

WALTER REED ARMY MEDICAL CENTER

OUR HERO HANDBOOK



A Guide for Families of Wounded Soldiers

OPERATION IRAQI FREEDOM

OPERATION ENDURING FREEDOM

WOUNDED SOLDIER AND FAMILY HOTLINE 1-800-984-8523

OVERSEAS DSN: 312-328-0002/STATESIDE DSN: 328-0002

EMAIL: wfsupport@conus.army.mil



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON
WALTER REED ARMY MEDICAL CENTER
6900 GEORGIA AVENUE, NORTHWEST
WASHINGTON, DC 20307-5001

Garrison Commander

Warriors and Family Members

November 1, 2007

Dear Warriors and Family Members:

I would like to personally welcome you to the US Army Garrison, Walter Reed and the Soldier Family Assistance Center (SFAC). I want you to know that with the assistance of your chain of command, a highly skilled team of healthcare providers, and other support personnel we will do everything in our power to ensure you are able to accomplish your mission which is to heal.

Our goal at SFAC is to eliminate the stress of visiting multiple locations to obtain routine services such as: military identification card, lodging, legal assistance, child care, and finance support just to name a few. The SFAC will serve as your "One Stop Shop" to conveniently access these services and many others such as the Army Wounded Warrior Program. If necessary, we will even bring the service to the Warrior and Family members.

Due to the sacrifice you and your family members' have made for the United States of America, I want you to know that we are totally committed to helping you accomplish your mission as a Warrior in Transition and supporting the Family Members of Warriors.

Again, welcome to the Walter Reed and the Soldier Family Assistance Center.

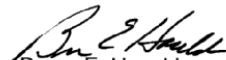

Bruce E. Haselden
Colonel, Medical Service
Garrison Commander

TABLE OF CONTENTS

A. INTRODUCTION/OVERVIEW

- How to Use This Handbook
- Contact Information

B. NOTIFICATION AND TRAVEL TO HOSPITAL

- About the Soldier and Family Assistance Center
- Notification and Travel and Transportation Orders (TTOs)
- Travel Preparations
- Packing Lists
- Getting to the Hospital
 - Settling at Hospital
 - Lodging
 - Food
 - Other Local Services
- Coping with Trauma
 - Preparing a Child to See Injured Family Member
 - Common Reactions/Expectations of Trauma
- Coping with Stress
- Tips for Dealing with Others and the Media
- Family and Medical Leave Act

C. IN-PATIENT

- Medical Care Team: Role and definitions
- You as Your Soldier's Advocate
- Patient Bill of Rights
- A Soldier's Viewpoint
- War Zone Related Stress
- What Families Need to Know
- Taking care of yourself (not just your Soldier)
- Reunion Information
- Learning to Use the Internet
- Caring Bridge
- A way to keep others informed

D. OUT-PATIENT

- Why T&TO's change
- Non-medical Attendant Orders
- Medical Hold/Holdover Company
- Operation Warfighter/ Warrior Outreach Wellness Program
- When You Become Your Spouse's Caregiver
- When You Become Your Adult Child's Caregiver
- Traumatic Injury Protection Insurance (TSGLI)

E. MEDICAL EVALUATION PROCESS

- MEB/PEB Overview
- MEB/PEB Process Question and Answer Format
- MEB/PEB Process Technical Explanation

F. TRANSITION

- Considerations for the Family
- Transition Resources

G. RESOURCES

H. APPENDIX

- Common Terms and Abbreviations/Acronyms
- Acknowledgements

HOW TO USE THIS BOOK

This handbook is intended for Family Members of seriously wounded Soldiers. It is not meant to be a complete resource in and of itself, but rather a guide for Families to follow when navigating the complex system of care. The handbook does not represent itself as “expert” advice as it was written by Army Families for Army Families with the support and help of many individuals, agencies, and organizations who provide our wounded Soldiers with an unparalleled level of care. Thus throughout this book, reference to the “experts” has been included to direct Families to the appropriate resource which can provide “expert” guidance. For those Family Members who have not had experience dealing with the military system, the use of abbreviations known as acronyms is the norm. Throughout this handbook, explanations will include the complete name and then the appropriate acronym. At any time, please refer to the acronym section if reading a narrative which includes an acronym that is not familiar.

It is our hope that Families receive this handbook before traveling to the military treatment facility. Information is included that may not pertain to those Families already at the Soldier’s bedside when receiving the handbook. All information is offered in a general format since every case is unique and may deviate from what is represented. All wounded Soldiers, whether Active, Guard or Reserve are represented in this handbook.

Regulations, policies, procedures, supporting agencies and legislation regarding wounded Soldiers are continuously changing. Continue to seek the most current information from the Department of the Army and the Department of Defense to ensure the most complete support for your Soldier. Please make sure you have the most current version of this book by checking http://www.wramc.amedd.army.mil/WarriorsInTransition/handbooks/Combined_HeroHandbook.pdf Keep in mind that throughout this arduous journey from injury to recovery, your loved one is still a Soldier subject to Army rules and regulations. While some Army rules and regulations may seem foreign to you, they exist to provide structure and protection to both the organization and the people within it.

This handbook has been organized into chapters that reflect the chain of events that began with notification of your loved one’s injury. The amount of information may seem overwhelming but taken one step at time, it will provide information for each stage of the journey. As with any journey, each person’s experience will be different. The chapters include some narrative and then will have articles, resources, and other material pertinent to the stage of the recovery process.

CONTACT INFORMATION

Your Soldier is a part of: _____

Your Unit's Rear Detachment Commander is: _____

Commercial Phone: _____

Cell Phone: _____

DSN Number: _____

The Warrior Transition Brigade's (WTB) Staff Duty Non-Commissioned Officer (SDNCO) desk may be reached 24 hours a day, 7 days a week.

Commercial Phone: 202-782-0069 _____

DSN Number: 662-0069 _____

WTB Commander: 202-782-6716 _____

WTB Commander BlackBerry: 202-492-6768 _____

WTB CSM: 202-782-6716 _____

WTB CSM BlackBerry: 202-386-0463 _____

Family Readiness Support Assistant: Mrs. Linda Rasnake _____

Family Readiness Support Assistant Phone: 202-782-6795 _____

Family Readiness Support Assistant Cell Phone: 202-280-9389 _____

Soldier Family Assistance Center Phone: 202-782-2071 or 1-866-546-1310 _____

SECTION B

SOLDIER AND FAMILY ASSISTANCE CENTER (SFAC)

The mission of the Soldier Family Assistance Center is to develop an effective organization that takes care of Warriors in Transition (WTs) so they can focus on their mission to heal. We also focus on the needs of all Family Members who come to the bedside of our wounded Warriors. An immediate goal is to provide high quality living conditions, prevent unnecessary procedural delays, and establish conditions that facilitate their healing processes physically, mentally, and spiritually.

Walter Reed Army Medical Center has established a dedicated SFAC to provide tailored integrated support services for WT Soldiers and their Families. The SFAC, also acts as an information clearing house to ensure Warriors and their Families receive the information and referrals they need in a timely and convenient manner.

The SFAC is currently located in Bldg 2, Heaton Pavilion (main hospital) on the 3RD floor in Room 3G04. You can reach a SFAC Representative by either stopping by or calling 202-782-2071 between the hours of 0700 and 2400, Monday – Friday, Saturdays 0900 to 1700 and Sundays 1100 to 1900. To reach an SFAC Representative after duty hours, please call (202) 782-7309 and ask to have the SFAC representative contacted.

The following services are provided/coordinated through the SFAC

Military Personnel

- Transition Management
- Retirement Services
- ID Cards/DEERS
- ORB/ERGB Promotion Reviews
- In/Out Processing

Logistics/ Transportation

- Housing/Lodging
- CIF/Clothing Issue Point
- Travel Services

Provost Marshall

- Installation Access
- Vehicle Registration

Finance

- Military Pay
- Travel Pay
- In/Out Processing

Family Assistance/Programs

- Money Management/Problem Solution
- Emergency Financial Assistance
- Reintegration Assistance
- Relationship Building
- Communication Skills
- Relocation Services
- Exceptional Family Member Program
- Information and Referral Services
- Child and Youth Services/Child Care
- MWR Activities
- Donations Management

Chaplain/ Counseling Services

Legal Assistance

- Taxes
- Wills/Powers of Attorney
- Guardianship
- Claims
- Legal Counseling

Benefits Counseling

- Federal (Veteran's Administration, Dept of Labor, Social Security Administration, Medicare)
- State
- VSO

Education/ Employment

- Army Education Center
- Army Career Alumni Program (ACAP)
- Job Fairs

Free Internet Access and Respite Care Room to meet new friends

Please note that SFAC service/assistance is not limited to the services listed above. The SFAC is a clearing house for information, referral and assistance. If you have a non-medical issue and are not sure who assists, start with the SFAC!

Important Phone Numbers

American Red Cross

(202) 782-6362

After Hours

1-877-272-7337 Toll Free

Army Community Service

(202) 782-3412/0693

Army Information Line

1-800-833-6622

Casualty Affairs

(202) 782-6127/6128

Fisher House

(202) 545-3218

Soldier Family Assistance Center

(202) 782-2071/1-866-546-1310

Mologne House

(202) 782-4600

National Naval Medical Center

1-800-833-6622

Shuttles:

Super Shuttle (301) 590-0000

Taxis:

Barwood Taxi (301) 984-1900

Bonnette Taxi Service (301) 422-2686

Checker Cab (301) 816-0066

Diamond Cab (202) 387-6200

Regency Cab (301) 990-9000

Yellow Cab (202) 544-1212

Walter Reed Army Medical Center Information Line (202) 782-3501

USEFUL ADDRESSES

1. Walter Reed Army Medical Center

6900 Georgia Avenue NW
Washington DC 20307

2. National Naval Medical Center/Bethesda

8901 Wisconsin Avenue
Bethesda, Maryland 20889

3. Fisher House

WALTER REED ARMY MEDICAL CENTER
Fisher House (DPCA)
6900 Georgia Avenue NW
Washington DC 207307

4. Walter Reed Mologne House

6900 Georgia Avenue NW, Building 20
Washington, DC 20307

Childcare

I have small children. Is childcare available?

Childcare is available at the Hourly Child Development Center located in Building 88, behind the Fitness Center on the main campus. The standard hours of operation are Monday-Friday from 8am – 4pm. The age range for care is 6 weeks to 12 years of age. Pre-registration is mandatory. To register your child (ren), call 202-782-0565. Priority childcare is provided for child (ren) of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Warriors so that Family Members can visit their Warriors in Transition or who require respite care. This is a free service for all children of OIF and OEF Warriors. If necessary, emergency childcare may be available. All Family Members choosing to use the childcare services offered must provide the child (ren)'s immunization record and current physical (the physical requirement can be delayed up to 60 days). Full day child care is offered at Forest Glen Annex. The hours are 6am to 6pm Monday- Friday. **Please keep in mind there is a waiting list for this service.** School Age Children's facility is located at Glen Haven Housing Area and those hours are 6am - 6pm, Monday – Friday. Glen Haven also has an elementary school age program for children attending Glen Haven Elementary School.

Can children visit Warriors in the hospital?

Children are not allowed above the 3rd floor of the hospital under the age of 14 however children (who are under the age of 14) can be brought to the SFAC to

the respite room to visit their Warrior.

Beside the SFAC, where can I access a computer?

Army Community Service

(202) 782- 3412/0693
Bldg. 17(Guest House)
6900 Georgia Ave, NW
Washington DC, 20307
Mon-Fri 0730-1630

Army Education Center (202) 782-0321

16 Station Computer Lab,
Building 11Rm# 3-02
Monday- Friday 730am- 6pm

Library (202) 782-6314

Walter Reed Army Medical Center Library Bldg. 1, Rm D110
Monday-Friday 8am-445pm

NOTIFICATION AND TRAVEL TO HOSPITAL

- Notification and Travel and Transportation Orders (TTOs)
- Travel Preparations
- Packing Lists
- Getting to the Hospital
 - Settling at Hospital
 - Lodging
 - Food
 - Other Local Services
- Coping with Trauma
 - Preparing a Child to See Injured Family Member
 - Common Reactions/Expectations of Trauma
- Coping with Stress
- Tips for Dealing with Others and the Media
- Family and Medical Leave Act

NOTIFICATION

The process begins for the Family with notification. Families are notified of the injury to their Soldier in a number of ways. Some Families receive phone calls from their Soldier who then tells them of their injury. Often another military Member present may speak to the Family to provide additional information. **“Official”** notification occurs when the **Department of the Army Wounded in Action Branch (DA WIA)** calls to notify the Family. During **“official”** notification the Family is told the status of the Soldier to include the most recent assessment of the injuries, and is given a phone number for the DA WIA to call with questions or update requests. **The service Member who does the “official” notification is not a health care professional and can not offer explanations of injury or medical terms.**

The number to DA WIA is **1-888-331-9369**.

The DA WIA will initiate phone calls to the Family for updates on the movement of the Soldier and changes in medical condition. A “Needs Assessment” checklist is done within hours of official notification so that the DA WIA is able to coordinate travel quickly for the Family if necessary. It takes an average of 4 to 5 days to move the Soldier from the battlefield to Walter Reed Army Medical Center although a longer delay could occur. This means that there will be time between the notification of the Family and actual travel.

TRAVEL AND TRANSPORTATION ORDERS (TTOS)

What are TTO’s and how do you get them?

