoulder girdle, and upper back, including cervical and thoracic vertebrae.

1. No loss of digits or limitation of motion; no demonstrable abnormality; able to do hand to hand fighting.
2. Slightly limited mobility of joints, muscular weakness, or other musculoskeletal defects that do not prevent hand-to-hand fighting and do not disqualify for prolonged effort.
3. Defects or impairments that require significant restriction of use.
4. Functional level below the standards of "3."

L: Lower extremities (3rd number in the profile series) - Strength, range of movement, and efficiency of feet, legs, lower back and pelvic girdle.

1. No loss of digits or limitation of motion; no demonstrable abnormality; able to perform long marches stand over long periods, run.
2. Slightly limited mobility of joints, muscular weakness, or other musculoskeletal defects that do not prevent moderate marching, climbing, timed walking, or prolonged effort.
3. Defects or impairments that require significant restriction of use.
4. Functional level below the standards of "3."

H: Hearing and Ears (4th number in the profile series) - Auditory sensitivity and organic disease of the ears.

1. Audiometer average level for each ear not more than 25 dB at 500, 1000, 2000 Hz with no individual level greater than 30 dB, not over 45 dB at 4000 Hz.
2. Audiometer average level for each ear at 500, 1000, 2000 Hz, or not more than 30 dB, with no individual level greater than 35 dB at these frequencies, and level not more than 55 dB at 4000 Hz; or audiometer level 30 dB at 500 Hz, 25 dB at 1000 and 2000 Hz, and 35 dB at 4000 Hz in better ear. (Poorer ear may be deaf)
3. Speech reception threshold in best ear not greater than 30 dB HL, measured with or without hearing aid; or acute or chronic ear disease.
4. Functional level below the standards of "3."

E: Eyes - vision (5th number in the profile series) - Visual acuity, and organic disease of the eyes and lids.

1. Uncorrected visual acuity 20/200 correctable to 20/ 20, in each eye.
2. Distant visual acuity correctable to not worse than 20/40 and 20/70, or 20/30 and 20/100, or 20/20 and 20/400.
3. Uncorrected distant visual acuity of any degree that is correctable not less than 20/40 in the better eye.
4. Visual acuity below the standards of "3."

S: Psychiatric - (last number in the profile series) - Type, severity, and duration of the psychiatric symptoms or disorder existing at the time the profile is determined. Amount, of external precipitating stress. Predisposition as

determined by the basic personality makeup, intelligence, performance, and history of past psychiatric disorder impairment of functional capacity.

1. No psychiatric pathology. May, have history of a transient personality disorder.
2. May have history of recovery from an acute psychotic reaction due to external or toxic causes unrelated to alcohol or drug addiction.
3. Satisfactory remission from an acute psychotic or neurotic episode that permits utilization under specific conditions (assignment when outpatient psychiatric treatment is available or certain duties can be avoided).
4. Does not meet standards of "3" above.

A physical profile designation of "1" under all factors is considered to possess a high level of medical fitness.

A physical profile designation of "2" under any or all factors indicates that an individual possesses some medical condition or physical defect that may require some activity limitations.

A physical profile containing one or more numerical designators of "3" signifies that the individual has one or more medical conditions or physical defects that may require significant limitations. For those applying for military service, this designation is usually a disqualification. For individuals already in the service, the individual should receive assignments commensurate with his or her physical capability for military duty, such as limited duty/assignments.

A physical profile containing one or more numerical designators of "4" indicates that the individual has one or more medical conditions or physical defects of such severity that performance of military duty must be drastically limited. Definite disqualifier for entering the military and for continued military service, if already in the military.

#9. When a service member has a life changing injury it often makes it far easier for disability compensation purposes because it ends up getting properly documented whether the injured service member likes it or not. I say this because when a service member becomes wounded in combat, hits an IED, etc. they oftentimes wake up in a hospital bed days later wondering how they got to Germany. In cases such as this there are incident reports, morning reports, medical treatment records, and plenty of documentation about what

happened that day after they became injured. This becomes evidence in your case that can help to establish that you were injured and to what degree for the Medical Board.

