

**Family Readiness Group
Computer-Based Training**

Module 15: Wounded Soldier Care



Table of Contents

| | |
|---|----------|
| 1. MODULE 15: WOUNDED SOLDIER CARE | 1 |
| 1.1. FAMILY ASSISTANCE AND SUPPORT | 1 |
| 1.1.1. FRG Role | 1 |
| 1.1.2. Leave and Travel | 2 |
| 1.1.3. Legal and Financial Resources | 3 |
| 1.1.4. Other Resources | 3 |
| 1.2. FOLLOW-ON CARE | 4 |
| 1.2.1. Introduction | 4 |
| 1.2.2. U.S. Army Wounded Warrior Program (AW2)..... | 4 |
| 1.2.3. Key elements of the AW2 | 4 |
| 1.2.4. Community Based Health Care Initiative (CBHCI) Program | 4 |
| 1.2.5. Department of Veterans' Affairs..... | 5 |
| 1.2.6. Primary Veterans Benefits..... | 5 |
| 1.3. SUMMARY – KEY POINTS FOR WOUNDED SOLDIER CARE..... | 7 |

1. MODULE 15: WOUNDED SOLDIER CARE

If a Soldier is injured or taken seriously ill while deployed, the next-of-kin will be notified. Usually, if the Soldier is Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), telephonic notification will be made, although policy may dictate personal notification. The FRG Leader, in coordination with the RDC, should stand ready to assist family members in the event of a Soldier's illness or injury.

Lessons

Assistance and Support for Families

Follow-On Care

In this lesson, we will discuss the following FRG responsibilities:

- Communicating with family.
- Monitoring status of wounded Soldiers.
- Visiting patient if possible.
- Coordinating for special needs of families.
- Coordinating with RDC.
- Coordinating for support from FRG.
- Understanding convalescent leave.
- Understanding transportation options for family members.
- Understanding living wills and powers of attorney.
- Understanding NGO assistance programs.
- Recommending counseling and community support services.
- Understanding the U.S. Army Wounded Warrior Program (AW2).
- Understanding access to Department of Veterans' Affairs (VA).

1.1. Family Assistance and Support

1.1.1. FRG Role

When illness or injury strikes the unit, the impact can be devastating. Because of the varying degrees and seriousness of illnesses and injuries, those in support roles, such as the FRG Leader, may have many questions concerning the best way to give support. The FRG should be flexible and ready to assist family members by offering support and information.

The Rear Detachment Commander (RDC) is responsible for tracking the status of the unit's ill and injured Soldiers and maintaining open lines of communication with both the Soldier and the family. Coordination with the RDC will allow you to remain abreast of developments and on track to offer the best assistance in a difficult situation. If possible, coordinate with the RDC for hospital visitation or other appropriate personal contact with the ill or injured Soldier, depending on the situation.

The wishes and needs of the family should be respected at all times. Maintain communication with the family and allow their needs to dictate the level of support that you provide. If requested by the Soldier's family, the FRG can offer emotional and logistical support to the family, such as meals, childcare, and transportation. Depending upon the extent of the illness or injury, the recovery process may be a long, difficult road. Long-term support for the family may be required, so remember to support the supporters. Additional information on Comfort/Care Teams is available in the Casualty Support module.

"A Leader's Guide to Trauma in the Unit" is an excellent resource with practical ideas for supporting families during difficult situations.

1.1.2. Leave and Travel

Convalescent Leave. This leave is a non-chargeable absence from duty granted to expedite a Soldier's return to full duty after illness or injury. It is governed by Chapter 5 of AR 600-8-10, Leaves and Passes. Unit commanders may grant up to a maximum of 30 days convalescent leave to Soldiers who are ill or have been injured. Hospital commanders are the only approval authority for requests in excess of 30 days.

Invitational Travel Orders (ITO). The Joint Federal Travel Regulation, Volume I, (Chapter U5246) authorizes up to three relatives of an SI/VSI patient to travel to and from the hospital at government expense. ITOs for family members of medically evacuated patients will cover the cost of travel, lodging, and per diem for a pre-determined period of time. For family members of patients who are deployed, ITOs will only cover travel costs.

The servicing Casualty Area Command (CAC) is the point of contact for ITOs.

A spouse or relative on ITO must have:

- Copy of ITO.

- Military ID card or another form of identification.

- Power of Attorney.

- Immunization records for traveling children who may need childcare.

- Name and telephone number for the Soldier's parent unit.

- Valid passport if traveling overseas.

If the spouse or relative does not have a passport, or must obtain documentation through the embassy or the INS, contact your servicing CAC.

Fisher House Foundation. The Fisher House is a "home away from home" for families of ill or injured service members, which enables families to stay together, cook meals, do laundry, and relax during a stressful time. The nominal service fee is lower than other on-base lodging and much lower than off-base hotels. For more information, visit www.fisherhouse.org.

Operation Hero Miles. For individuals who do not qualify for government-funded travel, Operation Hero Miles, which partners with the Fisher House Foundation, Inc.,

may be able to provide, at the Soldier's request, a no-cost round-trip ticket for a family member or friend to visit the Soldier. There are no provisions for assistance with local travel, overnight accommodations, meals, or other expenses. The website is www.heromiles.org.

1.1.3. Legal and Financial Resources

Legal Assistance. The Legal Assistance Office can provide information and advice on powers of attorney, wills, and advance medical directives (living wills). Notary services are also available. In some medical treatment facilities, local Legal Assistance attorneys may be available to make hospital visits. Refer to Module 9, Legal, for descriptions of relevant legal documents.

Army Emergency Relief (AER). AER provides emergency financial assistance to active duty and retired service members and to eligible family members who have a valid emergency and a need for financial help. Assistance may be in the form of an interest-free loan, a grant (or an outright gift of funds) if the repayment of loan will cause undue hardship, or a combination of a loan and grant. The local Army Community Service (ACS) can assist with the AER or information is available at www.aerhq.org.

1.1.4. Other Resources

Assistance from Non-ID Cardholder. Sometimes the Soldier's illness or injury requires in-home assistance from a person who does not hold a military ID card. Coordinate with the RDC to provide additional assistance for the non-ID cardholder to function within the military system.

Consider offering the following:

- Gate access to installation.

- Important telephone numbers (emergency and non-emergency, unit and civilian).

- Permission to access PX and Commissary.

- Maps of installation and surrounding areas.

Trauma Counseling. It is important for family members to know that they can ask for help in handling the trauma of their Soldier's illness or injury. Be prepared to offer referrals for local assistance to include the Chaplain's office, Army Community Service, mental health facilities, and medical treatment facilities. The telephonic counseling service, Military OneSource, supplements existing family programs by providing 24-hour, seven-days-a-week service toll-free.

State and Local Veterans' Programs. State veterans' affairs agencies administer benefits programs for military service veterans and their families. A directory of state veterans' programs is available at www.statelocalgov.net/50states-military-veterans.cfm.

Additional Support Programs. America stands ready to assist its Soldiers, and there are many organizations prepared to facilitate this assistance. A list of assistance organizations, to include those that help wounded Soldiers and their families, is available at www.amu.apus.edu/support-our-troops.htm.

1.2. Follow-On Care

1.2.1. Introduction

The struggle to adjust to post-illness or injury life can be difficult for both the Soldier and the family members. It may include facing new challenges, such as undergoing physical therapy and recovery, navigating the medical board process, or accessing Department of Veterans' Affairs (VA) benefits. As an FRG Leader, you should be familiar with some of the common resources and requirements for follow-on care for ill or injured Soldiers.

1.2.2. U.S. Army Wounded Warrior Program (AW2)

Formerly known as the Disabled Soldier Support System (DS3), the U.S. Army Wounded Warrior Program (AW2) is a program that incorporates and integrates existing programs and systems to provide support services to severely disabled Soldiers and their families. It provides a system of advocacy and follow-up with personal support as they transition from military service to the civilian community.

AW2 serves as the advocate for the Army's severely disabled Soldiers and their families. AW2 facilitates communication and coordination between severely disabled Soldiers and their families and the pertinent local, Federal, and national agencies and organizations, such as the Department of Veterans' Affairs and the many commendable Veterans' Service Organizations.

1.2.3. Key elements of the AW2

Key elements of the AW2 include providing a network of resources not limited to Army installations or component, be it active or reserve, to ensure responsiveness and availability of support services. Although AW2 is centrally managed at Department of the Army Headquarters, there are designated regional AW2 Coordinators that will interface on behalf of the Soldiers and families with the local and regional resources.