Family Members of wounded Soldiers may be invited to travel to the Soldier’s bedside at the Army’s expense if a medical officer determines that it is in the patient’s best interest to have Family Members present to aid in the recovery process. The physician fills out form **DA 2984** requesting the Family to travel to the Soldier’s bedside. This begins the process of obtaining official government travel orders by the DA WIA. If the physician’s request is approved, the DA WIA will contact the Family and may offer up to three Family Members the opportunity to travel to the military treatment facility (**MTF**) at government expense, in this case, Walter Reed Army Medical Center **Army regulations** determine which Family Members are offered government paid travel. Travel and Transportation Orders (**TTOs**) are prepared for the Family Members and flight reservations are made by the DA WIA. Please note there must be approved travel orders issued **BEFORE** departing to Walter Reed Army Medical Center for the government to pay for the airline tickets, per diem (allowance for food) and lodging. When traveling with **TTOs** the DA WIA coordinates airline travel, passports if necessary, lodging and transportation from the airport to Walter Reed Army Medical Center Each Family Member’s **TTOs** include only one round trip ticket from the home of that Family Member to Walter Reed Army Medical Center and back to the home. If traveling by car, the government reimburses the mileage from the Family Member’s home to Walter Reed Army Medical Center and back home. **TTOs** do not cover mileage incurred while at

Walter Reed Army Medical Center This process is in accordance with the Joint Travel Regulation (JFTR) which authorizes three (3) Family Members for travel.

How long do TTOs last?

TTOs for Family Members of Patients will cover the cost of travel, lodging (see section on lodging), and per diem for a pre-determined period of time, usually 30 days although in the case of a non-serious injury the time could be 15 days. The dates of coverage are listed on the orders. ***It is important to note that the period of time the orders are issued for may change. Minor children are put on orders for a period of five days (see section on children) only.*** If children stay past the five day period, the cost is the responsibility of the Family.

What happens when the orders expire and my Soldier is still in the hospital?

If the Soldier is still an inpatient at the hospital at the end of the orders, the attending physician can request an extension which must be approved. If approval is given, another set of orders is then issued by DA WIA for a set amount of days, again usually 15 or 30 days. This process occurs repeatedly while the Soldier is an inpatient at Walter Reed Army Medical Center While the Soldier is an inpatient, the DA WIA is the issuing authority on the TTOs. The DA WIA liaison at Walter Reed Army Medical Center will automatically work the extension for the Family and will obtain the new set of orders. ***ONLY THE ATTENDING PHYSICIAN CAN REQUEST EXTENSIONS.*** Family Members should be aware of the end date on the travel orders and contact the DA WIA liaison to ensure the extension and new orders have been received. Make sure you get a copy of each set of new orders and keep them in a safe place. ***ReMember that expenses incurred during a lapse in orders will be paid for by you.***

Can orders be terminated?

Orders can be terminated if it is determined that the Soldier no longer requires the Family's assistance or if the presence of the Family is negatively impacting the Soldier, the Soldier is discharged from the hospital, or the Soldier is transferred to another treatment facility. ReMember, traveling on orders is a privilege and should not be abused.

What happens when my Soldier is discharged?

TTOs are terminated when the Soldier is discharged from the hospital. At the time of discharge, if the Soldier needs to receive further treatment as an outpatient and is unable to function independently, a competent medical authority will make a determination if the Soldier needs a non medical attendant (NMA) for assistance with daily living. If an attendant is needed and the request is approved, orders will be issued at Walter Reed Army Medical Center and are for one person requested by the Soldier. See more on NMA's in section 4. If this determination is made, then the TTOs are closed out and the NMA orders issued with no lapse in per diem. ***Non medical attendant orders pay for per diem only unless the Soldier is transferred to a VA Poly-Trauma Facility not in***

the Family Member's home location. Discharge planning begins the day your Soldier arrives at Walter Reed Army Medical Center. The care team assigned to your Soldier will keep you informed of any upcoming change in status such as moving to another treatment facility or moving from an in patient to an out patient status. When the time has come to return home, the SFAC will arrange travel. ***YOU MUST CLOSE OUT YOUR LAST SET OF TRAVEL ORDERS BEFORE LEAVING WALTER REED ARMY MEDICAL CENTER***

How does reimbursement occur?

Each set of travel orders must be closed out and the travel voucher for reimbursement submitted to the Finance Office. There is a Finance Representative located in the Soldier and Family Assistance Center (SFAC). You will need your bank account number and the bank routing number for reimbursement of the T&TO's which is done by direct deposit. This information is usually found on a check. The Family Member can apply for reimbursement every 15 or 30 days.

How often do I receive reimbursement?

Each set of travel orders will be reimbursed. For example if the first set of orders is from June 1 to June 30, on July 1st you submit your voucher for reimbursement. If the next set of orders is for July 1 to July 30, then on July 31st you submit another voucher for reimbursement. One reimbursement payment is made per month. This cycle will eventually end and ***YOU MUST CLOSE OUT YOUR LAST SET OF TRAVEL ORDERS BEFORE LEAVING WALTER REED ARMY MEDICAL CENTER***

How much will I be reimbursed?

The current reimbursement rate is \$64 per day (per diem) plus the cost of lodging up to the allowable government nightly rate. For Family Members staying at the Mologne House on T&TO's, the cost of lodging is billed directly to the government. ***There is no reimbursement for telephone calls, taxis in and around the area, rental cars, or mileage in and around the area.***

Can I get a cash travel advance to support my travel?

Advances or travel advances are allowed on the first set of travel orders. Once you arrive at Walter Reed Army Medical Center tell the Department of Army Wounded In Action (DA WIA) liaison that an advance is needed. You will be taken to the Finance office in the Soldier Family Assistance Center. You will need a copy of your orders and a picture ID. ***Advances are given in cash and repaid either by being deducted from the travel voucher reimbursement at the end of the travel orders or taken from your bank account if the advance is greater than the amount to be reimbursed.*** Before getting an advance, make sure your Soldier is going to remain at Walter Reed Army Medical Center for that period of time you are receiving the advance. The advance should be budgeted for the length of the orders. For example, you can request a 15 day advance against a set of 30 day travel orders. The amount received will need to last until the end of the 30 day period and for the amount of time it takes to receive reimbursement once the voucher is filed.

What if I need to make a trip home to take care of business, will I lose my TTOs?

You may return to your home for a period of up to 10 days to take care of business without losing your travel orders. You will not receive the \$64 per diem for the days you are at home nor will the government pay for your travel home. Go to the SFAC and they will assist you with a form granting you permission to leave and retain orders. Get a copy of that form when signed. Check with the SFAC **before booking your flight** to see if you qualify for Hero Miles a program that offers free airline travel. You will have to check out of your local hotel if you are being reimbursed for the room, then check back in when returning for your trip home.

Hero Miles Program

This program has provided more than 4,600 tickets to Iraqi Freedom and Enduring Freedom hospitalized service members and their families, worth more than \$6 million.

Fisher House™ is proud to partner with Hero Miles in support of our wounded and injured service men and women and their families. Hero Miles has partnerships with the following airlines:

- AirTran Airways
- Alaska Airlines
- American Airlines
- Continental Airlines
- Delta Air Lines
- Midwest Airlines
- Northwest Airlines
- US Airways

Please note program agreements with individual airlines only permit airline tickets for military (or DoD civilian employees) hospitalized as a result of their service in Iraq, Afghanistan, or surrounding areas, and their families. These tickets can not be used for R&R travel, ordinary leave, emergency leave, or other travel not related to a medical condition

The bottom line

Travel orders may be issued if a physician determines that it is in the best interest of the Soldier to have Family present during the recovery process. You must be patient as it takes an average of 4 to 5 days to get a Soldier from the battlefield to Walter Reed Army Medical Center. An additional couple of days delay **may** occur if the Soldier arrives at Walter Reed Army Medical Center the weekend or on a holiday. Forms will be filled out, approvals obtained, and orders issued through an official process that ensures Families will be taken care of during their journey. Use your Department of Army Wounded In Action phone number to verify all travel information.

I was not offered travel by the Department of Army Wounded In Action and have decided to go to Walter Reed Army Medical Center what can I do?

If you travel without TTO's you are responsible for your own lodging, food, and transportation. When TTO's are not authorized, there are other avenues of receiving free airline tickets to visit your Soldier. The nonprofit Fisher House Foundation has teamed up with "Operation Hero Miles" to provide eligible Soldiers undergoing treatment at a military medical center incident to their service in Iraq, Afghanistan, or the surrounding areas with a complimentary, round-trip airline ticket. The tickets are available to ***eligible Family and friends as well.*** Please note that the Hero Miles are not subject to the same regulations on who may travel as the T&TO's. The request form is available for pick up at the Soldier and Family Assistance Center (SFAC). ***The request must come from the patient. Ticket eligibility is determined by the Fisher House Foundation.*** There are multiple ticket restrictions to include a 14 day advance purchase. In addition, if you are going to try to use "Operation Hero Miles", get approval through the Fisher House Foundation first, don't pay for the tickets using your credit card. The Foundation will provide you with the information on how to make reservations. Make contact with the SFAC at 1-202-782-2071 (Toll Free 1-866-546-1310) for information about availability of lodging and suggestions for local hotels. Make use of your own sources for discounts such as motor clubs, retirement associations, non-profits, etc. Utilize every resource that you can to avoid incurring a financial burden at an already stressful time. Once you are at Walter Reed Army Medical Center immediately check in with the SFAC so that they can assist you. There are resources available for all Families, not just those who travel on orders. Army Community Service has a welcome packet that can orient you to the area.

If you choose to travel on your own, without orders from Department of Army Wounded In Action, then understand that you will not have the same privileges as those who have traveled under orders. The military operates under laws and regulations and organizations associated with the military are bound to follow those laws and regulations.

Travel Preparation Considerations

Documents:

- Copies of your TTOs (keep one with you at all times)
- Military ID or government issued ID such as Driver's License
- Power of Attorney (If your Soldier left you one)
- Living Will (If your Soldier has one, many do not)
- Immunization records for children in need of day care (**This is a must!**)
- Name and phone number of Point of Contact for the Soldier's unit (The Department of Army Wounded In Action will be able to tell you what the unit is if you do not know)
- Valid Passport if overseas travel is involved
- Original prescription for any medications that you may need
- Health insurance information for traveling Family Members*
- This Handbook

Travel Money:

- Major Credit Card (maintain copy of front and back of card in case of loss)
- Cash or Traveler's Checks
- Checkbook and/or account number and bank routing number**

*** For military Family Members: If staying out of the TRICARE region for longer than 30 days, consider changing your TRICARE area and that can be accomplished by either going to the TRICARE office on the 3rd floor of the hospital in Rm 3D (next to hospital Chapel) or call (202)782-4393.**

****If staying at Walter Reed Army Medical Center for extended period of time, consider opening an account at a local bank to avoid ATM charges**

HOUSEHOLD CONSIDERATIONS:

- Stop the mail or arrange for someone to pick up and forward mail to you
- Arrange for pet care
- Schedule bill payment
- Consider changing cell phone plan to include extra minutes or unlimited long distance is needed
- Inform trusted friend or Family of travel plans and leave spare key to access house
- Stop newspaper delivery
- Empty all trash cans and refrigerator of perishable foods
- Set thermostat to cost saving level
- Arrange lawn care if necessary
- Coordinate time off from work*
- Inform Rear Detachment Command of travel
- Ensure car is locked and windows rolled up

*** See section titled "Family Leave Act"**

THINGS TO PACK FOR YOU:

- Glasses/contacts/associated supplies
- Prescription medication for up to 30 days plus refill information
- Toiletries (if you forget something, check with American Red Cross located in the main hospital on the 3rd floor in Rm 3E01 at Walter Reed Army Medical Center)
- Comfortable clothing/sleepwear/shoes/socks/belt
- Light sweater or jacket for use in hospital
- Cell phone/charger
- Seasonally appropriate outerwear/umbrella
- Book/journal
- Phone numbers of key people (Family, friends, creditors, employer, school etc.)
- Comfort item (pillow, blanket, whatever provides you with special comfort)
- Hand sanitizer/disinfecting wipes

THINGS TO PACK FOR YOUR SOLDIER:

Bring clothes for patient from home if possible. It is a good idea to pack a pair of sweat pants and shirt (can be cut for casts etc.), underwear, shoes/sneakers, and jacket/hat if weather is cold. If you do not have clothes for your Soldier, ask the Red Cross at Walter Reed Army Medical Center for assistance. Soldiers are allowed a \$200 one time Army Emergency Relief (AER) health and comfort payment while on inpatient status. See the Army Emergency Relief representative located in the SFAC.

On and Off Post Lodging

The **Mologne House** is located on the Walter Reed Army Medical Center installation and can be reached at 202-782-4600. The cost is approximately \$70 per night for OIF/OEF patients and Family Members.

The **Mologne House** will directly bill an Army account for the room cost for all Active Duty and Reserve or National Guard Soldiers on active status, OIF/OEF patients. This avoids the need for Soldiers to have cash to pay for their rooms.

For Family Members traveling on Travel and Transportation Orders (TTOs), the Mologne House will direct bill an Army account for room charges for the duration of the TTO. Family Members who are NOT traveling on TTOs will be responsible for paying of all room charges accrued.

If the Mologne House cannot accommodate a patient or Family Member, Mologne House staff will refer the patient or Family Member to a local hotel. If the Family Member is on TTOs, the Department of Army Wounded in Action Branch (DA WIA) in collaboration with the Mologne House Staff will attempt to make hotel reservations with hotels in the local area that are contracted by either the Mologne House or DA WIA. If that is not an option, hotel reservations will be made at a local hotel and payment becomes the responsibility of Family and then is reimbursed weekly from Finance with receipts.

The **Fisher House** has two lodging facilities located on the Walter Reed Army Medical Center installation and one at the Forest Glen Annex. Reservations for the Fisher House are for a minimum of 5 days and must be coordinated through the Department of Social Work. The ongoing presence of a waiting list prevents **Fisher House** arrangements from being made prior to arrival at Walter Reed Army Medical Center

Government Military Housing

Warriors and their Families will have priority for on- post housing, administrated by the Garrison through Government Military Housing (GMH). Approval is granted through the Community Manager of GMH Housing. This office can be reached at 202-782-0518/3153.

LOCAL HOTELS

The **Mologne House** staff will coordinate reservations at these local hotels.