#10. I would like to stop and point out that just because an injury happens while in service it's not automatic that if you report it, that you're going to be removed from service. There is such a thing as limited duty, temporary and permanent profiles, etc. all of which are aimed at giving the service member tools and time to recover from the injury so that they can return to work if possible. Look at it from a cost standpoint in that many times it's cheaper for the military to fix your injuries to retain an employee that has plenty of experience rather than to start all over again with a fresh new employee that will take years to train. It's no different than when you get a flat tire you change or repair the tire rather than buying a new car.

#11. Oftentimes it becomes a really tricky situation when a service member becomes injured because the service member isn't always guaranteed a Medical Board. After all many times the military is just looking for the fastest and cheapest way out of this marriage so they look to take advantage of the situation. Hence which is why, I often like to advise the service member to take this stance: Look if you want me to stay then I am happy to continue serving, which is why I joined in the first place. Now if you (being the military) no longer feel that I can continue with my service because of my service connected medical conditions (hence a divorce), then you will see me in court (hence provide me with a Medical Board) so that we can dissolve this marriage if you're found unable to continue serving based on your service connected injuries. A Medical Evaluation Board (MEB) is used to establish if the service member can or cannot maintain the military standards for continues service based on their service connected medical conditions. If the MEB feels that you can no longer continue on with your military service then a Physical Evaluation Board (PEB) can ensue, which will rate your injuries that disqualify you from serving.

#12. Over the years I have seen the military administratively separate, punitively separate, and oftentimes just allow enlistments to just plain expire. To many service members get out without a Medical Board once they become injured. This often happens because the service member doesn't want to make waves, and because the chain of command just tells them to go over and deal with the VA instead of having to pay, house, feed, and Medical Board the person that can no longer do the job they enlisted to do because of their military

related injuries! This in turn absolves the military of having to provide you with the additional benefits you may be entitled to by medically retiring you from service instead of just having you getting out.

#13. My big sticking point when it comes to Medically Boarding from the military is for the TRICARE benefits! Tricare benefits are worth a fortune all by themselves, and I would point out that having Tricare makes all the difference in the world, if and when you become worse off medically. For Example: Just over 2 years ago Robin was diagnosed with Stage 3 Breast Cancer, and having Tricare Prime afforded us the opportunity to have anything that she needed in a timely fashion by using private doctors. If you look at the link below which is straight from the Tricare eligibility webpage in the section titled (Medically Retired Service Members) you will notice that there is a huge difference between a VA rating versus a Military Medical Board rating. See, even if the VA rates you as 100% disabled you're not entitled to Tricare benefits. Now on the other hand if you go through the Medical Board process and receive a 30% or higher rating from the Medical Board then you become a Medical Retiree and hence you can retain your Tricare eligibility because of the fact that you're now considered a medical retiree just as a 20+ year retiree can!
<http://www.tricare.mil/Welcome/Eligibility/RSMandFamilies.aspx>

#14. To clarify, the military Medical Board process and the VA disability ratings process are 2 entirely different systems. While, they often mirror and shadow one another they are 2 different things such as McDonalds versus Burger King. Hence they both do very similar things, but they are completely different entities. Now the reason that I always suggest Medical Boarding if you become injured is because "IF" you receive a 30% or higher rating FROM THE MEDICAL EVALUATION BOARD, then you will be placed on either the TDRL or the PDRL. This stands for Temporary/Permanent Disability RETIREMENT List. RETIREMENT is the key word here because 20 year RETIREES can keep their TRICARE benefits as can medical RETIREES that have a 30% or higher rating! Now keeping that in mind, no matter what percentage the VA gives you, because they are 2 different entities!