The benefits of those enrolled are tremendous. Severely disabled Soldiers and families are able to better understand what their future holds and how to access services they may require through the assistance of a dedicated advocate.

AW2 operates with a three-phased approach:

1. Notification and evacuation
2. Medical care and board evaluation
3. Retirement and reintegration. Detailed information on the three phases is available at www.armyds3.org.

1.2.4. Community Based Health Care Initiative (CBHCI) Program

The purpose of the CBHCI program is to allow selected reserve component soldiers to return to their homes and receive medical care in their communities rather than remaining at a demobilization site. To be selected for the program, Soldiers must volunteer to remain on active duty, reside in a state participating in the pilot program, and reside in a community where appropriate medical care is available.

The CBHCI program, through the use of Community Based Health Care Organizations (CBHCOs), is managing Medical Holdover (MHO) Soldiers throughout the United States. CBHCOs are manned by mobilized Reserve Component Soldiers and provide command and control for the Army National Guard and Army Reserve Soldiers undergoing medical treatment in healthcare facilities within their region. This program is available to Soldiers enrolled in the Medical Retention Processing (MRP) program and may be eligible to Soldiers participating in the Medical Retention Processing 2 (MRP2) program. Soldiers should consult with the medical treatment facility's medical holding unit to determine eligibility.

At the CBHCO, a registered nurse manages the Soldier's care. The case manager coordinates healthcare appointments, tracks the Soldier's progress, and ensures that care meets Army and TRICARE standards. Medical care is focused on returning Soldiers to their pre-mobilization health status. If, after medical treatment, a Soldier does not meet retention standards, they are referred to a series of boards under the Disability Evaluation System (DES). The DES has responsibility for determining any service-connected disability.

1.2.5. Department of Veterans' Affairs

The U.S. Department of Veterans Affairs (VA) offers a wide range of benefits to our Nation's veterans, service members, and their families.

Services fall into these major categories:

- Disability benefits
- Education and training benefits
- Vocational rehabilitation and employment
- Home loans
- Burial benefits
- Dependents' and survivors' benefits
- Life insurance
- Health care

Extensive information is available from the Veterans' Benefits Administration at www.vba.va.gov or from a Regional VA office.

1.2.6. Primary Veterans Benefits

The primary veterans' benefits that apply for ill or injured Soldiers and/or veterans include the following:

Disability Benefits. The VA administers two disability programs that both pay monthly benefits to disabled veterans. Disability Compensation may be paid if the Soldier is at least 10 percent disabled as a result of military service. Disability Pension may be paid if the Soldier is a wartime veteran with limited income who is no longer able to work.

Vocational Rehabilitation and Employment. The VA can help veterans with service-connected disabilities prepare for, find, and keep suitable employment. For veterans with serious service-connected disabilities, VA also offers services to improve their ability to live as independently as possible. Some of the services provided are job

search assistance; vocational evaluation; career exploration; vocational and educational training; and rehabilitation services.

Health Care. The VA provides a number of health care services to include:

Hospital, outpatient medical, dental, pharmacy, and prosthetic services

Domiciliary, nursing home, and community-based residential care

Specialized health care for women veterans

Health and rehabilitation programs for homeless veterans

Readjustment counseling

Alcohol and drug dependency treatment

Medical evaluation for military service exposure, including Gulf War, Agent Orange, radiation, or other environmental hazards

Additionally, the VA will provide combat veterans free medical care for any illness possibly associated with service against a hostile force in a war after the Gulf War or during a period of hostility after November 11, 1998. This benefit may be provided for two years after the veteran's release from active duty.

Service-Disabled Veterans Insurance. Also called "RH" insurance, this is life insurance for service-disabled veterans.

1.3. Summary – Key Points for Wounded Soldier Care

If a Soldier is injured or taken seriously ill while deployed, the next-of-kin will be notified. Usually, if the Soldier is Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), telephonic notification will be made, although policy may dictate personal notification. The FRG Leader, in coordination with the RDC, should stand ready to assist family members in the event of a Soldier's illness or injury.

Lessons include information and resources for assistance and support for families of Wounded in Action Soldiers and understanding follow-on care. In regard to wounded Soldiers, the FRG Leader's role is one of coordination and support.

Resources

www.carlisle.army.mil/usawc/dclm/docs/traumapdf.pdf, to link to "A Leader's Guide to Trauma in the Unit"

www.vba.va.gov, the Department of Veterans' Affairs' website