Crown Plaza

8777 Georgia Ave, Silver Springs, MD 20910
301-589-0800

Days Inn

8040 13th Street, Silver Springs, MD 20910

301-588-4400

Hilton

8727 Colesville RD, Silver Springs, MD 20910
301-782-6378

Holiday Inn

8777 Georgia Ave, Silver Springs MD 20910
301-589-0800

Marriot

8506 Fenton Street, Silver Springs, MD 20910
301-589-4899

Ramada Limited

7990 Georgia Ave, Silver Springs, MD 20910
301-565-3444

Where can I eat on-post?

***Hospital Dining Facility (DFAC), Building 2, Heaton Pavilion 3rd Floor**

Full Breakfast	6am-9am
Continental Breakfast	9am-10am
Grab and Go	1030am-1pm
Full Lunch	1100am-2pm
Short Order	2pm-3pm
Full Dinner	4pm-630pm

Walt's Express, Building 2, Heaton Pavilion, 3rd Floor

Monday-Friday	1015am-130pm
---------------	--------------

Subway, Building 2, Heaton Pavilion, 1st Floor Lobby

Monday-Friday	7am-8pm
Saturday	10am-4pm

Dunkin' Donuts, Building 2, Heaton Pavilion, 1st Floor Lobby

Monday-Friday	6am-6pm
---------------	---------

Burger King, Building 1, Old Hospital, 1st Floor

Breakfast and Lunch (Monday-Friday)	630am-2pm
-------------------------------------	-----------

***Mologne House Dining Room, Mologne House Hotel**

Breakfast Monday-Friday	7am-1030am
Breakfast Saturdays, Sundays, and Holidays	9am-11am
Lunch Monday-Friday	1130am-2pm
Lunch Saturdays, Sundays, and Holidays	11am-1pm
Dinner Monday-Friday	430pm-9pm
Dinner Saturdays, Sundays, and Holidays	430pm-8pm

- Warriors in Transition that have been issued a meal card with the words OIF/OEF stamped (in Red) on the card may use them in the **Mologne House Dining Room/Dining Facility (DFAC) in the hospital**. Limits for Fiscal Year 08 are as follows: Breakfast - \$7.00 Lunch and Dinner - \$11.00. A family member or Non-Medical Attendant may go to the Mologne House Dining Room/Dining Facility (DFAC) in the hospital and pick up a meal for their Warrior provided they present the meal card and the Warriors ID badge. Any questions should be addressed to the Mologne House Management.

RESTAURANTS IN THE SURROUNDING AREA

Austin Grill:

Fresh, homemade entrees and dessert. More than 25 salsas, sauces and dressings prepared from scratch each day. Along with our tasty cuisine, you will be entertained with local and national artists performing each week on our live sound stage. 919 Ellsworth Avenue, Silver Spring, MD 20910. (240) 247-8969

Hours:

Monday-Friday: 11 AM to 1 AM

Saturday-Sunday: 9 AM to 1 AM

Baja Fresh

Mexican favorites, Quesadillas, Nachos, Burritos, Tacos, Enchiladas and more...

Fresh ingredients all prepared expertly in a clean, cheerful surrounding.

8515 Fenton Street, Silver Spring, MD 20910. (301) 587-6542

Hours:

Sunday-Thursday: 11 AM to 9 PM

Friday-Saturday: 11 AM to 10 PM

Chick-Fil-A

825 Ellsworth Drive, Silver Spring, MD 20910 (301) 588-2915 fax (301) 588-2916

Hours:

Monday-Saturday: 6:30 AM to 10 PM

Sunday: Closed

Coldstone Creamery

825 Ellsworth Drive, Silver Spring, MD 20910 (301) 588-1230

Hours:

Sunday-Thursday: 12 PM to 10 PM

Friday-Saturday: 12 PM to 11 PM

Crown Bakery (Caribbean Food, Restaurant &Catering)

5329 Georgia Ave NW

Washington DC 20011

(202) 291-3009

Hours:

Tuesday-Thursday 11am-11pm

Friday and Saturday 11 am-Midnights

Closed Sundays and Mondays

Eggspectation

It's an all-day experience, serving quality foods for breakfast, lunch, and dinner
923 Ellsworth Drive, Silver Spring, MD 20910. (301) 585-1700

Hours:

Monday-Friday 8am-10pm
Saturdays 7am-10pm
Sundays 7am-8pm

Lebanese Tavern

Family-style Middle Eastern cuisine.
933 Ellsworth Drive, Silver Spring, MD 20910. (301) 588-1192

Hours:

Monday-Thursday 11am-9pm
Friday and Saturday 11am-10pm
Sundays 11am-8pm

Romano's Macaroni Grill

Everything you love about Italian!
931 Ellsworth Drive, Silver Spring, MD 20910 (301) 562-2806

Hours:

Sunday-Thursday 11am-10pm
Friday and Saturday 11am-11pm

Panera Bread

All Panera breads are made from the freshest dough with no preservatives. Not only do we make great tasting breads for our sandwiches, but we also have delicious soups, salads, pastries and desserts. Visit us online (www.panerabread.com) and learn how to make chocolate Panini bread or our basil pesto focaccia strata sandwich. 8541 Georgia Avenue, Silver Spring, MD 20910 (301) 495-0860.

Hours:

Monday-Saturday: 6 AM to 9 PM
Sunday: 7 AM to 8 PM

Potbelly Sandwich Works

A comfortable and unique restaurant to indulge in specially made to order sandwiches, hand-dipped ice cream milkshakes, homemade soups and desserts.
911 Ellsworth Drive, Silver Spring, MD 20910 (301) 562-9696

Hours:

Sunday-Thursday: 11 AM to 8 PM

Friday-Saturday: 11 AM to 9 PM

Red Lobster

If it's seafood you are craving, indulge in one of our crab legs, lobster, shrimp, scallops or catch of the day menu items. We also serve a variety of chicken, pasta and steak entrees. Of course you can't leave without trying a scrumptious dessert—Fudge Overboard anyone? 8533 Georgia Avenue, Silver Spring, MD 20910 (301) 588-3299

Hours:

Monday-Friday: 11 AM to 10 PM

Saturday-Sunday: 11 AM to 11 PM

Starbucks

915 Ellsworth Drive, Silver Spring, MD 20910 (301) 587-3792

Hours:

Monday-Thursday: 5:30AM to 10:30PM

Friday and Saturday: 5:30AM to Midnight

Sunday: 7AM to 10:30PM

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Does anyone meet the OIF/OEF Soldiers when they arrive at Walter Reed Army Medical Center?

All OIF/OEF Soldiers arriving via air evacuation will be met by Member of the Soldier Family Assistance Center, who will escort Soldier(s) to the Cast Clinic for Triage. If necessary, the Soldier(s) will be admitted to the hospital for treatment; otherwise, the Soldier will be discharged with instructions to follow-up with Warrior Clinic Rm 1B17 the 1st floor of the Building 2, the Main Hospital the next morning.

Will someone meet the Family Members at the airport?

Yes, all Families arriving will met by an escort service consisting of Department of Army Civilians and Active Duty Service Members. The Families are transported via a Limousine Service to Walter Reed Army Center, Soldier Family Assistance Center.

Where is the hospital located?

Walter Reed Army Medical Center is located at 6900 Georgia Ave NW Washington DC 20307 Hospital Information can be accessed by calling: (202) 782-3501 during business hours and 202-782-7309 after business hours.

HOW TO GET TO WALTER REED ARMY MEDICAL CENTER

Non Department of Army authorized travel:

We highly recommend that you fly into Washington Reagan National Airport. This is the closest airport to Walter Reed and offers multiple travel options to get here. Soldiers can call the Administrative Officer of the Day (AOD) 202-782-7309 or Staff Duty Non Commission Officer (SDNCO) 202-782-0069.

We recommend taking a taxi from the airport to Walter Reed Army Medical Center Ask the driver to take you to the 6900 Georgia Avenue Northwest. Fare will range from \$18-\$20.

Local available taxi services:

- **Diamond Cab** (202) 387-6200
- **Yellow Cab** (202) 544-1212
- **Barwood Taxi** (301) 984-1900
- **Checker Cab** (301) 816-0066

To take the Metro to Walter Reed: (THIS IS NOT THE MOST CONVENIENT)

Getting to the Station

Web site for fares: http://www.wmata.com/riding/hours_fares.cfm

Reagan National: Board the Metro at the subway station at the airport.

Dulles International: Catch the 5A bus (fare is \$3.10) to Rosslyn station on the Blue and Orange lines.

BWI airport: Catch the B30 bus (fare is \$3.10) to Greenbelt Station on the Green Line. This bus stop can be hard to find if you're unfamiliar with the terminal. From inside BWI, on the lower level, walk all the way to the A Pier end of the building, until you can go no further. Head outside, and you will see a traffic island dividing the traffic loop in front of the terminal. Cross to the island, turn left, and proceed until you see the bus stop. It is marked with a blue, white, and red Metrobus sign, and there are two small shelters there.

Once at the station:

Before you get on the train, pick up a bus transfer slip from the machine marked "Transfers." You will need a transfer slip for every passenger.

From Reagan National station: Catch the Yellow Line train marked either **Ft. Totten** or **Mt Vernon Sq**, OR the Blue Line train marked **Largo**. Tip: The Yellow Line is more direct, but the difference in travel time to where you will be transferring is only about three minutes. So there's usually no need to wait for the Yellow Line if the Blue Line is the first train to arrive.

From Rosslyn station (Dulles passengers): The station has two different platforms. Stay on the upper platform and catch the Blue Line to **Largo** or the Orange Line to **New Carrollton**. Ride either line to **Metro Center**.

At the **Gallery Place** stop (Yellow Line) or **Metro Center** stop (Blue/Orange Line), go up to the Red Line platform marked "Trains to Glenmont." DO NOT go up to the platform marked "Trains to Shady Grove."

From Greenbelt station (BWI passengers): If more than one train is on the platform, look for the "Next Train" arrow and board the indicated train. Ride to **Fort Totten**, detrain, and go up two levels to the Red Line platform. Tip: the stairs and escalator up from the Green platform at Fort Totten are at the end of the platform, so when boarding at Greenbelt, board toward the back of the train.

On the Red Line platform: Catch any train marked **Glenmont** or **Silver Spring**. Once in a very great while, a Red Line train may be marked **Wheaton** or **Forest Glen**; those will work, as well.

Get off the Red Line at either **Takoma** or **Silver Spring**. When boarding the bus, hand your transfer slip to the driver, and deposit **45** cents in the fare box. If you don't have a valid transfer, the fare is **\$1.35**.

Takoma Station: Bus routes K1, 52C, and 54 connect Walter Reed to Takoma station. K1 travels onto the installation, but only operates during morning and evening rush hours. 52C and 54 operate all day; they stop at the corner of Georgia Avenue and Butternut Street, near a gate that is open during daylight hours only.

Silver Spring station: Bus routes 70 and 71 operate around the clock; route 79 ("MetroExtra") runs during rush hours only. All three routes stop at Dahlia Street. If the Dahlia Street gate is closed, walk one block north to Elder Street: that gate is *always* open. Silver Spring station is recommended if arriving after dark.

Caution: Although the Takoma station and the Silver Spring station are approximately 12 blocks (15 minutes walking distance) from the hospital, and either walk is through relatively safe neighborhoods, it is best to take public transportation (bus or taxi) if you are unfamiliar with the area.

From the Takoma Metro Rail Station (RED LINE)

The K1 Bus runs from Takoma Station in the AM and PM hours only.

The first bus leaves Takoma at 6:07 AM. The last bus leaves Takoma at 9 AM.

The first bus leaves Takoma at 3:36 PM. The last bus leaves Takoma at 6:54 PM

For more information regarding the Metro, you can access www.wmata.com

Privately Owned Vehicle (POV)

a. To drive to Walter Reed: Follow Interstate 495, the Capital Beltway, to exit 31 (Georgia Avenue/Silver Spring/Maryland Route 97). Drive south on Georgia Avenue toward Silver Spring and Washington for 2.8 miles. Turn right into Walter Reed Army Medical Center at the intersection of Georgia Avenue and Elder Street, and make an immediate left turn onto the ramp of the underground parking garage.

b. From downtown Washington: Drive north on 7th Street NW, which becomes Georgia Avenue NW. Continue on Georgia Avenue to the 7100 block. Turn left into Walter Reed Army Medical Center at the intersection of Georgia Avenue and Elder Street, and make an immediate left turn onto the ramp of the underground parking garage.

Military Shuttle Schedules

SHUTTLE BUS INFORMATION

Weekend WALTER REED ARMY MEDICAL CENTER Shuttle

Forest Glen dep.	Summit Hills dep.	Walter Reed dep.	Mologne House dep.	Summit Hills dep.
0900	0915	0930	0935	0945
1000	1015	1030	1035	1045
1100	1115	1135	1135	1145
1200-1255: Driver's Lunch				
1300	1315	1335	1335	1345
1400	1415	1435	1435	1445
1500	1515	1535	1535	1545
1600	1615	1635	1635	1645
1700-Stops				

No Takoma Park Services on SATURDAYS

Walter Reed-Bethesda Shuttle

Bethesda	Forest Glen	Summit Hills	Walter Reed	Mologne House	Summit Hills	Forest Glen	Bus #
0615				Bus #2			
0530	0545	0600	0615	0630	0645		BUS#1
0630	0645	0700	0715	0730	0745	0800	2
0700	0715	0730	0745	0800	0815	0830	1
0815	0830	0845	0900	0915	0930	0945	2
0845	0900	0915	0930	0945	1000	1015	1
1000	1015	1030	1045	1100	1115	1130	2
1030	1045	1100	1115	1130	1145	1200	1
1145	1200	1215	1230	1245	1300	1315	2
1215	1230	1245	1300	1315	1330	1345	1
1330	1345	1400	1415	1430	1445	1500	2
1400	1415	1430	1445	1500	1515	1530	1
1515	1530	1545	1600	1615	1630	1645	2
1545	1600	1615	1630	1645	1700	1715	1
1700	1715	1730	1745	1800	1815	1830	2
1730	1745	1800	1815	1830	1845	1900	1
1845	1900	1915	1930	1945	2000	2015	2
1915	1930	1945	2000	2015	2030	2045	1
2030			2045			BUS#2	

Walter Reed to Fort Meade Shuttle

Walter Reed	Ft. Meade	Ft. Meade	Walter Reed
Depart	Arrive	Depart	Arrive
0600	0700	0710	0800
0900	1000	1010	1100
1300	1400	1410	1500
1510	1600	1610	1700

Walter Reed to Andrews Shuttle

Walter Reed	Andrews AFB	Andrews AFB	Walter Reed
Depart	Arrive	Depart	Arrive
0600	0700	0710	0800
0900	1000	1010	1100
1300	1400	1410	1500
1510	1600	1610	1700

No shuttle Bus Services on Sundays and Holidays

Comments, questions or inquiries can be addressed to:

Chief of Transportation Operations or Chief of the Transportation Division

Phone: (301) 295-7564

I do not have a Military Identification Card (ID). Do I need one, and how do I get one?