#15. As I have mentioned several times now when a service member has a potentially career ending injury, the military will often look to separate the service member as quickly and cheaply as possible. The Medical Board process is extremely grueling process to put it mildly, but the long-term potential benefits far outweigh the short-term difficulties that you experience. This next section will be aimed at addressing how to make it through a Medical Board efficiently.

#16. The very first piece of advice that I like to give to injured service members that are getting ready to start the Medical Board process is: Pack a lunch and sit your behind down because we are not going anywhere for a while!" I say this because it's a long and tedious process and one which can't be rushed, because if you try and rush them it will not work out well for you!

#17. Years ago when I was in the Navy we used to play poker every Tuesday night when we were out at sea. While it wasn't a high stakes game there was still money on the line so everyone took it very seriously. Well there was this one E-4, named "Smitty", that we worked with that wasn't the sharpest knife in the drawer (if you know what I mean), and he didn't know basically anything about poker. One evening he was dealt 4X 2's and immediately he asks "I have 4X 2's what does that mean? Within a split second everyone's hands got thrown onto the table! Now the meaning of this is that: Information is a vital key and when you give it up you're letting the opponent know your positions which is called counter intelligence. This is what wars are won and lost on. When you tell the other side exactly what's going on in your head, you're exposing yourself just as you would on the battlefield by yelling out "Hey guys we are over here hiding from you!" This ultimately gives away your position!

#18. I want to start school! I have a job offer that I want to take! I miss my mother's cooking so I want to get out of here! I want to get on with my life! I want to get married! These are all things I have heard injured service members say when going through the Medical Board process. They all have one thing in common "I WANT..." This isn't about what you WANT it's about what you NEED! You NEED Tricare insurance if your injured! You NEED proper evaluations, documentation, and ratings. You NEED to go through the process so that you receive the benefits you're entitled to! WANTING gets in the way, because when you go to your military doctors and tell them what you want, it doesn't make it get done faster, it just tells them that you're desperate and that you will sign anything to get out of there, including a bad deal that can haunt you for the rest of your life!

#19. Over the years I have seen many bad things happen during injured service members Medical Boards. I continually tell them to just take the "I am not going anywhere until it's done correctly stance" because complaining will not get it done faster, it will merely let them know that you're willing to accept whatever rating they assign you once the paperwork is presented to you. This ultimately ends up taking you much more time when after 2 years they offer you a 10%

rating for the loss of a limb, or 20% for the loss of an eye! Believe it or not, those are both scenarios that I have encountered, which ultimately, ends up leading to appealing the Board's findings.

#20. Over the last several days I have had several injured service members and their spouses contacting me, inquiring how to get the military to initiate a Medical Board. While you cannot demand a Medical Evaluation Board, if you're under the care of a military doctor and said doctor is telling you that you no longer meet military standards so the military is going to be separating you, then tell the doctor that you would like a Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB) so that they can officially decide if your meeting military standards or not. Reason being is that this way you do not get swept under the rug.

#21. Once you get to the beginning stages of the Medical Board process it's very important to understand that you're basically going all in! Meaning that your understanding that this will more than likely begin the final chapter of your military service (if they determine that you can no longer physically or psychologically continue to serve based on your injuries) so it's extremely important to be upfront about your injuries and the extent that they hinder you on a daily basis (if you haven't already been getting seen for everything!) I say this because having proper documentation and extensive treatment records is paramount to receiving a rating that properly reflects the true severity of your injuries.

#22. When going through the Medical Board process once you have your treatment records, incident reports, and hopefully statements from others that witnessed the injury(s) occur. Now it's time to get your LOD's or Line of Duty reports going, which establish the fact that you're current injuries were in fact caused by your military service and therefore happened in the Line of Duty!

