

**Rear Detachment Commander**  
**Computer-Based Training**  
**Module 18: Wounded Soldier Care**



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## **1. WOUNDED SOLDIER CARE**

**To enable Rear Detachment Commanders to demonstrate the functional proficiency required to resolve Soldier and family issues arising from medical retention boards, medical and physical evaluation boards, rear detachment commander responsibilities, and follow-on care.**

### ***1.1. Medical MOS Retention Boards, Medical Evaluation Boards, and Physical Evaluation Boards***

#### ***1.1.1. Medical MOS Retention Board***

Soldiers with a permanent medical profile containing a three or four in one of the profile serial factors are required by AR 600-60, Physical Performance Evaluation System, to be evaluated by a Medical Military Occupational Specialty (MOS) Retention Board (MMRB).

This administrative screening is to determine if Soldiers can perform satisfactorily in their primary MOS or specialty code in a worldwide field environment. Soldiers are nondeployable once they are referred to a MMRB.

Soldiers will be notified 90 days prior to the MMRB and are required to appear before the board. Units will receive a copy of the notification along with instructions for counseling the Soldier. Soldiers are encouraged to speak freely to the board and present all the facts pertaining to their medical conditions.

The board will then make a recommendation based on the profile limitations and the physical tasks required per Army guidance, taking into consideration the commander's input and information from the Soldier.

#### **The Board will make one of the following recommendations:**

Retain Soldier in current unit and MOS.

Reclassify Soldier into a new MOS (with the possibility of transferring to a new unit).

Place Soldier in probationary status. This can be recommended when the board determines that the Soldier's disease or injury may be improved enough through a program of rest, rehabilitation, and/or physical therapy. The probationary period will not exceed six months for active duty Soldiers.

Separate Soldier from the military. If the Soldier's condition is non-duty related, the Soldier will be separated.

If the Soldier's condition is duty related and found "in the line of duty through a Line of Duty investigation, the Soldier will be referred to the Physical Disability Evaluation System (PDES).

The unit commander is responsible for forwarding the MMRB packet to the board.

#### **The packet consists of the following items:**

The Soldier's acknowledgement of notification and counseling. The counseling must be done by the First Sergeant.

The commander's evaluation. The commander will write an evaluation of the Soldier's physical capability, which will include the impact that the limitations of the permanent profile have on the full range of MOS and specialty duties. If the commander is junior in grade to the Soldier being evaluated, comments provided by the Soldier's supervisor or rater are appropriate. It is not the commander's job to state whether the individual is fit or not fit for duty. An example of this evaluation may be found in AR 600-60.

The Soldier's most recent Army Physical Fitness Test (APFT) or a statement explaining why the Soldier has not taken the APFT.

The personnel assistant for the MMRB will collect the Soldier's personnel records and medical records. It is the commander's responsibility to ensure that these items are up-to-date.

The Soldier will be told the findings and recommendations of the board upon its conclusion. The results, however, are not final until reviewed and approved by the Adjutant General (AG). If the Soldier disagrees with the findings of the board, he or she may submit a written rebuttal.

#### *1.1.2. Medical Evaluation Board*

The Medical Evaluation Board (MEB) is an informal proceeding consisting of at least two physicians evaluating the medical status and duty limitations of a Soldier. During the course of the MEB, physicians refer to medical fitness standards contained in AR 40-501, Standards of Medical Fitness. This regulation lists various medical conditions and physical defects that may render a Soldier unfit for military duty. Soldiers are nondeployable once they are referred to a MEB.

What determines if a person is fit or unfit for duty? According to Department of Defense Directive (DODD) 1332.18, the sole standard for making determinations of unfitness due to physical disability is based on ability to perform the duties of the service member's office, grade, or rank because of disease or injury. Department of Defense guidelines set an allowable time for processing MEB cases at 30 days.

The physician examines the Soldier, initiates necessary consults from other departments, orders a complete physical, and reviews the Soldier's medical history. Once all of the necessary activities are complete, the physician dictates the narrative summary (NARSUM), which is sent to the Physical Evaluation Board Liaison Officer (PEBLO) for review. This NARSUM provides a "word picture" of the Soldier's condition, history, and status.