Authorized Family Members who have arrived at Walter Reed Army Medical Center and do not possess a military ID should proceed to the SFAC to obtain one. There is an ID card representative in the SFAC.

How do OIF/OEF In-Patients get a new military ID?

Is the Warrior non-ambulatory? If yes, ID card representative will go to the Warrior's bedside to deliver that service.

Is the Patient ambulatory to include getting around in wheelchair/walker/crutches? If the ambulatory Patient has picture ID, then they proceed to the SFAC to the ID card representative.

If the ambulatory Warrior has no form of ID, they will need an E-7 or above/Platoon Sergeant to escort them to the SFAC for ID card representative.

How do I get around once I have arrived?

There are many options for transportation to include the Walter Shuttle, public transportation which includes Metro bus, Taxi services, and Limousine service. Car rentals are an option, but the cost is **NOT** reimbursable.

SFAC can give a taxi voucher for authorized travel which includes to and from the airports, to and from off-post lodging, and to purchase necessary items.

Is there parking available?

There is limited parking at Walter Reed Army Medical Center therefore we highly recommend the use of alternative means of transportation such as public transportation.

Special Considerations for Children of Wounded Soldiers

- Depending on your Soldier's medical status, children may not be allowed in the room, such as in the case of Intensive Care patients.
- Child care is very limited.
- Minor children are only covered by TTOs for a period of five days and then the cost is on the Family. Children will be exposed to a wide variety of traumatic injuries many of which are visible, though it may not be their Soldier who is affected. The purpose of bringing the Family to the Soldier's bedside is to support the Soldier during the healing process. The focus is being available to that Soldier at the bedside. The ultimate decision rests with the Family.
- This handbook has included information that should be helpful with whatever decision is made.
- You may wish to share some of the information with extended Family and friends whose children will interact with your Soldier and your Family.

PACKING FOR YOUR CHILD:

- Clothing/shoes/outerwear
- Diapers/Wipes/Diaper Ointment
- Bottles/Sippy Cups/Formula
- Toys/Activities
- Comfort Item (favorite stuffed animal or blanket)
- ***Immunization Records (military dependents intending to use the Child care)***
- Medications (prescriptions as well), thermometer
- Toothbrush/paste/special bath items
- Car seat/Stroller
- Review information on preparing child to see injured service Member

CONSIDERATIONS FOR CHILDREN NOT TRAVELING WITH PARENT:

- Arrange transportation for children to/from school/activities
- Give Medical Power of Attorney to children's caregiver
- If moving child out of normal TRICARE Region, call TRICARE to change Region
- Give TRICARE Card (or medical insurance information) to caregiver with instructions on how to procure medical appointments for child
- Inform school and other activities about who will be acting as caregiver
- If living on post, procure gate pass for caregiver
- Coordinate financial support for children's necessities
- Make list of scheduled activities for caregiver
- Make list of allergies, medications, likes and dislikes, bedtimes, routines etc. for caregiver
- Leave caregiver with contact information for you and another support person in the area
- Consider who needs to know about this injury to better support your child during this stressful time (teacher, minister, scout leader, counselor, etc.)
- Review information on talking to child about war time injury

If I do bring my child(ren) to Walter Reed Army Medical Center what should I do to prepare my child(ren) for the visit to their wounded loved one?

There are concrete steps you can take to help your child prepare for the first visit to an injured Family Member. It can be a good idea to

Explain in age-appropriate language what to expect during the visit. If the Family Member is in the hospital, describe the scene for your child ahead of time. Be sure to talk about the medical apparatus and what everything does ("There will be a tube in Daddy's arm so his body gets plenty of fluids."). For very young children, you might demonstrate with a doll or draw a sketch showing the placement of IVs and other equipment.

Use accurate language when describing the Family Member's injury. This is especially important with young children, who tend to take things literally. If you say the loved one "lost a limb," the child may think it was simply misplaced.

Describe how the Family Member looks. This is especially important if his or her appearance has changed -- for instance, a shaved head, a lost limb, or severe burns. Try to use simple, age-appropriate language when discussing the changes. ("The burn on Daddy's face is very red. Some of it is covered with bandages now.")

Reassure your child that the Family Member is still the same person even though he or she may look different. Again, it's important to use simple, age-appropriate language. ("Daddy's face looks different now. But he is still your same Daddy, and he still loves you very much and likes to hear you sing.")

Prepare your child for how he or she may feel upon seeing the Family Member. Your child may be frightened, sad, or angry. Let your child know that all of these feelings are perfectly acceptable. Tell your child that it's OK to leave the room if he/she becomes too upset, and that you'll be right there for extra hugs. Be sure to prepare the injured service Member for strong emotions from your child as well.

Teach your child the vocabulary of the injury. Knowing words such as "prosthesis," "rehabilitation," and "physical therapy" can help take the mystery out of the experience for your child and help him/her feel more in control.

Arrange for your child to meet with the Family Member's medical team. This can happen either just before or after the visit. Your child may have questions about the injury or rehabilitation process that the team can answer in age-appropriate ways.

DURING THE VISIT

Here are some steps you can take to help ease the stress for your child:

Schedule the visit for a time when there is no other business to take care of. If your child becomes frightened or bored you can cut the visit short.

Let your child know that it's OK to touch or hug the Family Member (assuming that it is).

Take your cues from your child. If your child doesn't want to go near the Family Member, don't force her to. Depending on your child's age and personality, it could take a while for her to adjust to the change.

Give your child something to bring. A drawing to tape to the wall, a photograph to keep next to the bedside, or flowers for the bedside table can help your child feel as though he's doing something to make the loved one feel better.

Fill the time as much as possible. It will be easier for the Family to relax during the visit if you bring a book for you or your child to read out loud; a board game, such as checkers; completed schoolwork; or a photo album to look through. Doing these activities together and with the injured service Member can help everyone feel more comfortable and reinforce the relationships among Family Members.

Keep the visit short. Younger children may become bored and older children may feel uncomfortable if the visit seems to go on too long.

Give your child a way to opt out of a visit. Your child may not be ready for the visit, but feel guilty saying so. Tell your child that it's OK not to go just yet, but suggest that she make a special drawing or write a letter for you to bring. The gesture will help your child feel better about staying home. Find ways to keep the connection between your child and the Family Member alive -- through e-mail,

telephone calls, and letters. It's important for the Soldier to stay involved in the child's routines as much as possible.

AFTER THE VISIT

Even if you prepare your child thoroughly beforehand, he/she may still react intensely to the visit. Often these reactions are unpredictable and changeable. After the visit, make sure to

Keep an eye on your child for signs that he/she was overly disturbed by the experience and is not coping well.

Watch out for behavior changes. Keep in mind that younger children may become clingy and return to old habits and behaviors, such as bed-wetting or thumb-sucking. Older children may suffer physical symptoms, including headaches and stomachaches; become irritable or aggressive; do poorly in school; and engage in risk-taking behaviors. If any of these behaviors continue for several weeks, seek out the advice of a professional who can help your child cope with the changes in your child's life.

Let your child know that it's OK to talk about his/her feelings. Do this by talking about your own feelings. If you notice behavior changes, be sure to encourage younger children to draw pictures of how they feel inside, and reassure your child that you are there to provide help and support.

This article was written with the help of Ryo Sook Chun, M.D., COL, Medical Corps, U.S. Army Chief, Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center; and Patricia Lester, M.D., Medical Director, Child and Family Trauma Clinic, UCLA Neuropsychiatric Institute

© 2005 Ceridian Corporation. All rights reserved

TALKING TO YOUR CHILDREN ABOUT WARTIME INJURY

By: Walter Reed Army Medical Center Child and Adolescent Psychiatry Service

Preparing the Child for a Hospital Visit

- Be sure hospital allows “underage” visitors
- Don’t force the child to go to the hospital; be sure to ask them if they want to go
- Try to do a dress rehearsal before actually going, so that the child is familiar with what they may see, hear, smell, feel
- Make the first visit brief, and be sure to ask them if they want a 2nd visit
- Prepare for varied emotional reactions, and involve the child in conversation and interaction; don’t let them feel unimportant or excluded
- Let child know medical staff is doing all they can to help their injured loved one
- If child asks questions, parent should be honest and let them know they’ll try to find the answer

How to Help at Home

- Very young children need a lot of cuddling and verbal support
- Answer questions honestly, but don’t dwell on frightening details or allow the subject to dominate Family time indefinitely
- Encourage children of all ages to express emotions through conversation, drawing, or painting, but allow silences
Limit viewing of TV and paper news coverage
- Listen attentively; provide reassurance without minimizing their fears
- Maintain a normal household and encourage children to participate in recreational activity

Common Reactions to Learning about Parent’s Injury Infants & Toddlers (before age 3)

- Crying, clinging
- Searching for parents/caregivers
- Change in sleep and eating habits
- Regression to earlier behavior (e.g. bedwetting, thumb sucking)
- Repetitive play or talk

Preschoolers/Young Children (3-5 yrs)

- Separation fears, clinging
- Fighting, crying, tantrums, irritable outbursts
- Withdrawal, regression to earlier behaviors
- Sleep difficulty
- Acting/talking as if the person is not injured
- Increased usual fears (the dark, monsters)

Early School-Age Children (6-9 yrs)

- Anger, fighting, bullying
- Denial, irritability, self-blame
- Fluctuating moods, withdrawal
- Regression to earlier behavior
- Fear of separation and being alone
- Physical complaints (stomach/headaches)
- School problems (avoidance, academic difficulty, difficulty concentrating)

Middle School-Age Children (9-12 yrs)

- The sooner, the better
- When the panic subsides and you can do it more calmly
- When you know more about the nature and the extent of the injury
- When you can deliver the news rather than someone else

Early Teens/Adolescents (13-18 yrs)

- Numbing, avoidance of feelings
- Resentment, loss of trust, guilt, shame
- Depression, suicidal thoughts
- Distancing, withdrawal, panic, anxiety
- Mood swings, irritability, anger
- Acting out (engaging in risky, antisocial, or illegal behavior), substance abuse
- Appetite and/or sleep changes
- Physical complaints or changes
- Academic decline, school refusal
- Fear or similar events/illness/death/future

When to Talk to Your Child

- The sooner, the better
- When the panic subsides and you can talk about it more calmly
- When you know more about the nature and the extent of the injury
- When you can deliver the news rather than someone else

How to Talk to Your Child (be prepared to repeat information to the child)

Explain the injury based on the child's age and using the child's language (e.g., boo, broken leg, etc.)

- Calmly and as truthfully as possible
- Keep it short/brief and simple
- Face-to-face is better than phone
- Uninterrupted, non-distracting, private, quiet environment; keep eye contact

What to Tell Your Child

- Who has been injured
- The nature/type of injury
- What is being done to help the injured parent/guardian
- That the child is NOT the cause of it
- That the child is safe and will be taken care of
- Reassurance is the key

Internet Resources:

American Academy of Child/Adolescent Psychiatry

www.aacap.org

American Academy of Pediatrics

www.aap.org/terrorism/index.html

National Child Care Information Center

www.nccic.org/poptopics/cope.html

NYU Child Study Center

www.aboutourkids.org/aboutour/articles/crisis_index.html

Parent's Guide to the Military Child During Deployment and Reunion

www.southcom.mil/QOL/JS_Parent_Handbook_10_29_03.pdf

BLANKETING MILITARY CHILDREN WITH SECURITY

By Stephen J. Cozza, M.D.

COL, U.S. Army, Chief Department of Psychiatry, WALTER REED ARMY MEDICAL CENTER

Military life is inherently one of great accomplishments and benefits, but it also presents significant risks and dangers to active duty personnel. Injury or death is possibilities that can be faced by military personnel and their Families at any time. If something does happen to a military service Member, it affects everyone in his or her Family; no Family Member is immune to the impact of such an incident. Even when children are too young to be able to speak and clearly reveal their thoughts and feelings, research and experience reveals that they are profoundly influenced by these significant events. Some experts refer to these as “transforming” experiences. While powerless to protect military children from difficult life experiences, there are many ways we can work together to help children through these challenges and make transformations as positive as possible. Below are some simple steps that might be taken by Families facing uncertainty or grief:

- **Keep lines of communication open.** Parents and educators are both Members of the child’s support team. Since teamwork is more effective when communication is direct, talk and keeping talking about what is happening in the child’s life. Every team Member is responsible for this activity. Parents need to let educators know about changes that may affect their child. Teachers need to ask about any changes they observe in a child’s understanding. Parents may be so overwhelmed by the events and critical decisions they have to make that they may forget to communicate important information to the school in a timely manner.
- **Limit disruption to routines as much as possible. Continuity represents stability.** A predictable schedule can be extremely comforting. Children know what to expect at school, making it a potential haven for children who feel that their life has been turned upside-down. Keeping to a routine can also help adults see how a child is doing since they know how the child used to behave in the same situation.
- **Talk about changes in the way that works best for your child.** Children of different ages and abilities will require different amounts of information, explained in various ways. A thirteen year old will have more questions and want more information than a three year old. A child who has special needs may need to discuss or express his or her reactions to the changes in a different way. A verbal child may want to talk about what has happened more than a visual child, who would be better served by drawing pictures. Tailor your reactions and responses to the needs of that individual child.
- **Discuss feelings.** Just as children have to learn the names of colors and shapes, they also have to learn the names of feelings. They need to understand that everyone has all kinds of feelings; and that even grown-ups feel scared or alone at times. Children are also incredibly perceptive. If they think an adult is sad or worried, it can be confusing if the adult denies those emotions and says that he/she is not. Talk about how they feel, how you feel, and what you can each do to cope with those feelings. Show children that all feelings are OK; it is what you do about them that is most important.

- **Tap into existing resources.** The military has a host of resources to help military Members and their spouses. Communities also have sources of support for Families. Schools are a great place to learn about community resources. Remember that the Internet can link you to supportive people no matter where you live.
- **Engage children in creating coping mechanisms.** The most effective ways to support children are the ones that they take part of creating. Rather than pitying children, honor their sacrifices and their courage in expressing their feelings and involve them in creating coping mechanisms that work for them. In this way, you will be supporting their strength and encouraging their courage while helping them feel more in control.
- **Provide extra time and support whenever possible.** Children, just like adults, may not react to changes in the way that those around them may expect. Special events, such as Father's Day and Mother's Day, may reveal grief that had been hidden from view. Day to day activities may be abandoned because they are difficult to face at first- for example, the book that was always shared at bedtime may be shelved for awhile. Since grief is such an intensely personal experience, make sure that those grieving have access to support for a while instead of confining your support to the period just after the change. Knowing that someone else is thinking of their mother on her birthday may be just what a Family needs. Support should be there any time grieving is detected or suspected.

COMMON REACTIONS TO TRAUMA

A National Center for PTSD Fact Sheet

*Edna B. Foa, Elizabeth A. Hembree, David Riggs, Sheila Rauch, and Martin Franklin
Center for the Treatment and Study of Anxiety*

Department of Psychiatry, University of Pennsylvania

A traumatic experience produces emotional shock and may cause many emotional problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumatic events, you may have some of these reactions more than others, and some you may not have at all.

Remember, many changes after a trauma are normal. In fact, most people who directly experience a major trauma have severe problems in the immediate aftermath. Many people then feel much better within three months after the event, but others recover more slowly, and some do not recover enough without help. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described below.

- **Fear and anxiety.** Anxiety is a common and natural response to a dangerous situation. For many it lasts long after the trauma ended. This happens when views of the world and a sense of safety have changed. You may become anxious when you remember the trauma. But sometimes anxiety may come from out of the blue. **Triggers or cues** that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to the times you feel afraid you can discover the triggers for your anxiety. In this way, you may learn that some of the out-of-the-blue anxiety is really triggered by things that remind you of your trauma.
- **Re-experiencing of the trauma.** People who have been traumatized often experience the traumatic event again. For example, you may have **unwanted thoughts** of the trauma, and find yourself unable to get rid of them. Some people have **flashbacks**, or very vivid images, as if the trauma is occurring again. **Nightmares** are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So in order to understand what happened, your mind keeps bringing the memory back, as if to better digest it and fit it in.
- **Increased arousal** is also a common response to trauma. This includes feeling jumpy, jittery, shaky, being easily startled, and having trouble concentrating or sleeping. Continuous arousal can lead to **impatience** and **irritability**, especially if you're not getting enough sleep. The arousal reactions are due to the fight or flight response in your body. The fight or flight response is the way we protect ourselves against danger, and it occurs also in animals. When we protect ourselves from danger by fighting or

running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive.

- People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that increased arousal is useful in truly dangerous situations, such as if we find ourselves facing a tiger. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to **freeze**, like the deer in the headlights, and this reaction can also occur during a trauma.
- **Avoidance** is a common way of managing trauma-related pain. The most common is avoiding situations that remind you of the trauma, such as the place where it happened. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way to reduce discomfort is trying to push away painful thoughts and feelings. This can lead to feelings of **numbness**, where you find it difficult to have both fearful and pleasant or loving feelings. Sometimes the painful thoughts or feelings may be so intense that your mind just blocks them out altogether, and you may not remember parts of the trauma.
- Many people who have been traumatized feel **angry** and **irritable**. If you are not used to feeling angry this may seem scary as well. It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair.
- Trauma often leads to feelings of **guilt** and **shame**. Many people blame themselves for things they did or didn't do to survive. For example, some assault survivors believe that they should have fought off an assailant, and blame themselves for the attack. Others feel that if they had not fought back they wouldn't have gotten hurt. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma.
- Feeling guilty about the trauma means that you are taking responsibility for what occurred. While this may make you feel somewhat more in control, it can also lead to feelings of helplessness and depression.
- **Grief and depression** are also common reactions to trauma. This can include feeling down, sad, hopeless or despairing. You may cry more often. You may lose interest in people and activities you used to enjoy. You may also feel that plans you had for the future don't seem to matter anymore, or that life isn't worth living. These feelings can lead to thoughts of wishing you were dead, or doing something to hurt or kill yourself. Because the trauma has changed so much of how you see the world and yourself, it makes sense to feel sad and to grieve for what you lost because of the trauma.
- **Self-image** and **views of the world** often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma ("I am a bad person and deserved this.").

*It is also very common to see others more negatively, and to feel that you can't **trust** anyone. If you used to think about the world as a safe place, the trauma may suddenly make you think that the world is very dangerous. If you had previous bad experiences, the trauma convinces you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel they have been changed completely by the trauma. Relationships with others can become tense and it is difficult to become intimate with people as your trust decreases.*

- **Sexual relationships** may also suffer after a traumatic experience. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted, since in addition to the lack of trust, sex itself is a reminder of the assault.
- Some people increase their **use of alcohol or other substances** after a trauma. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs changed as a result of your traumatic experience, it can slow down your recovery and cause problems of its own.

Many of the reactions to trauma are connected to one another. For example, a flashback may make you feel out of control, and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful. Again, as you become aware of the changes you have gone through since the trauma, and as you process these experiences during treatment, the symptoms should become less distressing.

STRESS

Have you ever:

- Felt so tense, discouraged, or angry that you were afraid you just couldn't cope?
- Had an extremely stressful experience that you try not to think about, but it still continues to bother you or is repeated in nightmares?
- Felt constantly on guard or watchful, or been on edge or jumpy more than you really need to be?
- Had a Family Member who seemed troubled in these ways?

If so, this information is for you.

EVERYONE EXPERIENCES STRESS

Stress is a *normal* response of the body and mind. Everyone feels stress when gearing up to deal with major life events (such as marriage, divorce, births, deaths, or starting or ending a job) or handling everyday hassles like arguments, financial headaches, deadlines, or traffic jams.

Physical signs of a stress response include:

- Rapid heartbeat
- Headaches
- Stomach aches
- Muscle tension

Emotional signs of stress can be both positive and upsetting:

- Excitement Frustration Anxiety
- Exhilaration Nervousness Anger
- Joy Discouragement

Stress Can Become a Problem

Repeated stress drains and wears down your body and mind. Stress is like starting a car engine or pushing the accelerator pedal to speed up. If you keep revving up the car, you'll burn out the starter and wear out both the brakes and the engine. Burnout occurs when repeated stress is not balanced by healthy time outs for genuine relaxation. Stress need not be a problem if you manage it by smoothly and calmly entering or leaving life's fast lane.

Managing Stress

Stress Management involves responding to major life events and everyday hassles by *relaxing* as well as tensing up. Relaxation actually is a part of the normal stress response. When faced with life's challenges, people not only tense up to react rapidly and forcefully, but they also become calm in order to think clearly and act with control.

Techniques for managing stress include:

- Body and mental relaxation
- Positive thinking
- Problem solving
- Anger control
- Time management
- Exercise
- Responsible assertiveness
- Interpersonal communication

Physical benefits of managing stress include:

- Better sleep, energy, strength, and mobility
- Reduced tension, pain, blood pressure, heart problems, and infectious illnesses

Emotional benefits of managing stress include:

- Increased quality of life and well-being
- Reduced anxiety, depression, and irritability

Tips for Dealing with Others and the Media

Here are some tips from those who have had dealings with the media and well wishers.

- It is your choice to respond to the media. You have the right to say “No, thank you”, “I don’t know”, or “No comment” if approached by a reporter. You have no obligation to explain yourself or why you prefer not to talk to the media.
- If you are considering talking to the media or have been approached, utilize the Public Affairs Office (PAO) at Walter Reed Army Medical Center to help you (202) 782-7177. As a Family Member you are not required to report to the PAO, but as they deal with the media on a regular basis, they can offer valuable support and advice.
- When you put information out in public domain, there is no calling it back. Whatever you say can and will be repeated. Consider carefully what details you may want to reveal to well wishers or the media.
- No matter what you say, understand that rumors will circulate about your Soldier’s injury, progress, and circumstances surrounding the injury.
- You may wish to designate a Family “spokesperson” who will update others on your Soldier’s progress. (see “Caring Bridge” in section 3 for more information about creating a web site for your Soldier)
- Don’t feel you have to respond to all phone calls, emails or cards from well wishers. You and your Soldier decide when visitors are welcome.
- Everyone responds differently to crisis. Some feel an intense desire to help and others may stay away because they don’t know what to say and are uncomfortable. Just because you don’t hear from someone doesn’t mean that they don’t care. Keep expectations realistic.
- Keep a list of “needs” and when approached with offers of help give specific suggestions (i.e. mow the yard, get the mail, walk the dog, help with meals).
- If you are feeling emotionally overwrought, count to 10 before replying to someone. Believe that everyone is genuinely trying to help even if you feel they have said the “wrong” thing. Watch for questions designed to provoke an emotional response.
- Try to maintain a positive attitude when people approach.
- Keep the unit apprised of your Soldier’s condition. Other Soldiers still deployed will want to know how your Soldier is doing.

FAMILY AND MEDICAL LEAVE ACT

Entitlement

Under the Family and Medical Leave Act of 1993 (FMLA), most Federal employees are entitled to a total of up to 12 workweeks of unpaid leave during any 12-month period for the following purposes:

- the birth of a son or daughter of the employee and the care of such son or daughter;
- the placement of a son or daughter with the employee for adoption or foster care;
- the care of spouse, son, daughter, or parent of the employee who has a serious health condition; or
- a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her positions.

Under certain conditions, an employee may use the 12 weeks of FMLA leave intermittently. An employee may elect to substitute annual leave and/or sick leave, consistent with current laws and OPM's regulations for using annual and sick leave, for any unpaid leave under the FMLA. (The amount of sick leave that may be used to care for a Family Member is limited. FMLA leave is in addition to other paid time off available to an employee.

Job Benefits and Protection

- Upon return from FMLA leave, an employee must be returned to the same position or to an "equivalent position with equivalent benefits, pay, status, and other terms and conditions of employment."
- An employee who takes FMLA leave is entitled to maintain health benefits coverage. An employee on unpaid FMLA leave may pay the employee share of the premiums on a current basis or pay upon return to work.

Advance Notice and Medical Certification

- An employee must provide notice of his or her intent to take Family and medical leave not less than 30 days before leave is to begin or, in emergencies, as soon as is practicable.
- An agency may request medical certification for FMLA leave taken to care for an employee's spouse, son, daughter, or parent who has a serious health condition or for the serious health condition of the employee.

FREQUENTLY ASKED QUESTIONS AND ANSWERS

How much leave am I entitled to under FMLA?

If you are an "eligible" employee, you are entitled to 12 weeks of leave for certain Family and medical reasons during a 12-month period.

How is the 12-month period calculated under FMLA?

Employers may select one of four options for determining the 12-month period:

- the calendar year;
- any fixed 12-month "leave year" such as a fiscal year, a year required by state law, or a year starting on the employee's "anniversary" date;
- the 12-month period measured forward from the date any employee's first FMLA leave begins; or
- a "rolling" 12-month period measured backward from the date an employee uses FMLA leave.

Does the law guarantee paid time off?

No. The FMLA only requires unpaid leave. However, the law permits an employee to elect, or the employer to require the employee, to use accrued paid leave, such as vacation or sick leave, for some or all of the FMLA leave period. When paid leave is substituted for unpaid FMLA leave, it may be counted against the 12-week FMLA leave entitlement if the employee is properly notified of the designation when the leave begins.

Does workers' compensation leave count against an employee's FMLA leave entitlement?

It can. FMLA leave and workers' compensation leave can run together, provided the reason for the absence is due to a qualifying serious illness or injury and the employer properly notifies the employee in writing that the leave will be counted as FMLA leave.

Can the employer count leave taken due to pregnancy complications against the 12 weeks of FMLA leave for the birth and care of my child?

Yes. An eligible employee is entitled to a total of 12 weeks of FMLA leave in a 12-month period. If the employee has to use some of that leave for another reason, including a difficult pregnancy, it may be counted as part of the 12-week FMLA leave entitlement.

Can the employer count time on maternity leave or pregnancy disability as FMLA leave?

Yes. Pregnancy disability leave or maternity leave for the birth of a child would be considered qualifying FMLA leave for a serious health condition and may be counted in the 12 weeks of leave so long as the employer properly notifies the employee in writing of the designation.

If an employer fails to tell employees that the leave is FMLA leave, can the employer count the time they have already been off against the 12 weeks of FMLA leave?

In most situations, the employer cannot count leave as FMLA leave retroactively. Remember, the employee must be notified in writing that an absence is being designated as FMLA leave. If the employer was not aware of the reason for the leave, leave may be designated as FMLA leave retroactively only while the leave is in progress or within two business days of the employee's return to work.

Who is considered an immediate "Family Member" for purposes of taking FMLA leave?

An employee's spouse, children (son or daughter), and parents are immediate Family Members for purposes of FMLA. The term "parent" does not include a parent "in-law". The terms son or daughter do not include individuals age 18 or over unless they are "incapable of self-care" because of mental or physical disability that limits one or more of the "major life activities" as those terms are defined in regulations issued by the Equal Employment Opportunity Commission (EEOC) under the Americans With Disabilities Act (ADA) .

May I take FMLA leave for visits to a physical therapist, if my doctor prescribes the therapy?

Yes. FMLA permits you to take leave to receive "continuing treatment by a health care provider," which can include recurring absences for therapy treatments such as those ordered by a doctor for physical therapy after a hospital stay or for treatment of severe arthritis.

Which employees are eligible to take FMLA leave?

Employees are eligible to take FMLA leave if they have worked for their employer for at least 12 months, and have worked for at least 1,250 hours over the previous 12 months, and work at a location where at least 50 employees are employed by the employer within 75 miles.

Do the 12 months of service with the employer have to be continuous or consecutive?

No. The 12 months do not have to be continuous or consecutive; all time worked for the employer is counted.

Do the 1,250 hours include paid leave time or other absences from work?

No. The 1,250 hours include only those hours actually worked for the employer. Paid leave and unpaid leave, including FMLA leave, are not included.

How do I determine if I have worked 1,250 hours in a 12-month period?

Your individual record of hours worked would be used to determine whether 1,250 hours had been worked in the 12 months prior to the commencement of FMLA leave. As a rule of thumb, the following may be helpful for estimating whether this test for eligibility has been met;

- 24 hours worked in each of the 52 weeks of the year; or
- over 104 hours worked in each of the 12 months of the year; or
- 40 hours worked per week for more than 31 weeks (over seven months) of the year.

Do I have to give my employer my medical records for leave due to a serious health condition?

No. You do not have to provide medical records. The employer may, however, request that, for any leave taken due to a serious health condition, you provide a medical certification confirming that a serious health condition exists.

Can my employer require me to return to work before I exhaust my leave?

Subject to certain limitations, your employer may deny the continuation of FMLA leave due to a serious health condition if you fail to fulfill any obligations to provide supporting medical certification. The employer may not, however, require you to return to work early by offering you a light duty assignment.

Are there any restrictions on how I spend my time while on leave?

Employers with established policies regarding outside employment while on paid or unpaid leave may uniformly apply those policies to employees on FMLA leave. Otherwise, the employer may not restrict your activities. The protections of FMLA will not, however, cover situations where the reason for leave no longer exists, where the employee has not provided required notices or certifications, or where the employee has misrepresented the reason for leave.

Can my employer make inquiries about my leave during my absence?

Yes, but only to you. Your employer may ask you questions to confirm whether the leave needed or being taken qualifies for FMLA purposes, and may require periodic reports on your status and intent to return to work after leave. Also, if the employer wishes to obtain another opinion, you may be required to obtain additional medical certification at the employer's expense, or rectification during a period of FMLA leave. The employer may have a health care provider representing the employer contact your health care provider, with your permission, to clarify information in the medical certification or to confirm that it was provided by the health care provider. The inquiry may **not seek additional information** regarding your health condition or that of a Family Member.

Can my employer refuse to grant me FMLA leave?

If you are an "eligible" employee who has met FMLA's notice and certification requirements (and you have not exhausted your FMLA leave entitlement for the year), you may **not** be denied FMLA leave.

Will I lose my job if I take FMLA leave?

Generally: no. It is unlawful for any employer to interfere with or restrain or deny the exercise of any right provided under this law. Employers cannot use the taking of FMLA leave as a negative factor in employment actions, such as hiring, promotions or disciplinary actions; nor can FMLA leave be counted under "no fault" attendance policies. Under limited circumstances, an employer may deny reinstatement to work - but not the use of FMLA leave - to certain highly-paid, salaried ("key") employees.

Are there other circumstances in which my employer can deny me FMLA leave or reinstatement to my job?

In addition to denying reinstatement in certain circumstances to "key" employees, employers are not required to continue FMLA benefits or reinstate employees who would have been laid off or otherwise had their employment terminated had they continued to work during the FMLA leave period as, for example, due to a general layoff.

Employees who give unequivocal notice that they do not intend to return to work lose their entitlement to FMLA leave.

Employees who are unable to return to work and have exhausted their 12 weeks of FMLA leave in the designated "12 month period" no longer have FMLA protections of leave or job restoration

Under certain circumstances, employers who advise employees experiencing a serious health condition that they will require a medical certificate of fitness for duty to return to work may deny reinstatement to an employee who fails to provide the certification, or may delay reinstatement until the certification is submitted.

Can my employer fire me for complaining about a violation of FMLA?

No. Nor can the employer take any other adverse employment action on this basis. It is unlawful for any employer to discharge or otherwise discriminate against an employee for opposing a practice made unlawful under FMLA.

Does an employer have to pay bonuses to employees who have been on FMLA leave?

The FMLA requires that employees be restored to the same or an equivalent position. If an employee was eligible for a bonus before taking FMLA leave, the employee would be eligible for the bonus upon returning to work. The FMLA leave may not be counted against the employee. For example, if an employer offers a perfect attendance bonus, and the employee has not missed any time prior to taking FMLA leave, the employee would still be eligible for the bonus

upon returning from FMLA leave.

On the other hand, FMLA does not require that employees on FMLA leave be allowed to accrue benefits or seniority. For example, an employee on FMLA leave might not have sufficient sales to qualify for a bonus. The employer is not required to make any special accommodation for this employee because of FMLA. The employer must, of course, treat an employee who has used FMLA leave at least as well as other employees on paid and unpaid leave (as appropriate) are treated.

Under what circumstances is leave designated as FMLA leave and counted against the employee's total entitlement?

In all circumstances, it is the employer's responsibility to designate leave taken for an FMLA reason as FMLA leave. The designation must be based upon information furnished by the employee. Leave may not be designated as FMLA leave after the leave has been completed and the employee has returned to work, except if;

- the employer is awaiting receipt of the medical certification to confirm the existence of a serious health condition; the employer was unaware that leave was for an FMLA reason, and subsequently acquires information from the employee such as when the employee requests additional or extensions of leave; or,
- the employer was unaware that the leave was for an FMLA reason, and the employee notifies the employer within two days after return to work that the leave was FMLA leave.

Can my employer count FMLA leave I take against a no fault absentee policy?

No.

SECTION C

IN-PATIENT

- Medical Care Team: Role and definitions
- You as Your Soldier's Advocate
- Patient Bill of Rights
- A Soldier's Viewpoint
- War Zone Related Stress
- What Families Need to Know
- Taking care of yourself (not just your Soldier)
- Reunion Information
- Learning to Use the Internet
- Caring Bridge
- A way to keep others informed

CARE TEAM ROLES AND DEFINITIONS+

While your Soldier is on inpatient status, meaning they are occupying a bed within the hospital, there is a multidisciplinary team which cares for them and oversees their recovery. Membership of this team is determined based on the injuries received and needs of the individual Soldier. There are some common components on these teams. This overview is provided as more of an example than as a template of care. Regardless of who comprises the team, the quality of care provided at Walter Reed Army Medical Center is unparalleled.

To ensure that medical treatment is continuing as smoothly as possible, a "**case manager**" will be assigned to your Soldier. Given the large numbers of providers and support personnel who may be caring for a patient, the composition of the medical team can be confusing for Family Members (and patients!). The case manager "directs traffic" and is a valuable resource for Family Members who may have questions about their loved one's medical care.

A licensed professional **social worker** is assigned to all Soldiers when they arrive at Walter Reed Army Medical Center. They act as a liaison between the medical treatment team and the Soldier and Family. The social worker provides psychosocial assessment and intervention for both the Soldier and Family. The social worker can provide medical crisis counseling and supportive counseling. They will assist meeting the needs of the Family, whatever they may be, by linking the Family with the appropriate agencies and resources. The social worker is a lynch pin in the system of wounded care as they provide a continuity factor for the Soldier/Family from arrival at Walter Reed Army Medical Center until discharge. While other Members of the team will change, the social worker normally remains throughout the inpatient process. The social worker is an integral part of discharge planning which begins the moment the Soldier arrives at Walter Reed Army Medical Center.

The social worker ensures a smooth transition to the next level of care. The next level of care could be the VA, another military treatment facility, a treatment facility

near the Soldier's Family, out patient status at Walter Reed Army Medical Center, or a complete discharge from medical care. The social worker incorporates the needs of the Family during this transition to include coordinating for home health care, equipment, etc. If the Soldier returns at some point in the future to in patient status at Walter Reed Army Medical Center, Department of Social Work Services will try to assign the same social worker to the Soldier and Family. Be actively involved with the social worker and establish contact when you arrive. Ask for what you need.

The medical team often includes doctors, nurses, social workers, various therapists, technicians, and numerous other supporting staff Members. When a patient is treated by several different medical services (or specialties), the number of "team Members" can increase dramatically.

The following is a partial listing (and brief description) of the various personnel who may comprise a multidisciplinary medical team. Families will encounter many of these health care professionals during your Soldier's hospital stay:

- **Attending physician/surgeon:** The senior doctor directing medical care.
- **Resident or resident physician:** A doctor at any level in a graduate medical education program, including subspecialty programs. Other terms used to refer to these individuals include interns, house officers, house staff, trainees or fellows.
- The term "**fellow**" is sometimes used to denote physicians in subspecialty programs (versus residents in specialty programs) or in graduate medical education programs that are beyond the requirements for eligibility for first board certification in the discipline.
- The term "**intern**" is sometimes used to denote physicians in their first year of training.
- **Staff physician:** A fully-trained doctor who is a Member of the medical/surgical staff.
- **Staff nurse:** A fully-trained registered nurse (RN) assigned to a particular service or ward. RNs care for patients at the hospital bedside, in private clinics, and in the patient's home. Nurses may also work to help prevent disease, to educate the public about health issues, to enhance public health, and to support ill patients both physically and mentally.
- A nurse may also be the Case Manager for your Soldier.
- **Nurse Practitioner:** A nurse practitioner (NP) is a registered nurse (RN) who has completed advanced education and training in the diagnosis and management of common medical conditions, including chronic illnesses. Nurse practitioners provide a broad range of health care services.
- **Licensed Practical Nurse/Licensed Vocational Nurse:** LPNs/LVNs perform duties that may include giving injections, taking vital signs, performing basic diagnostic tests, observing patients, dressing wounds, and administering medication. They also assist patients in daily living activities such as eating, dressing, exercising, and bathing.
- **Physician Assistant:** Physician Assistants (PAs) practice medicine under the supervision of physicians and surgeons. They should not be confused with medical assistants, who perform routine clinical and clerical tasks. PAs are

trained to provide diagnostic, therapeutic, and preventive health care services, as delegated by a physician.

- **Social Worker:** Social Workers help people function the best way they can in their environment and solve personal and Family problems. Social workers often see clients who face a life-threatening medical conditions or social problems. Social Workers often serve as Case Managers.
- **Respiratory therapist:** evaluate, treat, and care for patients with breathing or other cardiopulmonary disorders. Practicing under the direction of a physician, respiratory therapists assume primary responsibility for all respiratory care therapeutic treatments and diagnostic procedures, including the supervision of respiratory therapy technicians.
- **Occupational therapist:** Occupational therapists (OTs) help people improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help them to develop, recover, or maintain daily living and work skills.
- **Physical therapist:** Physical therapists (PTs) provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health.
- **Variety of essential supportive personnel:** Clergy, medical assistants, laboratory, dietary/nutrition, clerical staff, etc.

YOU AS YOUR SOLDIER'S ADVOCATE

If you have traveled to Walter Reed Army Medical Center on travel and transportation orders (TTOs), then the medical team has determined it is in your Soldier's best interest to have you by their side during this initial phase of the recovery process. You may have made the trip to Walter Reed Army Medical Center without TTOs at your Soldier's request. Everyone involved in this recovery effort, from the medical staff to supporting agencies, has the Soldier's best interest at heart and yours as well.

Your Soldier came to be at Walter Reed Army Medical Center as a result of sustaining an injury that requires medical treatment that may tax the limits of their physical and emotional resources. During this time, you can choose to be a valuable advocate for your Soldier. No one knows your Soldier as you do. Now that you are here at Walter Reed Army Medical Center the reality of the injuries sustained by your Soldier may seem overwhelming. With all the excellent and complex medical care that your Soldier is receiving, what can you do to enhance the recovery process? How can you advocate for your Soldier with the professional teams already in place? Below are some suggestions on how to be an advocate for your Soldier during this time. It's your choice on how involved you want to be. Depending on the severity of your Soldier's injury, they may not be able to speak up for themselves. If you feel more comfortable being an emotional supporter for your Soldier, allow another Family Member to be the advocate.

Engage the care team from the beginning and establish a relationship that is both open and honest to best benefit your Soldier. Make sure that you thoroughly understand both the diagnosis (what medically has occurred and is occurring) and the prognosis (the impact this will have on your Soldier, the outcome) so that you are aware of the optimal outcome and the plan to achieve that outcome. Be aware that your Soldier's condition can change and both the diagnosis and prognosis may change accordingly. There are no certainties or absolutes in predicting the future.

Maintain harmony with the care team, especially during the difficult times. Expect that some information may be unpleasant to hear. Remind yourself that everyone is focused on the same thing, working toward the best outcome for your Soldier. When things get tough, your Soldier needs the unified support the most. Be a positive team Member.

Know when the daily rounds are made and be there to take notes each time the care team assesses the status of your Soldier. Write down the terms used (spelling counts) and what those terms mean. Write down the treatment plan and update it when necessary. Become familiar with the daily routine of care for your Soldier. Be aware of shift changes and times when the staff is less available. The medical team takes care of many patients but you are there to take care of one, your Soldier.

Ask questions and identify who your primary point of contact is. Write down questions as they occur to you between rounds so that you remember them for the next time. The focus of the health care team is on the Soldier during these visits. Being organized and prepared by having your questions written and taking notes will maximize the exchange of information. Remember the care team has other patients to see and time is limited so prepare beforehand.

Keep a written copy of the treatment plan and daily routine with you at the hospital. Know when your Soldier is scheduled to undergo medical procedures such as diagnostic testing, procedures, or therapies. Be aware of any requirements that must be met before a test such as no eating or drinking for a certain number of hours before the test and make sure your Soldier sticks to it. If the schedule changes or a test does not occur, check in with the care team to find out why.

Know what medications are given, when, and possible side effects. If a medication is missed, ask about it. If you notice a possible side effect, bring it to the attention of the medical staff.

Your observations of your Soldier's overall level of comfort and behaviors are important to enhancing the care received. You may notice your Soldier having side effects from medication, showing discomfort before pain medication is due, becoming restless while sleeping, not eating or having difficulty while eating, or other issues that concern you. Write down your observations that you would like to bring to the notice of the medical care team and be specific about when the issue arose, how long it lasted, and the intensity of the event. This applies to the emotional state of your Soldier as well. The healing process involves both the physical and emotional, so speak up about behavioral changes you notice. You will

spend more time with your Soldier than the health care team can and your insight is valuable.

You can help protect your Soldier from infection by being a vigilant hand washer as a first line of defense. Wash your hands throughout the day as you enter the room. Make sure visitors do the same, to include **anyone** who touches your Soldier. Bring disinfecting wipes and wipe down the surfaces your Soldier may come in contact with such as bed rails, TV remote, etc. The hospital does all it can to prevent infection and you should as well. If you are not feeling well let the staff know. They will give you a mask so that you do not spread your germs to your Soldier or others at the hospital. If you have an open wound or rash, keep it covered. Not only are you protecting your Soldier and the other patients, you are protecting yourself as well.

Be patient with your Soldier and with yourself. This is a stressful time for you both and the bottom line is to get your Soldier to the best possible outcome. It will take time to adjust to the situation and expect some peaks and valleys to occur. Reunions are stressful under the best of circumstances. Crisis can play havoc with Family relationships. Stay positive to benefit you both.

Utilize all support services so that you can then support your Soldier to the best of your abilities. You can not help your Soldier if you don't take care of yourself. There are many resources available to you. Please see the section "Taking Care of You".

PATIENT'S BILL OF RIGHTS

Rights

- **Quality Care:** You have the right to quality care based on your health care needs regardless of race, creed, sex, national origin or religion.
- **Respect and Dignity:** You have the right to considerate and respectful care, with recognition of your Family's religious and cultural preferences.
- **Privacy and Confidentiality:** You have the right to privacy and confidentiality concerning medical care. This included expecting any discussion or consultation about your care to be conducted discreetly and privately.
- You have the right to expect that only people involved in your care of the monitoring of its quality will read your medical record. Other individuals can read your record only when authorized by you and your legally authorized representative.
- You have the right to wear appropriate personal religious or symbolic clothing as long as it does not interfere with treatment or procedures.
- You have the right to consent prior to any recording or filming for teaching or research purposes.
- You have the right to designate Family Members or loved ones to be informed of you condition.
- Photographing and recording (including digital telephones and PDAs) are not permitted without your permission.
- You have the right to a chaperon upon request.
- **Personal Safety and Security:** You have the right to a safe a secure environment while in the hospital.
- You have the right to access protective and advocacy services. Contact numbers and/or points of contact are available upon request.
- **Identity:** You have the right to complete and current information about your diagnosis, treatment, medications, and the expected outcomes in terms that you can understand.
- **Consent:** You have the right to be informed and to consent to all procedures, treatments and admissions.
- **Communication:** You have the right to expect that your needs will be communicated to the health care team including access to an interpreter when language barriers are a problem.
- **Pain Management:** You have the right to have a complete evaluation of any pain you may have as well as the right to be treated appropriately for that pain.
- **Refusal of Treatment:** You have the right to refuse care, treatment, and services in accordance with applicable law and regulations.
- **Advance Directive:** You have the right to formulate an advance directive (living will and/or medical durable power of attorney), and to take part in ethical issues pertinent to your care.
- An advanced directive from another facility will be honored if you provide a copy to the treatment team.

- **Transfer and Continuity of Care:** You have the right to information if you are transferred to another facility. Discharge information about your condition and ongoing health care needs will be provided to you when you are discharged from the hospital.
- **Hospital Rules and Regulations:** You have the right to information about hospital rules and regulations that apply to you.
- **You and Your Child:** You have the right to know the treatment plan for your child and to have answers to all your questions and concerns about your child's treatment.
- **Research:** You have the right to a second opinion with a specialist at your own request and expense.

Responsibilities

- **Providing Information:** You are responsible for providing accurate and complete information about present complaints, illnesses, hospitalizations, medications, and other matters relating to your health.
- You should report unexpected changes in your condition to your doctor.
- You must tell your health care team if you do not clearly understand the plan of care and what is expected of you.
- You must tell your health care team if you have any concern over the safety and care you are receiving.
- **Compliance with Instructions:** You should follow the treatment plan given to you by your doctor, nurses or other health care workers. This includes keeping your appointments and notifying the clinic when you are unable to do so.
- **Maintain Positive Health Practices:** You have the responsibility to develop and maintain healthy habits including good nutrition and adequate sleep and rest, and routine exercise.
- **Refusal of Treatment:** You are responsible for you own actions when you refuse treatment or do not follow the doctor's or other health care worker's instructions.
- **Hospital Rules:** You are responsible for following hospital rules and regulations affecting patient care and conduct. Any suspicious activity should be reported to the hospital staff.
- **Hospital Charges:** You are responsible for paying hospital bills as soon as possible.
- **Respect and Consideration:** You are responsible for treating our staff and other patients with respect and consideration.
- **Protecting Others From Illness or Infection:** Do not let friends or Family visit if they are sick or have been exposed to a communicable disease such as chicken pox. You and your visitors should wash your hands frequently.
- **Smoking Policy:** You may not smoke while in the facility. You may smoke only in the designated smoking areas located outside the buildings.
- **Medical Records:** You must return your outpatient medical records to your assigned medical treatment facility after all medical consultation or other appointments are finished.

- ***All medical records are the property of the U.S. Government and must be returned to the appropriate Military Treatment Facility so that a complete record of your care can be maintained.***
- **Reporting of Patient Complaints:** Any concerns, questions, and complaints should be given to the Patient Representative Office at 782-6866 or room 3-B01 on the third floor of the hospital. This will help the Commander provide the best possible care for all patients. After duty hours, the Administrative Officer of the Day (782-7309) will receive calls and refer them to the appropriate office.

Patient Safety “Speak Up”

Speak up if you have questions or concerns.

Pay attention to the care you are receiving.

Educate yourself about your health conditions.

Ask a Family Member or friend to be your advocate.

Know what medications you take and why you take them.

Use a health care organization that is certified by JCAHO.

Participate in all decisions about your care.

A SOLDIER'S VIEWPOINT

From the point of injury on the battlefield, the Soldier has been moved quickly through an array of treatment facilities based on the geographic location where the Soldier was injured and the type of injury sustained. Most Soldiers are treated at the scene of injury by a combat life saver or field medic, moved to an aid station awaiting evacuation to a **Combat Support Hospital (CSH)**. Once at the CSH, stabilizing measures were taken and the Soldier given medical treatment based on the injury. The doctors at the CSH determined what the extent of injury was and began the procedure to evacuate the Soldier to the United States. From the CSH the Soldier was transported to the aircraft and began the journey back to the US with a stopover in Germany. At each point along the way the Soldier is re-evaluated. Sometimes a delay occurs in Germany if the Soldier required further stabilization before travel. After days of travel and transport, the Soldier arrived at **WALTER REED ARMY MEDICAL CENTER**

Throughout this evacuation process the Soldier may have been heavily medicated or unconscious. The speed of transition from the battlefield to safety in the US is disorienting for anyone, but with the addition of injury and medication, it can take on a surreal quality for the Soldier. For those who were unconscious, their last recollection is from the point of injury or before and they awaken to find themselves in unfamiliar surroundings and seriously wounded. At times communication is hampered by the injury itself, pain medications or by attached medical equipment. The Soldier who was just days before performing their duties in a hostile environment is now a patient in a hospital bed awaiting an uncertain fate.

The Soldier has received both a physical trauma and a psychological/emotional trauma. As with any serious injury, there lies ahead a road to recovery that is full of challenge and uncertainty that taxes both the body and the spirit. The Soldier *may* be facing a changed physical appearance, changed physical abilities, damaged mental processes from traumatic brain injury, and the resulting emotional trauma. In addition, the Soldier is undergoing the readjustment from the battlefield to home.

The battlefield in Iraq is not a clearly defined area. Soldiers that are normally considered "non combatants" are being wounded along side the combatants from IEDs (improvised explosive device), mortars, and snipers. The "enemy" is not wearing a particular uniform and is not easily identifiable. This makes for an environment of uncertainty. Readjustment and reunion with Family and friends may be complicated by more than just the trauma from the injury. Information is included from the National Center for Post Traumatic Stress Disorder (PTSD) for your benefit. Research into PTSD and related issues is on going. Ask your medical care team about PTSD.

WAR-ZONE-RELATED STRESS REACTIONS: WHAT FAMILIES NEED TO KNOW

A National Center for PTSD Fact Sheet

Military personnel in war zones frequently have serious reactions to their traumatic war experiences. Sometimes the reactions continue after they return home. Ongoing reactions to war-zone fear, horror, or helplessness are connected to posttraumatic stress and can include:

- *Nightmares or difficulty sleeping*
- *Unwanted distressing memories or thoughts*
- *Anxiety and panic*
- *Irritability and anger*
- *Emotional numbing or loss of interest in activities or people*
- *Problem alcohol or drug use to cope with stress reactions*

How Traumatic Stress Reactions Can Affect Families

- Stress reactions may interfere with a service Member's ability to trust and be emotionally close to others. As a result, Families may feel emotionally cut off from the service Member.
- A returning war veteran may feel irritable and have difficulty communicating, which may make it hard to get along with him or her.
- A returning veteran may experience a loss of interest in Family social activities.
- Veterans with PTSD may lose interest in sex and feel distant from their spouses.
- Traumatized war veterans often feel that something terrible may happen "out of the blue" and can become preoccupied with trying to keep themselves and Family Members safe.
- Just as war veterans are often afraid to address what happened to them, Family Members are frequently fearful of examining the traumatic events as well. Family Members may want to avoid talking about the trauma or related problems. They may avoid talking because they want to spare the survivor further pain or because they are afraid of his or her reaction.
- Family Members may feel hurt, alienated, or discouraged because the veteran has not been able to overcome the effects of the trauma. Family Members may become angry or feel distant from the veteran.

The Important Role of Families in Recovery

The primary source of support for the returning Soldier is likely to be his or her Family. Families can help the veteran not withdraw from others. Families can provide companionship and a sense of belonging, which can help counter the veteran's feeling of separateness because of his or her experiences. Families can provide practical and emotional support for coping with life stressors.

If the veteran agrees, it is important for Family Members to participate in treatment. It is also important to talk about how the post trauma stress is affecting the Family and what the Family can do about it. Adult Family Members should also let their loved ones know that they are willing to listen if the service Member would like to talk about war experiences. Family Members should talk with treatment providers about how they can help in the recovery effort.

What Happens in Treatment for PTSD

Treatment for PTSD focuses on helping the trauma survivor reduce fear and anxiety, gain control over traumatic stress reactions, make sense of war experiences, and function better at work and in the Family. A standard course of treatment usually includes:

- Assessment and development of an individual treatment plan
- Education of veterans and their Families about posttraumatic stress and its effects
- Training in relaxation methods, to help reduce physical arousal/tension
- Practical instruction in skills for coping with anger, stress, and ongoing problems
- Detailed discussion of feelings of anger or guilt, which are very common among survivors of war trauma
- Detailed discussions to help change distressing beliefs about self and others (e.g., self-blame)
- If appropriate, careful, repeated discussions of the trauma (exposure therapy) to help the service Member reduce the fear associated with trauma memories
- Medication to reduce anxiety, depression, or insomnia
- Group support from other veterans often felt to be the most valuable treatment experience

Mental health professionals in VA medical centers, community clinics, and Readjustment Counseling Service Vet Centers have a long tradition of working with Family Members of veterans with PTSD. Couples counseling and educational classes for Families may be available. Family Members can encourage the survivor to seek education and counseling but should not try to force their loved one to get help. Family Members should consider getting help for themselves, whether or not their loved one is getting treatment.

Self-Care Suggestions for Families

- Become educated about PTSD.
- Take time to listen to all Family Members and show them that you care.
- Spend time with other people. Coping is easier with support from others, including extended Family, friends, church groups, or other community groups.
- Join or develop a support group.
- Take care of yourself. Family Members frequently devote themselves totally to those they care for and, in the process, neglect their own needs. Pay attention to yourself. Watch your diet and exercise, and get plenty of rest. Take time to do things that feel good to you.
- Try to maintain Family routines, such as dinner together, church, or sports outings.
- If needed, get professional help as early as possible, and get back in touch with treatment providers if things worsen after treatment has ended.

For more information about PTSD please visit the VA website as www.va.gov A PTSD guide for Families can be found at the following web address:
www.ncptd.va.gov/war/guide/GuideforFamilies.pdf

TAKING CARE OF YOU

A Family Member's Trauma

From the moment you were informed that your Soldier was deploying into a combat zone, your life altered. The normal routine shifted to include the underlying concern felt when a loved one is in harm's way, the knowledge that something could happen to them. The day you received notification that your Soldier was wounded, you were wounded as well. Families are connected, what happens to one Member affects all the other Members of the Family. While attention is focused on supporting your Soldier, time needs to be spent as well acknowledging your own traumatic experience and the on going effects this experience will have on you and your life.

Notification can be a traumatic experience in and of itself. Even when you know that your Soldier is in a combat zone and anything can happen, it is still a shock when you receive a phone call stating that something has. That phone call triggered a series of events that eventually led you to travel from the comfort of your home to the unfamiliar hospital bedside of your Soldier. Travel, even under the best of circumstances, is a stressful event. When combined with reuniting with your seriously wounded Soldier it becomes even more so. All these experiences in such a short amount of time can be overwhelming and then you begin to factor in the reality of the injuries and condition of your Soldier. Life can suddenly feel out of control.

Whether you are a spouse, parent, child or other relative of the Soldier, your life has been irrevocably changed by the events that brought you here. Change is a challenging thing and often uncomfortable while you adapt to the new reality the change has brought to your life. With change, something of the old way of life is

lost and as with all loss, there is a normal period where grieving occurs. No one can know what your loss is. Each of us is unique, and what may be significant to one person may not be to another. Your grieving process is personal. Take some time to think about what you have lost. Acknowledge your own loss and grieve for it. Understand that the extent of your own loss is not fully apparent now. It will take time to realize how much your life will be changed by this experience. Be patient with yourself while you come to grips with the shift in your life.

Your trauma is real and while you might tell yourself it is nothing compared to what your Soldier is enduring, it will have an effect on you and being aware of that gives you some measure of control to lessen that effect. You have the right to feel pain and sorrow. Take care of yourself. Focus on what you have the power to do and that is to change your own actions or reactions. Actively pursue stress management. Utilize the resources available to you. Seek out and utilize support services for yourself and your children. The social worker assigned to your Soldier is there for you as well. Your entire Family has been wounded along with your Soldier and deserves the same care and concern as you are giving your Soldier.

COMING HOME

A Guide for Spouses of Service Members Returning from Mobilization/Deployment

As a spouse or child of an active, Guard or Reserve Service Member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you have been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service Member's assignment, you will have a period of natural adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service Member Comes Home:

- You have become more confident and independent and your spouse has changed too. Expect things to be different.
- It is normal to feel nervous and anxious about the homecoming. You may wonder whether your spouse will: "Like the way I look?" "Like what I've done with the house?" "Be proud of me for how I've handled things?" "Still need me?" "Still love me?"
- Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, parents, extended Family Members, or friends fit in?
- Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.
- Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time, and good communication—some people need to be courted again.
- **COMMUNICATE!!** Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the re-acquaintance jitters, regain closeness, and renegotiate your roles in the Family is by talking and actively listening.
- You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.
- Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.
- You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.
- Be calm and assertive, not defensive when discussing decisions you have made, new Family activities and customs, or methods of disciplining the children. Your spouse may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.
- Reassure your spouse that they are needed, even though you've coped during the deployment. Talk about keeping some of the independence you've developed. It's best not to "dump" all the chores or only the ones you dislike back on your spouse.

- Your spouse may have seen or experienced some things that were very upsetting. Some normal reactions to these stressful situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others and/or counselors trained in crisis stress reactions is very important.
- Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your household budget. Show your care through your time and effort.

What to Expect from Your Children:

- Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, and excitement. Depending on their age, they may not understand how your spouse could leave them if he/she really loved them.
- They may be unsure of what to expect from your spouse. They may feel uncomfortable or think of him/her as a stranger.
- It's hard for children to control their excitement. Let them give and get the attention they need from the returning parent before you try to have quiet time alone with your spouse.
- Children's reactions to the returning parent will differ according to their ages. Some normal reactions you can expect are:
 - **Infants:** Cry, fuss, pull away from the returning parent, cling to you or the caregiver.
 - **Toddlers:** Be shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained).
 - **Preschoolers:** Feel guilty for making parent go away, need time to warm-up to returning parent, intense anger, act out to get attention, be demanding.
 - **School Age:** Excitement, joy, talk constantly to bring the returning parent up to date, boast about the returning parent, guilt about not doing enough or being good enough.
 - **Teenagers:** Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet or spend extended time with the returning parent.
- Prepare children for homecoming with activities, photographs, participating in preparations, talking about dad or mom.
- Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, emotional changes. Plan time as a couple and as a Family with the children.
- Stay involved with your children's school and social activities.

Take Time for Yourself:

- Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!
- Make time to rest. Negotiate the number of social events you and your Family attend.
- Limit your use of alcohol. Remember alcohol was restricted during your spouse's deployment and tolerance is lowered.
- Go slowly in getting back into the swing of things. Depend on Family, your spouse's unit, friends for support.

Remember...

- *Go slowly – don't try to make up for lost time.*
- *Accept that your partner may be different.*
- *Take time to get reacquainted.*
- *Seek help for Family Members, if needed.*

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

COMING HOME

A Guide for Parents, Extended Family Members or Friends of Service Member Returning from Mobilization/Deployment

As a parent, extended Family Member, or friend of an active, Guard or Reserve Service Member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you've been through a mobilization/ deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service Member's assignment, there will be a period of adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service Member Comes Home:

- You have certainly missed your Service Member, as they have missed you. Reestablishing relationships will take time and communication.
- It's normal for the returning Service Member to "need space" upon their return.
- It's normal to feel nervous and anxious about the homecoming. Plan for homecoming day. After homecoming, allow the returning Service Member to schedule the next few days or weeks.
- Expect things to be different. Take time to understand how the Service Member has changed. Be prepared and flexible.
- The Service Member may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others who were there and/or counselors trained in crisis stress reactions is very important. The Service Member may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard and Reservists who are transitioning back into civilian life.

Making the Reunion Easier:

- Take time to get reacquainted. Communicate your love and concern.
- **COMMUNICATE!!** Tell each other how you feel—nervous, scared, happy, that you love and missed them. Listen to each other. The best way to get through the re-acquaintance jitters and regain closeness is to talk and actively listen.
- Reassure the Service Member that they are needed, and that you are happy he/she has returned safely.
- Be calm and assertive, not defensive, when discussing events that have taken place during the Service Member's absence. The service Member may need to hear that it wasn't the same doing these things alone, that you're glad he/she is back, and that you'd like to discuss problems and criticisms calmly.
- Prepare children of the extended Family for homecoming and involve them in reunion activities.

Take Time for Yourself to Make the Reunion for Everyone Concerned Easier:

Make time to rest. Negotiate social events and activities.
Limit your use of alcohol. Remember alcohol was restricted during the Service Member's deployment and tolerance is lowered.
Go slowly in getting back into the swing of things. Depend on Family and friends for support. You are part of the Service Member's support network.

Remember...

Go slowly – don't try to make up for lost time.
Accept that your Service Member may be different.
Take time to get reacquainted.
Reassure your loved ones.
Seek help for Family Members, if needed.

Many of these tips have cross-application to the Service Member, spouse, children, extended Family Members, and friends. If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

Reunion Resources:

- Army Community Service 912-767-5058/1297 (Toll Free 1-888-433-6114)
- Chaplains
- Department of Social Work Services
- American Red Cross
- Behavioral Health Services Social Worker

More reunion resources can be found on line at:

- My Army Life Too www.myarmylifetoo.com Army Families Online www.armyFamiliesonline.org Military OneSource www.militaryonesource.com Military Homefront www.militaryhomefront.dod.mil National Military Family Association www.nmfa.org

LEARNING TO USE THE INTERNET

Get computer savvy. You do not need to own a computer to reap the benefits of information available on the internet (aka web, world wide web, net). If you never expected to and don't want to become familiar with the computer, now is the time to conquer your fears and jump into the world of information mining on the "net" commonly know as "surfing the net".

Most of the resources listed in this handbook come with a web address and include a phone number, but not all. It is great to talk to a person, but it isn't always convenient to call for information depending on time differences and other activities in your life that take away from the time you can dedicate to talking on the phone. If you don't own a computer, you can find internet access at most libraries. If you wish to print something out, you may need to take paper so check with the library before you go.

Army Community Service
Bldg. 17, Lower Level of the Guest House
6900 Georgia AVE NW
Washington DC 20307
Ph: (202) 782-3412/0693
Mon-Fri 0745- 1630

How to find a Web site when you know the Web address

[This article is provided to service Members and their Families as part of the Army OneSource program, which offers information and support on a wide range of Family and personal issues. To access the program just go to www.armyonesource.com or call Army OneSource today. From the United States call 800-464-8107. From overseas call toll free 800-4648-1077 or collect 484-530-5889.

© Ceridian Corporation. All rights reserved. [Used by permission]

You may want to look up a "Web address" (also called a "URL") that someone has given you or that you have read about. For example, someone may suggest that you look at a Web site called <http://www.fisherhouse.org>. (This is the "address" for the Web site of a program that provides housing near military medical centers for Family Members of injured service Members.)

Here is how to find a Web site by using the Web address:

1. "Click" on the picture or "icon" that lets you enter the Internet. It will probably have the word "Internet" on it.
2. Now you should see a narrow empty box with the word "address" next to it. This is the "search box." In the search box, type the Web address that you have. It is important to type it exactly.
3. Click on the word "go" or on the arrow next to the address box.
4. The Web site's "home page" should appear on the screen. Click on different pieces of information on the home page to get even more information.

You may not have a certain "Web address" to help you look up information on the Web. That's OK. You can do an Internet "search" that will find Web sites with information about a subject you want to know about.

For example, you may want to find out about organizations that have information about living with a spinal cord injury. Here is a way to do a basic search:

1. Go on the computer and "click" on the picture or "icon" that lets you enter the Internet. It will probably have the word "Internet" on it.
2. Choose a "search engine." A search engine is a software program that searches the Web to find sites that contain the "search term" that you type into the search box. Some of the best-known search engines are Google, Yahoo, and AOL Search.
3. Type a "search term" into the search box. For this search, a good search term might simply be "spinal cord injury."
4. Click on the word "search," which is next to or under the search box. A list of Web sites will appear on the screen.
5. Click on a Web site that looks useful -- for example, the search term "spinal cord injury" produces a list that includes "National Spinal Cord Injury Association" and "Spinal Cord Injury Resource Center."
6. Read the Web site by clicking on information that looks useful. If a site contains a box that says "resources," be sure to click on it. If a site contains a box that says "links" be sure to click on it, too. "Links" are connections to other Web sites that can be useful.

If a search is producing too many Web sites that aren't really related to what you're looking for, "narrow" your search. For example, if you typed in the search term "child care," you would get thousands of Web sites from all over the world. If you "narrow" the search by adding more specific terms -- for example, "child care San Diego" you will get better results.

- You don't have to use proper capitalization in your search term.
- You don't have to use common words such as "and" and "the."
- If your search isn't turning up information that is helpful, go to the search engine's "advanced search" page, which will show you how to narrow your search.
- When you find helpful sites, "bookmark" them so you can find them again easily.
- Know if a Web site is a commercial site or a noncommercial site. The owners of a commercial Web site may be trying to sell services or items to people who visit the site.
- You can tell something about a site by the last letters in the Web address:
 - *.com* usually means the site is commercial
 - *.org* means a nonprofit organization
 - *.edu* means an educational institution
 - *.mil* means a military site
- *.gov* means a government site © 2006

Ceridian Corporation. All rights reserved.

More information may be found at www.militaryonesource.com

Caring Bridge information is taken from the Fisher House Foundation website at www.fisherhouse.org

CARING BRIDGE

A free service for military Families that helps them keep Family and friends up to date. Costs associated with this service are sponsored by Fisher House™ Foundation.

WHAT IS CARING BRIDGE?

It can be difficult to keep friends and Family updated on your loved one's condition in the hospital. Caring Bridge is a service that helps you with this responsibility. It gives you the ability to create a web site in which you can quickly alert Family and friends of the latest information regarding your loved one's well-being.

This page will provide you with basic instructions to build a Web Page on the Internet. Included are simple step-by-step instruction for building and maintaining your free Caring Bridge Web Page.

You are under no obligation once you build a web page. You can delete it immediately if you wish. This is an optional free service for you sponsored by Fisher House™ Foundation.

Bridge the gap between you and friends and Family. It's simple to set up, and it's easy to update.

Caring Bridge provides you:

- A customized Web Page
- An online journal to inform others of changing conditions
- An online guestbook for others to sign
- An online photo album

- Plus more...

FREQUENTLY ASKED QUESTIONS FOR CARING BRIDGE

What if I have problems or need help?

Caring Bridge is administered by the Caring Bridge nonprofit organization. To submit a question or problem, go to www.caringbridge.org and click on "Feedback/Questions" at the top of the page.

You can also see additional help by clicking on "Help" at the top of that page.

How do other people see my Web Page?

You must provide them with your Web Page address. Viewers use the address (sometimes called location or URL) on the Internet to view your Web Page. Your Web Page is NOT available to search tools on the Internet.

Should I be concerned that strangers will be able to see our information?

Anyone who wants to see your Web Page needs to have the correct Web Page address and viewing user name and password (if used). However, the Internet is a public forum and access to your Web Page is deterred, but not totally secure.

How do I get a photo on the Web Page?

You must have a digital copy of a photograph to use this feature. To get a digital photo you must either scan an existing photo or use a digital camera. Scanning services are available from many copy centers. Some film development services also have a digital format option. Be sure to specify you want the GIF or JPEG format.

SECTION D

OUT-PATIENT

- Why TTO's change
- Non-medical Attendant Orders
- Medical Hold/Holdover Company
- Operation Warfighter/ Warrior Outreach Wellness Program
- When You Become Your Spouse's Caregiver
- When You Become Your Adult Child's Caregiver
- Traumatic Injury Protection Insurance (TSGLI)

Why TTO's Change

When a Soldier reaches the point of no longer requiring inpatient hospital care but still requires treatment at Walter Reed Army Medical Center the Soldier may be moved to either the Mologne House or other lodging and becomes an outpatient. At that point in time, a number of things happen but most significantly to the Family, the TTOs that the Family has been using will be terminated. Unless a physician determines that the Soldier needs assistance with daily needs, the Family will be encouraged to return home awaiting the return of their Soldier. ***THE TTOs THAT THE FAMILY HAS BEEN ON MUST BE CLOSED OUT AND THE TRAVEL VOUCHER SUBMITTED BEFORE LEAVING WALTER REED ARMY MEDICAL CENTER***

Non Medical Attendant Orders

If a physician determines that the Soldier needs a **non-medical attendant (NMA)**, ***the Soldier is allowed to designate one person*** to stay and help with daily needs. The request must be approved by the Deputy Commander of Clinical Services (DCCS) and orders will be issued by the military treatment facility (MTF). Non medical attendant orders (NMAs) cover **per diem only**. The Family Member shares a room with the Soldier and thus would not require lodging.

If NMAs are requested and approved, the NMA order is then issued by the calendar month. This means that if your Soldier becomes an outpatient on November 15th; the first set of NMA orders would expire on November 30th. