

DRAFT

DEPARTMENT OF THE ARMY

HANDBOOK ON

**THE PHYSICAL DISABILITY EVALUATION SYSTEM
(PDES)**

Note: This is text version of a pocket guide that is being published for issue to all Soldiers who are recommended for entry into the Physical Disability Evaluation System. Spacing on this document will differ from the actual published handbook due to differences in size and inclusion of pictures and other media in the actual handbook. The content is the same.

Current as of 27 March 2007

What You Need to Know About the Physical Disability Evaluation System Overview of the Department of the Army's Physical Disability Evaluation System

Each year the Army Physical Disability Evaluation System (PDES) separates thousands of Soldiers who are found unfit for continued military service. This guide answers a few general questions about the Department of the Army's PDES.

Overview of the Department of the Army's Physical Disability Evaluation System.

The Secretary of the Army is charged with assuring the fitness of Soldiers, and separating or retiring those who become unfit to continue military service because of physical disability. The law provides benefits for eligible Soldiers whose military service is cut short due to a service-related disability incurred in the line of duty.

The United States Army Physical Disability Agency (USAPDA) manages the Army's PDES and acts on behalf of the Secretary of the Army. USAPDA is a Field Operating Agency of the Army Human Resources Command (HRC) and is headquartered in Washington DC at Walter Reed Army Medical Center. In addition to the USAPDA HQ at Walter Reed, the agency has three Physical Evaluation Boards (PEBs), located at Walter Reed, Ft. Sam Houston, TX, and Ft. Lewis, WA. The PEBs are administrative boards that determine whether a Soldier's disability prevents his/her continued performance in the Army. The PEB is comprised of two types of boards (Informal and Formal) that review medical and performance evidence to make determinations of fitness or unfitness to continue military service.

It is important to understand that this is a performance-based system. Simply because a Soldier has a medical condition does not mean that the Soldier cannot continue to serve on active duty or in the Reserve Component. It is the impact of that medical condition upon the Soldier's ability to perform duties appropriate to his/her rank and branch/MOS that is important. A Soldier with a serious medical condition can be found fit within the limits of his/her profile for continued service if the evidence supports that finding.

If the PEB determines that a Soldier is unfit to continue military service, and finds that the Soldier is eligible for disability benefits, the PEB determines the percentage of the Soldier's disability compensation using Department of Defense Directives (DoDD) and Instructions (DoDI), Army Regulations, and current Army policy in conjunction with the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD). Depending on the severity of the illness or injury, the Soldier receives either permanent or temporary disability retirement or disability severance pay.

The Army only rates those medical conditions that result in the Soldier being determined unfit for continued military service. The Department of Veterans Affairs generally rates a Soldier for all conditions incurred in or aggravated by military service. Therefore, it is not uncommon for a former Soldier to receive a higher combined disability rating from the DVA than the PEB combined disability rating.

The PEB makes determinations of:

- Fitness or unfitness to continue military service;
- Eligibility for disability compensation;
- Disability codes and percentage rating;
- Disposition of the case;
- Whether or not the injury or illness is combat-related.

When is a Soldier unfit to continue military service?

A Soldier is unfit to continue in the Army when the preponderance of evidence demonstrates that one or more physical and/or mental condition(s) significantly interferes with the Soldier's ability to perform the duties of his/her office, grade, or rank. The PEB makes the decision on fitness by balancing the extent of a Soldier's condition, as shown through objective medical and performance evidence, against the requirements and duties that the Soldier may reasonably be expected to perform in his/her branch/MOS and grade. The mere fact that one or more medical conditions exist does NOT constitute an unfit determination.

The inability to deploy CANNOT be the sole basis for determining unfitness per DoD Instruction.

Typical medical evidence used by the PEB includes:

- A narrative summary written by the Medical Evaluation Board (MEB).
- History and treatment of the specific injury or illness.
- Results of laboratory, x-ray, MRI, CAT scan, and other specialized tests.
- Current Physical Profile
- All referrals to physicians, specialists, and sick call (health record).
- Type and frequency of medication.
- Results of physical exam completed within past six months.

Typical performance evidence includes:

- Memorandum from the Soldier's Commander addressing current ability to perform duties in MOS and unit.
- Evaluation Reports
- APFT
- Approved Line of duty investigations.

I've been seriously hurt; what happens next?

The priority for a Soldier suffering an illness or injury is to ensure that he/she receives proper medical attention. If the Soldier's condition improves to the point that he/she is able to return to full military duty, he/she is returned to his/her unit.

However, if the treating physician believes that the Soldier is unable to perform full military duty or is unlikely to be able to do so within a reasonable period of time (normally 12 months), the Soldier is referred to a Medical Evaluation Board (MEB) at the Medical Treatment Facility (MTF) where treatment is being provided.

Medical Evaluation Board (MEB)

If the Soldier's physical condition falls below medical retention standards, the attending physician refers the Soldier to the **Physical Evaluation Board Liaison Officer (PEBLO)** to start a MEB. The MEB is an informal process comprised of at least two physicians who compile, assess, and evaluate the medical history of a Soldier and determine how the injury/disease will respond to treatment.

The MEB documents the extent of the injury or illness and decides if the Soldier's medical condition is severe enough to question his/her ability to continue serving in a full duty capacity.

The attending physician does this by relating the nature and degree of the medical impairment of the Soldier to retention standards and the duties that the Soldier may reasonably be expected to perform in his/her office, grade, or rank.

If the physician believes the Soldier will be able to return to full military duties within a reasonable period of time, and the Soldier meets medical retention standards, then a MEB is not required.

Referral to PEB

The MEB normally contains all of the medical and nonmedical evidence described previously. The Soldier (or his/her next of kin if the Soldier is not deemed competent) is required to review and sign the MEB and is given an opportunity to comment, as desired, on the complete content of the MEB before it is referred to the PEB.

How can I ensure the PEB has information necessary to render an accurate determination in my case?

When a Soldier is informed by his/her medical care provider or a representative of the Medical Treatment Facility (MTF) that he/she is being referred to the PEB for a fitness determination, it is important for the Soldier to become familiar with how the disability evaluation system process works.

The Soldier's primary counselor and information resource is the PEBLO. The PEBLO is the Soldier's advocate, counseling him/her on MEB/PEB findings and related rights and benefits. Note that the PEBLO works in the Patient Administration Division (PAD) of the MTF and NOT for the PEB.

The Soldier will have an opportunity to review and comment on the medical and non-medical information referred to the PEB. A Soldier must ensure that all medical conditions are accurately and completely listed on the forms provided during the physical examination. The examining physician will address those additional conditions, document findings, and, if appropriate, refer the Soldier to additional specialists for further evaluation that MAY result in additional medically unacceptable conditions being referred to the PEB.

To ensure timeliness in this processing through the PDES, it is in the best interest of the Soldier to:

- Attend all appointments -- contact counselor if you can't make an appointment. (No shows will be reported to your Commander)
- Provide copy of Leave and Earning Statement (LES), Enlisted/Officer Record Brief (ERB/ORB), last three evaluation reports (OER/NCOER)
- Provide copies of approved retirement or separation orders
- Provide copies of orders for recent promotions or demotions.

A Soldier will be permitted to review the narrative summary (NARSUM) and any addenda regarding a medical condition that has been prepared for referral to the PEB. After completion of the MEB, the Soldier will review the findings and recommendations. If the Soldier disagrees with the MEB or feels there is information missing or not adequately addressed, he/she will have three working days to submit a rebuttal. The Soldier wants to remain in the Army, he/she can use this opportunity to provide documentation on their ability to continue to perform their duties despite their medical condition(s). The rebuttal is referred back to the original physician who will address the issues contained in the rebuttal and make changes as appropriate. The reviewing physician receives the rebuttal and can decide to let the MEB stand as written, send MEB back for further medical information, or forward to PEB with attachments or additional notes.

The reviewing physician's final disposition of the MEB can result in the following:

- If the Soldier meets retention standards within the limits of his profile, he/she is returned to duty in his/her MOS.
- If the Soldier does not meet retention standards, the case will be referred to the Physical Evaluation Board (PEB) for further disposition.
- If the MEB is a MOS/Medical Retention Board (MMRB) directed MEB, the case is forwarded to the PEB regardless of the MEB findings/recommendation.

The Army has three PEBs located at Walter Reed Army Medical Center in Washington DC; Ft. Sam Houston in San Antonio, TX; and Ft. Lewis, WA. Each of the MTFs that conduct MEBs is aligned with one of these three PEBs. This alignment determines which PEB will adjudicate the case.

How is the PEB structured?

The PEB is comprised of two types of boards, informal and formal. A board (Informal or Formal) is composed of a three-member panel trained on adjudication standards and procedures. The Presiding Officer will normally be a Colonel (sometimes a LTC); in addition each board has a Personnel Management Officer (normally a field grade officer or civilian equivalent) and a Medical Member (normally a DA civilian physician). Almost all of the civilian board members at the Army PEBs are retired military with significant experience. By law, all PEBs considering a Reserve Components (RC) Soldier will have an RC member.

Informal PEB

The MEB is initially reviewed by the Informal PEB. A Soldier does not appear before the Informal PEB. This board conducts a review of the medical and non-medical evidence of record contained in the MEB. The first determination made by the PEB is whether or not the Soldier is fit to continue to perform his/her primary military duties. If determined unfit, the PEB then decides whether or not the Soldier is eligible for disability benefits. If the Soldier is eligible for compensation, the PEB then determines a rating percentage for the Soldier and makes a recommendation as to whether or not the Soldier should be separated with severance pay, permanently retired, or placed on the Temporary Disability Retirement List (TDRL). Ratings are discussed later in this booklet.

The findings of this board are forwarded to the PEBLO, who is required to deliver the PEB findings to the Soldier within three working days from receipt. For this reason, Soldiers should be available to PEBLOs and should avoid regular leave, TDY, or any duty that would make the Soldier unavailable for counseling by the PEBLO. The PEBLO will deliver the findings in person, if possible, but can satisfy the notification requirement through telephonic or other verifiable means. It is recommended that the Soldier's AKO address be reflected on the MEB and any other frequently used e-mail address should also be noted. Soldiers should check both AKO and other e-mail inboxes frequently during the MEB/PEB process. The PEBLO will counsel the Soldier on the findings, assist in the completion of an election of options and notify the PEB of the Soldier's decision on how to proceed. The Soldier must complete their election of options within a maximum of 10 calendar days.

If found fit, the Soldier may either concur or nonconcur with the findings of the Informal PEB. If the Soldier nonconcur, he/she may submit a written rebuttal that includes new medical information or performance data not previously available or considered by the Informal PEB. Other supporting material may also be presented. A Soldier found fit by an informal PEB does NOT have a legal right to a hearing; however, as an exception to policy he/she may request a formal PEB hearing from the PEB President. If a Soldier is found fit while on the TDRL, which is discussed later in this handbook, he/she is entitled to a formal hearing before the PEB.

If found unfit, the Soldier has the right to accept the findings, or can nonconcur with the findings and submit a written rebuttal and/or demand a Formal PEB with or without personal appearance. All written rebuttals will be considered by the informal PEB, which may issue revised findings based on the information provided or may affirm their original findings. A Soldier does not give up his/her right to a formal hearing by submitting a rebuttal.

Formal PEB

As provided in law, no active duty or reserve Soldier found unfit by an Informal PEB may be retired or separated for physical disability without being given the right to a formal hearing. A Soldier who is found unfit by the Informal PEB and wishes to appeal can demand a formal hearing, with or without personal appearance. Army regulations require that unit commanders issue TDY orders to Soldiers to support travel to and from formal hearings.

The Formal PEB is the Soldier's opportunity, with the assistance of legal counsel, to present evidence, testimony and documents in support of his/her case. The Soldier may appear in person and present evidence pertinent to the case. The Soldier can be represented by an appointed Judge Advocate General Corps (JAGC) attorney, or counsel of their own choosing (a civilian attorney or a representative from a National Service Organization such as Disabled Americans Veterans). If the Soldier elects to have civilian counsel of his/her choosing, it will be at no expense to the government.

I am going before a Formal PEB. What should I do?

Counsel

Once a Soldier is scheduled for a formal hearing, he/she will be contacted by a military attorney of the JAGC assigned to the garrison Staff Judge Advocate (SJA) office where the PEB is located. These officers are NOT assigned to the PEB; they serve as independent military counsel.

Military counsel is normally appointed and made known to the Soldier prior to the scheduled formal hearing date. This occurs as soon after the Soldier elects a formal hearing as is practicable. Soldiers using military counsel normally meet their counsel for the first time, face-to-face, a day or so before the formal hearing. This is an opportunity to go over the Soldier's case and discuss any last minute questions. Changing representation (counsel) prior to the formal hearing does not constitute an automatic reason for delaying or postponing a formal hearing.

Informal vs Formal PEB

At the moment the Formal Board convenes to consider a case, the Informal Board findings become null and void, and the Soldier CANNOT accept the Informal Board findings under any circumstance.

Reporting to the Formal PEB

On the day of the formal PEB, the Soldier reports, in the appropriate uniform of the day for the locale, to the Presiding Officer of the Formal PEB. The Formal PEB panel will inform the Soldier of his/her rights, including the right to make sworn or unsworn statements, rights under the Privacy Act and the right not to make any statements relating to the origin or aggravation of the injury. If the Soldier decides not to testify under oath, the Formal PEB panel will not question him/her.

Recording testimony

All Formal Board proceedings are electronically recorded, except during the general overview prior to convening and the deliberation phase. A copy of the recording is available upon request by the Soldier or their counsel.

Documents to bring with you

During the Formal PEB, Soldiers should anticipate questions relating to how and when their condition occurred, treatments received, medication, and work limitations that the condition imposes. The Soldier will be provided an opportunity to discuss his/her case in detail. At the Formal PEB, the panel will usually have the Soldier's medical records, medical reports, administrative and performance records, and statements from the Soldier's chain of command concerning current duty performance.

To avoid undue delay and any detriment to his/her case, the Soldier should obtain, and arrive at the hearing with, their own personal copies of the above materials, especially those items that will be necessary in the presentation of his/her case. It is highly recommended that the Soldier submit any documentation not contained in his/her PEB packet to the members of the board at least 24 hours prior to the actual board date. The Formal PEB members use all of this information in the decision-making process.

A chance to address board members

Following questioning by the Board Members and the Soldier's Counsel's summation, the Soldier has one last opportunity to address the Board Members and has the option of making a brief statement. Once all evidence has been reviewed and testimony concluded the Soldier and Counsel will be excused for board deliberations. Only the voting Board Members are present during deliberations.

Board members vote and provide recommendation

The Formal PEB members will independently vote to determine if the Soldier is fit or unfit. If unfit, and found eligible for compensation, the PEB will also vote on the rating percentage and disposition. All findings are decided by majority vote. The Formal PEB then reconvenes and notifies the Soldier and his/her Counsel of their decision. A copy of the report of proceedings, which provides the PEB's findings and recommended disposition, is provided to the Soldier before he/she departs from the PEB. The Soldier is again provided 10 calendar days to make an election as to whether he/she concurs or nonconcur with the Formal PEB findings.

If the decision of the board is not unanimous, the dissenting board member may choose to submit a minority report citing the rationale for disagreeing with the majority. The minority report will be made a part of the MEB/PEB record and will cause an automatic review by the Physical Disability Agency (PDA).

Can I appeal the decisions of the Formal PEB?

Soldiers who disagree with the Formal PEB findings can submit a rebuttal, which will be reviewed by the Formal PEB. The Formal PEB will either affirm their initial findings, or may issue revised findings (called a formal reconsideration). If the latter, the Soldier will again be given an opportunity to respond to those findings by submitting another rebuttal to the Formal PEB.

Review by the Physical Disability Agency

Final approval authority for all PEB findings and recommendations rests with the United States Army Physical Disability Agency (USAPDA). All cases completed by the PEB are forwarded to USAPDA. USAPDA HQ conducts an appellate review of every case where a Soldier disagreed with the final PEB findings (informal or formal), and also reviews approximately 20% of all other cases to ensure adjudicative consistency and accuracy. The Agency has the authority to issue revised findings or return a case to the PEB for reconsideration if they determine the evidence of record does not support the PEB findings and recommendations. If USAPDA does issue revised findings, the Soldier will once again be afforded an opportunity to agree or disagree with the revised findings, and submit a written rebuttal. If the Soldier has not yet had a formal hearing, he/she can request one at that time. If a Soldier has already had a formal hearing, his/her appeal will be forwarded to the Army Physical Disability Appeal Board for review at that level.

After a Soldier has been separated or retired from the Army, he/she has the right to petition the Army Board for the Correction of Military Records (ABCMR) for relief if he/she believes the case was incorrect or subject to injustice or inequity.

How does the PEB decide the percentage of disability?

If the PEB finds that a Soldier is unfit, and the Soldier is eligible for disability benefits, the PEB rates the severity of the Soldier's injuries using Department of Defense Directives (DoDD) and Instructions (DoDI), Army Regulations, and current Army command policy in conjunction with the Department of Veterans Affairs Schedule for Rating Disabilities (VASRD). The VASRD lists hundreds of physical and mental disabilities and rates these disabilities using objective medical criteria. Depending on the severity of the illness or injury, the PEB rates a Soldier from zero to 100 % disability. Each condition receives a separate rating and these are combined (see page 15).

Analogous Ratings

While the VASRD lists hundreds of physical and mental disabilities, many conditions are not specifically identified and must be rated by analogy to a listed condition which is similar in function, anatomical localization, or symptomology.

How does the PEB decide who receives disability retirement and who receives disability severance pay? How are these pays computed?

The severity of the condition determines whether a Soldier, who is eligible for disability benefits, receives disability retirement or is separated with severance pay. Soldiers rated with a 0, 10 or 20 % disability who have less than 20 years of active service or 7200 points of combined service, will be separated with severance pay. To compute disability severance pay, multiply the Soldier's basic pay for two months by the number of combined years (but not over 12) of active service and inactive duty points.

NOTE: There is no difference between a 0%, 10%, or 20% rating in the calculation of the amount of severance pay that is received. The rating is NOT a factor in determining severance pay.

Soldiers with 20 or more years of active military service or 7200 points of combined service, or possessing a disability rated at 30 % or more, receive disability retirement. Disability retirement is either temporary or permanent depending on the stability of the Soldier's medical condition. Temporary disability retirement pay is computed in the following manner for service members with less than 20 years of active military service (or 7200 points of combined service):

- 30%-50% disability rating = 50% of basic pay*
- 50%-70% disability rating = that percentage of basic pay*
- 80%-100% disability rating = 75% of basic pay*

*Soldiers who entered active duty after 8 September 1980 will have their basic pay computed as the average of their high 36 months of basic pay.

For those who are permanently retired for disability, disability retired pay is computed on the basis of the actual disability rating (i.e., 30% disability rating) **or** the length of service rating (2.5 x years of service) up to a maximum of 75%. The percentage is multiplied times the Soldier's basic pay (or high 36-month average as described earlier). Disability retired and severance pay awarded to Soldiers who were not a member of the armed forces on September 24, 1975 is considered taxable by the Internal Revenue Service (IRS). An exception exists for a Soldier receiving separation or retired pay by reason of a combat-related injury. The PEB will make combat-related determinations on all cases considered.

The Soldiers' grade for purposes of computing disability severance pay or retirement pay is the higher of the Soldier's current grade, highest grade satisfactorily held, or grade to which the Soldier was pending promotion. Enlisted Soldiers whose promotion eligibility date is after their separation date will be promoted on their last day of active duty. Officers pending promotion receive disability retirement or severance pay at the promotion list grade but, under officer promotion law, cannot be promoted ahead of their promotion eligibility date.

What does a combined rating mean (PEB math)?

Per instruction in the VASRD, the PEB combines ratings. The PEB arranges the rated conditions in the order of their severity, beginning with the greatest disability, and then rates each as a percentage of remaining efficiency. For example, a Soldier with a 60% disability is considered 40% efficient. If the Soldier also has a 30% disability, it is measured as 30% of the remaining 40%, leaving the Soldier as 28% efficient, or 72% disabled. The 72% is rounded to 70%, which is the Soldier's combined rating. This system of combined ratings is complicated. If you receive a combined rating your PEBLO can explain how it was determined.

What does placement on the *Temporary Disability Retirement List (TDRL)* mean?

Soldiers who qualify for permanent disability retirement (rated at 30% or higher or with 20 or more years of active duty or 7200 points of combined service) are placed on the TDRL if the PEB determines that their condition is not stable for rating purposes. This happens if, in the opinion of the PEB, the Soldier's condition can be expected to improve or worsen during the TDRL period. While on the TDRL the disability rating doesn't change, regardless of any change in condition of the Soldier. Placement on the TDRL protects both the Soldier and the Army. Soldiers placed on the TDRL will receive a minimum of 50% of basic pay (or high 36-month average as described earlier) and also receive all other retirement benefits (ID cards, TRICARE eligibility, etc.) while on the TDRL. Soldiers on TDRL will receive a medical re-evaluation at least once every 18 months while on the TDRL, and this re-evaluation will be forwarded to a PEB for a new disability determination. As a result of the new PEB finding the Soldier may be found fit (and may be given the opportunity to return to military service if desired), separated with severance pay (if the rating is decreased under 30%), permanently retired, or retained on the TDRL and re-evaluated again within 18 months.

Placement on the TDRL cannot be longer than five years. At the end of those five years Soldiers must be removed and given a final rating. If a Soldier does not keep USAPDA informed of their civilian address, or doesn't report for scheduled TDRL re-evaluation, retirement pay and medical benefits for the Soldier (and dependents) may be stopped.

I suffer from a condition listed in the VASRD. Does that mean I will be found unfit and rated by the PEB?

Just because a Soldier has a condition that matches a description in the VASRD does not mean that the PEB will find him/her unfit to continue military service.

Before a Soldier is eligible for a disability separation or retirement the Soldier's case must show that he/she is unable to reasonably perform the duties of his/her office, grade, rank or rating and that this inability to perform is a direct result of a documented disability.

I have more than one diagnosis. If the PEB finds me unfit as the result of one of my diagnoses, does that mean all of my diagnoses are unfitting and will be rated by the PEB?

The PEB evaluates the evidence of each diagnosis, but only rates the conditions that prevent the Soldier from performing his/her military duties. For example, a Soldier, in a single accident, could suffer internal injuries that result in the loss of one kidney and a musculoskeletal injury that crushes two vertebrae damaging disks and impinging on nerves. The loss of a single kidney would not necessarily prevent the performance of military duties; however, the back injury may very likely result in the Soldier being unfit for continued military service. In this example the disability rating would likely be awarded for the back injury only.

The PEB says my condition existed prior to service. How can this be? I never suffered from this condition before I came into the Army.

Physical or mental disabilities that make a Soldier unfit may have existed prior to entering the service (EPTS). Causes of EPTS disabilities include hereditary or congenital defects or injuries with an inception before entering active service. There is a presumption that pre-existing conditions have been service-aggravated, but this presumption can be overcome if the PEB determines that the worsening of any condition followed the “natural progression” of the pre-existing injury or disease based on well-established medical principles.

If a Soldier has less than eight years total active service (see eight-year rule on next page) he/she could be separated from the service without disability benefits. This would happen if the PEB deems a Soldier's injuries EPTS and his/her condition has not been permanently aggravated by military service. By law, the Army only compensates for those conditions that were caused by, or permanently aggravated as a result of, military service.

It is possible for a Soldier to possess a physical or mental disability and never experience a problem until he/she faces the stresses of military life. The physical and emotional stress of military training can cause a latent condition to appear or an old injury to worsen to the point that the Soldier is no longer able to perform his/her military duties.

To appeal a finding of EPTS, a Soldier must present medical evidence that the condition did not exist prior to entering the service, or provide medical evidence documenting that military service permanently aggravated a pre-existing condition.

Separation without Disability Benefits,

A Soldier may be separated without disability benefits in the following situations:

- (a) The unfitting condition results from injury which is due to intentional misconduct or willful neglect.
- (b) The disability was incurred during a period of unauthorized absence.
- (c) The disability was not incurred or aggravated as the proximate result of performing duty (for example, EPTS).

What is the eight-year rule?

By law, a Soldier with over eight years active federal service is eligible for disability compensation even if his/her condition existed prior to service (EPTS). The eight years of active service does NOT have to be continuous; however, the Soldier must be on active duty orders of over 30 days for this rule to apply.

I'm a Reserve Component Soldier. Are there any differences in how my case will be processed through the PEB?

There is no difference in PEB case processing for a Reserve Component (RC) Soldier serving on a period of active duty, from that of an Active Component Soldier. Each Soldier is entitled to the same determinations and disposition recommendations of the PEB. However, if an RC Soldier with twenty "good years" receives a rating from the PEB that would result in separation with severance pay, he/she is provided the option of waiving the separation pay and being placed in the retired reserve and drawing retired pay and benefits at age 60.

Remember that the PDES is a military duty performance-based system. The PDES determines if the Soldier's medical condition makes him/her fit or unfit to perform military duty. *It does not assess the Soldier's capacity to perform in his or her civilian position.*

RC Soldiers not on active duty who have conditions that were **not** incurred as a result of military service will be processed by the PEB for a fitness determination only. These Soldiers are not entitled to disability benefits. These cases are referred by the reserve activity Commanding Officer to the PEB for a determination of fitness for continued service only. The decision to submit a case as "duty-related" or "non-duty related" resides with the Soldier's command. Normally an MEB is not conducted by an MTF on these individuals, nor is care provided by the MTF for the condition.

I am a Medical Holdover (MHO) Soldier. What special provisions apply to me?

MHO is defined as a RC Soldier mobilized on 10 USC 12302 and who volunteers to remain on Active Duty for medical retention under 12301 (d) orders in support of contingency operations and diverted from his/her normal mobilization mission, demobilization processing, or medically evacuated from theater, who is in need of medical evaluation, treatment, and disposition including definitive health care for medical conditions identified, incurred, or aggravated while in an active duty status.

The MHO program is designed to compassionately evaluate and treat the RC MHO Soldier with the primary goal of returning the Soldier back to duty within their respective RC. If a return to duty is not possible, the MHO Soldier will be processed through the PDES in the same manner as outlined in this booklet. It is important that the MHO Soldier reads the MHO Soldier's Handbook that is distributed to all Soldiers who voluntarily request to participate in the Medical Retention Program since it contains useful MHO specific information.

I am assigned to a Community Based Health Care Organization (CBHCO). How does that differ from being located at a military MTF?

While the overall PDES processing is the same, there are some unique aspects to an MEB that is being conducted on a Soldier located away from an MTF. In many cases, the CBHCO Soldier is receiving his/her medical care from a non-military provider. It is necessary, therefore, that the Soldier's CBHCO Clinical and Administrative Chain of Command closely monitor the Soldier's medical progress to determine when referral to an MEB is appropriate. Once this medical determination is made, preliminary documentation is gathered by the CBHCO which will become the basis for referral to the supporting MTF for the MEB. In most cases it will be necessary for the Soldier to report to the designated MTF for completion of the MEB and, if appropriate, referral to the PEB. The Soldier will be at the MTF for about two weeks during which time he/she will undergo medical evaluation, MEB counseling, and all other aspects of the MEB process outlined in this booklet. At the conclusion of the MEB the Soldier will be returned to the control of the CBHCO where he/she will await the outcome of the board process. It is important to note that all documentation requirements, PEBLO Counseling, and appeal rights **are exactly the same** for Soldiers attached to a CBHCO as for a Soldier receiving care at a military MTF. CBHCO Soldiers are encouraged to remain in close contact with their CBHCO Case Managers who will monitor the Soldiers progress throughout the process. Moreover, upon arrival at the MTF Soldiers will have frequent contact with an assigned PEBLO who will become their advocate while the Soldier is at the MTF and who will remain responsible for the Soldier's case even after the Soldier returns to the CBHCO.

If I am found unfit, can I still remain on active duty or in the Reserve/National Guard?

Certain Soldiers who are found unfit by the PEB may request to be Continued on Active Duty (COAD) or in Active Reserve (COAR) status as an exception to policy. Approval for COAD/COAR rests with Human Resources Command and the National Guard. The PEB does NOT approve or disapprove a COAD/COAR request. To be considered for COAD or COAR, you must have a condition that will not require undue loss of time from duty for medical treatment, must not pose a risk to the health and safety of yourself or other Soldiers, be physically capable of performing useful duty in an MOS for which currently qualified or potentially trainable, and meet one of the following criteria:

- Have 15 but less than 20 years of active federal service (COAD) or qualifying service for nonregular retirement (COAR), or
- Be qualified in a critical skill or shortage MOS, or
- Have a disability that resulted from combat operations or terrorism.

Normally a COAD/COAR application is submitted by a Soldier when his/her MEB is completed. PEBLOs can provide more information on the COAD/COAR process.

Shouldn't I have my medical conditions evaluated by the PEB to support a disability claim I plan to submit to the Department of Veterans Affairs (DVA)?

No. The DoD and DVA disability evaluation systems are independent of one another. As stated earlier, only those conditions that render the Soldier unfit for continued military duty will be rated by the PEB. However, the DVA could potentially rate and award disability compensation for any medical condition that affects a former Soldier's quality of life whether or not that condition would impair their earning capacity.

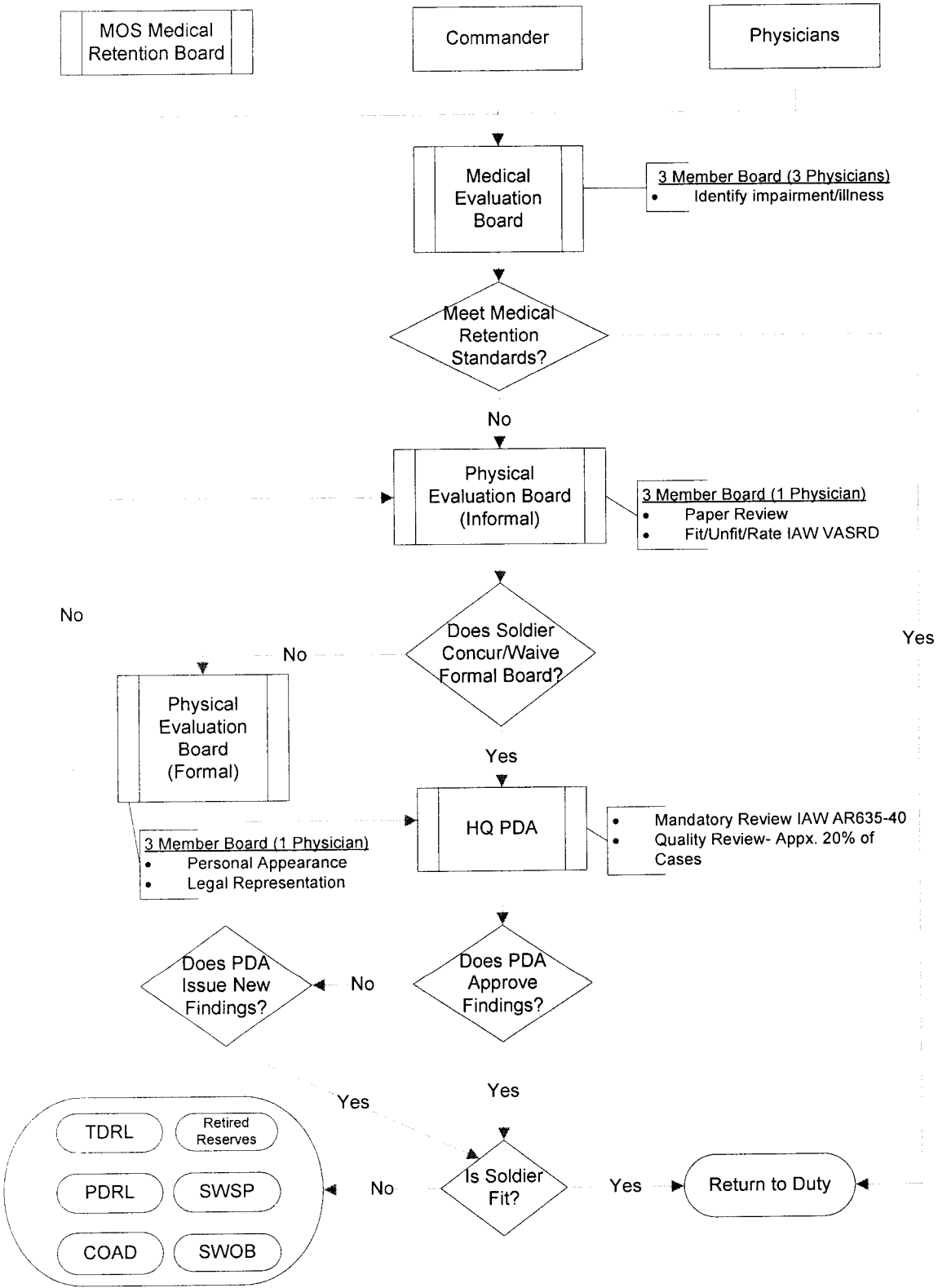
Although the Soldier's medical record is used by the DVA to determine service connection, the former Soldier is given a complete medical examination by the DVA before a rating determination is made by a DVA rating specialist.

Additional information on DVA benefits can be found at www.va.gov. In addition, DVA Benefits Counselors are available at most Army transition centers.

Conclusion

The above information is only an overview of the Department of the Army Physical Disability Evaluation System. It is not intended as a comprehensive review of the system.

The PDES can be confusing. Soldiers going through the system should attempt to educate themselves with the help of their PEBLOs. The Secretary of the Army charges the PEBLO with the responsibility of counseling and educating Soldiers undergoing a medical board, on the entire MEB/PEB process.



Disability Evaluation System (DES)

As the result of career-ending illnesses and/or injuries, each year the Army separates thousands of Soldiers through the Physical Disability Evaluation System.

This guide answers a few general questions about the Department of the Army's Disability Evaluation System.

- The Medical Evaluation Board (MEB)
- The Informal Physical Evaluation Board
- The Formal Physical Evaluation Board