The PEBLO is responsible for case management of the Soldier. Throughout the process the PEBLOs keep Soldiers informed and communicate with the Soldier's unit and commander. When the PEBLO has a complete MEB packet, he takes the case to the Deputy Commander for Clinical Services (DCCS) for review. The DCCS is the final approving authority on the MEB case.

Once the PEBLO receives the approved MEB case from the DCCS, he counsels the Soldier on the findings. If the Soldier agrees, he signs and the case is sent to the PEB. The Soldier also has the right to appeal the findings.

The MMRB can recommend return to duty with no limitations; return to duty with limitations; or referral to a Physical Evaluation Board (PEB).

### *1.1.3. Physical Evaluation Board*

The Physical Evaluation Board (PEB) is the final step in the medical board process. This board is charged with determining the medical fitness of a Soldier, either fit or unfit for duty, and the amount of disability awarded. The PEB evaluates the Soldier's medical prognosis and performance appraisals to determine fitness for duty.

In addition to the physician's NARSUM and supporting medication documentation, the PEB's evaluation of a Soldier's performance also encompasses the commander's evaluation, letters from supervisors, performance evaluations, and personal testimony.

#### **To assist in the PEB process, the RDC should:**

Communicate with the attending physician(s). Commanders must have a working relationship with the physician(s) to ensure the needs of the Army and the medical needs of the Soldier are met.

Communicate with the PEBLO. The PEBLO tracks all MEB/PEB actions and suspenses and can assist the RDC with the status of medical boards.

Communicate with the MMRB representative at the Military Personnel Office (MILPO).

Write a useful commander's evaluation. The members of all three boards regard the commander's evaluation as a heavy hitter. In both the MEB and the PEB, the evaluation of the MMRB is enclosed. Commanders must be consistent or explain discrepancies. The commander should relay the actual daily routine of the Soldier and not address his or her opinion on the Soldier's fitness for duty.

#### **The PEB can make several different rulings. When a Soldier is determined "unfit," the board also determines the percentage of unfitness:**

Fit for duty. Once found fit for duty, the Soldier will be released from restrictions imposed during the medical board process.

Unfit for duty with # percent of disability existed prior to service. Because the disability existed prior to service, there are usually no monetary or medical disability benefits; however, there are exceptions. The Transition Point can counsel Soldiers on the availability of benefits based on individual circumstances.

Unfit for duty with zero to 20 percent of disability. Soldiers are entitled to separation pay and a limited amount of medical care based on number of years in service.

Unfit for duty with 30 percent or more of disability. Soldiers are eligible for medical retirement with the same benefits awarded to a 20-year length of service retiree.

Soldiers have the right to appeal the findings. If separated or medically retired, the Soldier will be referred to the Department of Veterans' Affairs to start a disability claim.

For many, the medical board process can be confusing and overwhelming. The Army regulations and Department of Defense Directives are lengthy, and there are many progressive steps in the process filled with unique acronyms and medical terms. Soldiers undergoing the medical board process are not at 100 percent physically and may be under emotional stress as well.

As a Rear Detachment Commander (RDC), understanding the medical board process and the appropriate resources can help you to better assist your Soldiers and their family members. The RDC can find assistance on the medical separation process through the

Personnel Office (S1), the Staff Judge Advocate, and the Medical Department Activity (MEDDAC).

### ***1.2. Illness/Injury in the Unit***

When illness or injury strikes the unit, the impact can be almost as devastating as a casualty. Because of the varying degrees and seriousness of illnesses and injuries, those in support roles, such as the Rear Detachment Commander (RDC), may have many questions concerning the best way to give support. Knowing what to do can make a world of difference in the lives of the injured or ill Soldier and the Soldier's family.

Lessons include:

Assistance for Soldiers

Assistance and Support for Family Members

#### ***1.2.1. Assistance for Soldiers***

Sources: AR 600-8-10; U.S. Army War College's "A Leader's Guide to Trauma in the Unit"; Walter Reed Army Medical Center's website

The 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 medical treatment facility's medical liaison will allow the RDC to remain abreast of developments and on track to offer the best assistance possible in a difficult situation. If possible, the RDC should coordinate hospital visitation or other appropriate personal contact with the ill or injured Soldier, depending on the situation. The RDC, as the unit's representative, should ensure that the affected Soldier and his or her family are supported during their time of need.

### **Convalescent Leave**

Convalescent leave is a nonchargable 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. The steps to use convalescent leave are outlined in the regulation.

Soldiers granted convalescent leave for illness or injury incurred in line of duty while eligible to receive hostile fire and imminent danger pay are entitled to funded travel and transportation under the Joint Federal Travel Regulation (JFTR). The regulation also contains the steps to use convalescent leave travel.

#### ***1.2.2. Other Immediate Assistance***

Civilian Clothing. Soldiers who are medically evacuated (MEDEVAC) will arrive at the medical treatment facility in pajamas and a robe. Soldiers who are MEDEVACed by reason of an illness or injury incurred or aggravated while on active duty in support of Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom may be authorized a one-time issue of civilian clothes from AAFES. The medical treatment facility can assist with an authorization memo.

The American Red Cross as well as the United Service Organizations (USO) may also be able to provide civilian clothing for MEDEVACed Soldiers.

Army Emergency Relief (AER). AER provides emergency financial assistance to active duty and retired service members and to eligible family members, including widows who have a valid emergency and need 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](http://www.aerhq.org).

Administrative/Pay Assistance. The RDC should communicate with the ill or injured Soldier to identify any administrative or finance needs. Often, medical treatment facilities will be able to refer patients to a local finance office to assist with any immediate needs.

Legal Assistance. The RDC should be ready to refer the ill or injured Soldier to the Legal Assistance office for preparation of emergency wills or powers of attorney. Notary services are also available. In some medical treatment facilities, local Legal Assistance attorneys may be available to make hospital visits.

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](http://www.statelocalgov.net/50states-military-veterans.cfm).

### *1.2.3. Assistance and Support for Families*

Sources: U.S. Army War College's A Leader's Guide to Trauma in the Unit; Walter Reed Army Medical Center's website; AR 600-8-10

If a Soldier is injured or taken seriously ill while deployed, the spouse or next-of-kin will be notified according to the unit or installation policy. Usually, if the service member is Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), telephonic notification will be made, although policy may dictate personal notification.

The RDC should stand ready to assist family members in the event of a deployed Soldier's illness or injury. They will have many questions and concerns, and timely and accurate communication from you, as the unit's representative, is important.

#### **A spouse or relative on ITO needs to have:**

- Copy of ITO.

- Military ID card.

- Power of Attorney.

- Immunization records for traveling child(ren) who may need childcare.

- Name and telephone number for the active duty patient's parent unit.

- Valid passport if traveling overseas.

If the spouse or relative does not have a passport, the CAC can assist with obtaining one quickly. The CAC may also serve as a point of contact for foreign-born spouses or relatives who must obtain documentation through their home embassies or the Immigration and Naturalization Service (INS).

**Hero Miles.** For individual's who do not qualify for government-funded travel, Hero Miles, operated through 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.fisherhouse.org](http://www.fisherhouse.org).

**Assistance from Non-ID Card Holder.** If the Soldier's illness or injury requires in-home assistance from a person who does not hold a military ID card, the RDC may need to provide additional assistance for the non-ID card holder 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.

**Dual-Military.** If the affected family member is also a service member, he or she can request permissive temporary duty (PTDY) to join his or her ill or injured Soldier at a medical treatment facility. Except in critical situations, the maximum time authorized for PTDY is 10 days or less. For less than critical situations, Soldiers who wish to remain with the patient will do so in a chargeable leave status unless an extension is authorized. PTDY for this circumstance is governed by AR 600-8-10, Leaves and Passes.

**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. The RDC should 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, Army OneSource (AOS), supplements existing family programs by providing 24-hour, seven days a week service toll free.

**Legal Assistance.** The Legal Assistance Office can provide information and advice on powers of attorney, wills, and advance medical directives (living wills).

**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](http://www.statelocalgov.net/50states-military-veterans.cfm).

**Other Resources.** 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](http://www.amu.apus.edu/support-our-troops.htm).

### **1.3. Follow-On Care**

Serious injury or long-term illness of a Soldier occurring during deployment can be devastating. The struggle to adjust to post-illness or injury life can be difficult for both the Soldier and the family members and 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 a Rear Detachment Commander (RDC), you should be familiar with some of the common resources and requirements for follow-on care for ill or injured Soldiers.



### *1.3.1. 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.

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: notification and evacuation; medical care and board evaluation; and retirement and reintegration. Detailed information on the three phases is available at <http://www.armyds3.org>.

### *1.3.2. Department of Veterans' Affairs Benefits*

The **U.S. Department of Veterans Affairs**, or VA for short, 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; and health care. Extensive information is available from the Veterans' Benefits Administration at **[www.vba.va.gov](http://www.vba.va.gov)** or from the Regional VA office. RDCs should stand ready to refer Soldiers and family members to the VA.

Soldiers who will likely separate from the military may go ahead and prepare their disability application and supporting paperwork. The packet can be ready to submit to the VA, and the Soldier can add the required DD214, Certificate of Discharge or Release from Active Duty, when received. This enables a smoother, quicker transition from military to VA benefits and care.

**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 which 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.

The necessary application is the VA Form 21-526, Veteran's Application for Compensation or Pension, which can be completed online.

**Vocational Rehabilitation & 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 healthcare services:

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

- Domiciliary, nursing home, and community-based residential care.

- Sexual trauma counseling.

- 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.

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 from the veteran's release from active duty.

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

### *1.3.3. RDC Responsibilities*

Required follow-on care for Soldiers and family members may be a lengthy process. The RDC should continue to provide high-level, appropriate support to the ill or injured Soldier and the family members as required.

**Some examples of RDC responsibilities may include but are not be limited to:**

Actively communicating with family as the unit's representative and as a liaison to the military process. The key to providing valuable support is to take cues from the family that you are supporting. Remember to not take things personally and to also encourage others to be tolerant and kind.

Offering referrals for trauma counseling for both Soldiers and family members. Local assistance includes the chaplain's office, Army Community Service, mental health facilities, and medical facilities. The telephonic counseling service, Army OneSource (AOS), supplements existing family programs by providing 24-hour, seven days a week service toll free.

Coordinating transportation for Soldiers and family members, if required. This may include coordinating Invitational Travel Orders (ITOs), discussed earlier in this module, for family members to visit medical treatment facilities.

Communicating with the Soldier's assigned case manager and/or medical liaison officer. These individuals can explain the "ins and outs" of the Soldier's care, recuperation, and prognosis. They can also suggest ways for you to better assist the Soldier.

#### **1.4. Summary Points**

##### **Key Points from Medical MOS Retention Boards:**

The MMRB is an administrative screening used to determine if Soldiers can perform satisfactorily in their primary MOS or specialty code in a worldwide field environment. The RDC has a responsibility to write a commander's evaluation of the Soldier's physical capability to perform MOS requirements and daily duties.

##### **Key Points from Medical Evaluation Boards:**

The MEB is an informal proceeding consisting of at least two physicians evaluating the medical status and duty limitations of a Soldier. The MEB will determine if the Soldier can return to duty, return to duty with limitations, or be referred to a PEB.

##### **Key Points from Physical Evaluation Boards:**

The PEB is the final step in the medical board process. This board is charged with determining the medical fitness of a Soldier, either fit or unfit for duty, and the amount of disability awarded.

##### **Key Points from Assistance for Soldiers:**

The RDC, as the unit's representative, should ensure that the affected Soldier and his or her family are supported during their time of need. Assistance may include approval for convalescent leave and referral to appropriate organizations.

##### **Key Points from Assistance and Support for Family Members:**

The RDC should stand ready to assist family members in the event of a deployed Soldier's illness or injury. They will have many questions and concerns, and timely and accurate communication from you, as the unit's representative, is important.

##### **Key Points from Disabled Soldier Support System:**

The purpose of the Disabled Soldier Support System (DS3) is to assist Soldiers by incorporating and integrating existing programs and systems that provide support services to severely disabled Soldiers and their families through a three-phased approach: notification and evacuation; medical care and board evaluation; and retirement and reintegration.

##### **Key Points from Department of Veterans' Affairs Benefits:**

The 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; and health care. RDCs should stand ready to refer Soldiers and family members to the VA.

##### **Key Points from RDC Responsibilities:**

Required follow-on care for Soldiers and family members may be a lengthy process. The RDC should continue to provide high-level, appropriate support to the ill or injured Soldier and the family members as required.