#23. One of the things that has always bothered me when it comes to getting LOD's (Line of Duty) reports approved is when the injured service member speaks with the medical administrator the administrator oftentimes tell the service member what can and can NOT be done! I have seen numerous instances where the administrator tells the service member that "There is absolutely no way that this will get approved" or that "It's impossible to get approved for that!" If I had a nickel for every time that I did something that couldn't be done I would be rich! I would also point out that these are administrators and it's up to the doctor to say what gets approved or

disapproved. Sometimes some hard-nosed research on the injured service member's part can go a long way in knowing for, yourself what can and cannot be done! After all, it's your Medical Board and you have the right to request an LOD for any injury that happened to you in THE LINE OF DUTY!

#24. It's up to the military doctor NOT the administrators to establish on paper if each injury happened in the "Line of Duty", when going through the Medical Board process. This falls directly in line with the stance that I always like to take, because researching it on your part makes all the difference in the world. Remember that once it's over, it's over, and while a month from now they will not remember who you are, you on the other hand will end up living with the deal that you accept for the rest of your life!

#25. Just a side note, each week I typically speak with several different injured service members that contact me which, are having difficulties getting their Traumatic Brain Injuries (TBI's) diagnosed and treated while in service. Here is what I like to do in these cases. Please take a look at the link below for the National Intrepid Center of Excellence (NICoE) program which is located in Bethesda on the East Coast. Getting evaluated at NICoE can greatly help in getting a proper evaluation for TBI's when it comes to your Medical Board.
www.nicoe.capmed.mil

#26. When starting a Medical Board, once you have your medical treatment records, incident reports, witness statements, and LOD's together it's now time for the next step which is the "Commanders Statement". This is a statement from within your chain of command which can shed light onto the medical situation if it's written correctly. While its main function is primarily to see from your Commanders point of view if your either "Fit" or "Unfit" to continue serving for retention standards, at times it can also be used as a way for your chain of command to stress the severity of your injuries and how it impacts your performance or inability to perform as you once did prior to your injuries!

#27. Oftentimes when, it comes to "Commanders Statements" when Medically Boarding a common yet complex problem arises. It often becomes a case of the Commander either doesn't know you personally well enough to make statements on your behalf, or the Commander isn't fully aware of the extent of your injuries. In either case they often throw together a Commanders Statement that is either not very helpful or that is missing important aspects of your injuries or things get overlooked. In either case here is a possible solution that I have seen that has worked in many instances. Before you ask to speak with the

Commander about the issue, take some initiative! Retype the DA Form 7652 while properly using pages 2 & 5 for comments. Then when you ask to speak with the Commander, do not complain that its missing vital pieces of information, but instead tell them that you took the liberty of clarifying everything, then ask the Commander to read the updated version, and if he/she agrees then to just sign the updated version of the statement so that it's done to your specifications!

#28. When, Medically Boarding from service ideally the goal is "REDUNDANCY!" Please allow me to explain: When a service member becomes injured, they first and foremost need to receive medical treatment which creates medical records. Ideally the medical records, injury reports, and witness statements will all reflect the same thing, which is that the injury happened while serving. Then your PULHES scores get raised, which shows that your injuries preclude you from doing your military job, and that your injuries place serious restrictions on your ability to continue your military service. Which is where, the LOD's now come into place. Having LOD's on all of your injuries proves that each of the injuries happened within the Line of Duty, which now ensures a service connection exists. Last come's the Commanders Statement which gives your chain of command the ability to weigh in on your injuries and the impact they have on your performance. Although this may seem to be a very redundant process, I look at it as each portion is a different color which can help to paint an extremely clear picture that is defined by the vibrant colors that are used!!!

#29. The importance of the "Dole-Shalala Commission Report", this was a 29 page commission report which came out in 2007, that paved the way for numerous changes to the way that the VA does things. I mention this because one of the major changes that came out of this report is the way that the Medical Board process can now be tied to the VA ratings process through the DES pilot program which stands for the "Disability Evaluation System" pilot program which has been slowly getting implemented at more and more bases. See prior to the Dole-Shalala Commission each service member had to go through the Medical Board process, then get a rating, then go to the VA and start the entire process over again with the VA. Former Senator Robert Dole and former Health and Human Services Secretary Mrs. Donna Shalala spearheaded this commission which led to this major change which has helped to simplify the process for injured service members.

#30. The "Disability Evaluation System" more commonly referred to as DES allows the injured service member to go through a single process of review to receive both their military Medical Board and VA benefits. See what the Dole-Shalala Commission found was that the process was so outdated and broken that by allowing injured service members to use the DES program, it would literally take years off of the time it took to receive their ratings for both entities. Furthermore by having them go through a single process while on active duty, there wouldn't be a giant gap in the time from when they separate from service to the time they begin receiving their disability payments which in many instances I have seen it take decades!

#31. Previously we began discussing the importance of the "Dole-Shalala Commission Report" which came out in 2007. See the importance of this report is that it has slowly, yet fundamentally changed the way that injured service members go through Medical Boards. This reports findings paved the way for the "Integrated Disability Evaluation System" commonly referred to as (IDES or DES) to be the new standard for injured service members that are Medically Boarding from service because it greatly reduces the amount of redundancy that each service member must go through by combining both the VA & militaries disability evaluation processes into one set of exams for both! Which can, easily take years off of the time that it takes to get your ratings, by going through this dual evaluation program.

#32. One of the questions that I receive on a regular basis from injured service members that are going through both the Medical Board & VA processes is: How can the ratings be so different percentage wise? See the military only has to compensate you for the loss of a military career as where the VA has to compensate you not only for the loss of your military career, but also for the reduced earning capacity within the private sector as well.

This is the point where I often like to bring up my sister as an example because it helps to make this point. If my sister were to have injured her pinky finger in service, the military would more than likely take the stance that its only 1X finger which is not the end of the world if it were broken, therefore they would typically only compensate her at maybe the 10% level during the Medical Board process because in reality it's only a finger right! Now to the VA though she could easily make the case that without the use of her 1X finger that she is completely incapable of working and that 1X finger completely destroys her ability to work, hence she has a complete reduction in her earning capacity within the private

sector until it's healed! Reason being is that she is a stenographer more commonly referred to as a court reporter. The complete loss of use of 1X finger typically isn't the end of the world, but for someone that types 300 words a minute, has a degree in stenography, makes over \$100K per year for doing that job, and can no longer work at all until it heals. So unless they retrain her, she would be unemployable until she completely heals.

#33. Sometimes it just helps to say it out loud because everything tends to make sense.

THE REASON'S NOT TO MEDICALLY BOARD?

Upside: It will save you a ton of time, so that you can begin your new life sooner without having to wait often 1-2 years while going through the Medical Board process.

Downside: You just gave up potentially over a MILLION DOLLARS in benefits over the course of your lifetime, by leaving your Tricare benefits on the table, as well as CRSC/CRDP, your ID card, base privileges, etc. Additionally now you just put yourself in a bad position with your VA benefits because:

A. If the injuries weren't documented in service then they didn't happen and hence they will not become service connected.

B. Your now going to have to wait that same 1-2 years now dealing with the VA as a civilian, and in many instances you will not be able to keep a roof over your head because you cannot work because of the severity of your injuries, all of which time you're not getting paid as you're going through this process, which truly complicates everything!

THE REASON'S TO MEDICALLY BOARD?

Upside: By going through the (IDES) program will make it so that once it's over, it's over. Meaning that when you walk out that door, your pay and benefits will have been negotiated ahead of time and your pay will kick in shortly thereafter. Which greatly reduces the lag-time from years down, to within a month or 2 typically. Which translates into less of a hardship, you end up going through. Also assuming that you received over a 30% rating from the military side, you now can keep your Tricare as well, which will provide you with faster access to quality healthcare which is important for your injuries.

Downside: You often get relegated to a menial job while going through the process because you're injured and many times your fellow service members are disrespectful towards your situation. Um, I did mention though that you're keeping a roof over your head, food in your stomach and a steady paycheck coming in if you're on active duty throughout the process and that there were millions of dollars in potential benefits on the line though and last time I checked those that would give you a hard time will not be there to pay your bills once it's over with!

#34. I remember one afternoon late in the summer of 2011, Robin and I were sitting in the chemotherapy center watching the news when I first saw them reporting that by the end of 2011 that we would have all of our troops out of Iraq. I looked at Robin and my very first response was "I can see a Reduction in Force RIF coming here shortly!" I remember that vividly, because that was my initial response. I mention this because one of the things which, is often on my mind is the continually changing needs of the military. This often plays a big part in determining who gets Medically Boarded and when. Everyone will really want to keep this in mind during this next section.

#35. The rules vary between active duty service members and National Guard/Reserve members when it comes to injuries. See for those of you that are still in the Guard/Reserves that are post deployed that have injuries from your deployments, you can be seen at the VA, and also receive VA disability compensation (for the days that you're not drilling each month), while you continue to serve. The main issue with this that you will want to be aware of is that in many instances do to the nature and severity of your injuries it may end up hurting your military career. I say this because as I mentioned within the last portion, the needs of the military are continually changing, and as they need less and less service members, this could cause the military to find you unfit to continue serving.

#36. When it comes to post deployed National Guard members that are still serving with their injuries here is an interesting rule that I would like to explain. See the rules state that you cannot receive VA disability pay for any days of the year that you're currently serving in the military. So what does that mean? Say that you make \$300.00 per month drilling, and then you receive a 50% rating from the VA which pays roughly \$1K per month. Well what will happen is that you will receive your \$300 each month for your drill days plus your pay for Annual Training as well. Then you will also receive your \$1K per month from the VA each

month minus the 38 days of training that you did for the military. That's one weekend a month or 2 days for 12 months which equals 24 days, plus your 2 weeks of Annual Training (14 days) because $24 + 14 = 38$ days each year in uniform. Therefore the VA will garnish back those 38 days of pay, but that still leaves 10 months and 22 days of the year that you can be compensated at \$1K per month!

#37. Now that we have discussed the basics of how the Medical Board process works, it's time to dig further into what happens once all of your paperwork has been submitted. See once all of your paperwork has been submitted including your (medical records, injury reports, witness statements, LOD's, and Commanders Statements) next you will need to be physically evaluated by the military (and VA if you're in the IDES Program) for your injuries. See your records will make their way down to Pinellas Park, Florida to be assembled and reviewed and then the military will call you in for an evaluation which will basically be the equivalent of your very first Compensation & Pension exams to evaluation your injuries in person. I will say that if all of the paperwork was done correctly and if you put a lot of time and energy into the paperwork prior to these exams, then it will make this process go a lot smoother because everything should be fairly cut and dry!

#38. This is a video that we made which will help everyone to better understand the Compensation and Pension Exam Process.

<http://www.youtube.com/watch?v=HZ6BVxHcNzQ>

#39. When it comes to both medical evaluations for your Medical Evaluation Board or Compensation & Pension exams through the VA in either case there is a fatal flaw that often harms many injured veterans cases. See the military seeks out and employs a certain type of person. Ideally a service member is a self-motivated, hard-working, non-complaining person, that will be a follower in the beginning that can be trained into a leader position that eventually others will follow them. While this may be the backbone of how things work in the military, it can present major problems when having your injuries evaluated because although each of these values are fantastic attributes to have, they also lead to a mentality where you would downplay your own injuries, because you would not want to make your physical problems become another-persons problems (being the doctors), hence you downplay your injuries at which point you have shot yourself in the foot!

#40. Getting back to discussing the Medical Board process, once a Medical Board has been initiated and as you're going through the processes we have been discussing, it's in your best interest to request a PEBLO or Physical Evaluation Board Liaison Officer as quickly as you can once the process begins. While I am the first to admit that these PEBLO's are way too overworked similarly to public defenders within the civilian court system, they can be helpful especially when it comes to providing paperwork, and being a line of communication between you (the injured service member) and the military (being the MEB/PEB).

#41. Everyone that's going through a Medical Board, please take a look at the link below. This is a blank NARSUM which stands for a "Narrative Summary" which is what happens once your Medical Boards findings come back. What this does is gives you a copy of the Medical Boards results so that you can see if you either agree or disagree with their findings. After the case is forwarded from the MEB to the Physical Evaluation Board (PEB), the PEB determines whether or not any/and or all of the medical conditions makes the service member unfit for continued military duty. If the MEB does not both identify a medical condition and find it to fail retention standards, the PEB usually will not find the condition to be unfitting, and the service member will not be compensated for that condition. It is important that the MEB findings accurately capture the injured service member's medical condition(s) otherwise you will end up having to appeal their decision to get the injury rated.

<http://armypubs.army.mil/eforms/pdf/A3947.pdf>

#42. When your Narrative Summary (NARSUM) comes back from the Medical Board you will really want to go over it with a fine tooth comb and challenge anything that is incorrect in the NARSUM. See under the under the National Defense Authorization Act of 2008 you have the right to request an Impartial Provider Review (IPR) within 7 calendar days of receiving the NARSUM from your PEBLO. The IPR will go back over your file, evidence, etc. and relook at the findings in the NARSUM. Once that is finished if they do not change the findings and if they still make the same decisions, then you can file your rebuttal to their findings within 7 days. Now if you need an extension beyond the 7 days, have your PEBLO request the extension so that you can get your ducks in a row. Just remember not to sign anything until you're satisfied!

#43. "FINAL UPON DISPOSITION" this is the exact reasoning as to WHY you will want to make sure that you're careful before accepting the findings of your Medical Board. See, once you accept their findings and sign on the dotted line

that you accept this, there is no turning back in 99.9% of cases. While yes there have been class action suits against the military where tens of thousands of veterans banded together with lawyers to fight these previous decisions in Federal Court, it will take a massive amount of resources to overturn these decisions later on, with no guaranties that you will be successful, because once you accept the findings and percentages, they are FINAL UPON DISPOSITION!

#44. Now that we are pretty much finished with explaining how the Medical Board process works (in pretty pain staking detail I might add), now it's time for some friendly advice for those of you that are going through the process currently. For starters, DO NOT, rush the process. Asking your military doctors repeatedly to hurry up and finish your Medical Board will not get it done faster! All that will do is show them that you're desperate to get out, and end up getting you a lowered percentage. Keeping in mind that when you say: "Please just give me anything so I can sign it and get out of here", this doesn't make the process go faster, it just lets them know that more than likely no matter what they offer you, you will end up signing it, which can often cause them to low ball you!

#45. When talking benefits with veterans I often like to use a lot of sports analogies to make my points, because many veterans like sports. When speaking with injured service members as to where your head needs to be at when beginning the Medical Board process, I feel that this speech from "Remember the Titans" sums it up perfectly. I say this because if you're going to go through this you will need to give it your complete effort to make sure that you receive the proper rating percentages. Hence there are no shortcuts, we will not give an inch, and we will not leave until it's done correctly because this will impact us for the rest of our lives!!!

http://www.youtube.com/watch?v=eI5QXV-W5_g

#46. There is a culture within the military that when a service member becomes injured and is no longer deployable, that more often than not they become shunned because they are separating from the pack because of their injuries and getting ready to begin the Medical Board process. I remember close to 20 years ago this Chief E-7 and Senior Chief E-8 that used to pass by my desk every day that used to say: Alford, don't you ever get tired of being here and want to just get out and go home? I would respond back to them: Heck Chief and Senior Chief, you mean you're going to pay me to be here, give me a place to live, and feed me 3 times a day? Heck I might just decide to finish out my 20!

Then as they were walking away I could hear the Senior Chief state that: Damn, he's stupid he doesn't even realize that we are messing with him! FYI, I have a 70% rating from the military and a 100% +70% ratings from the VA because I took that stance with things!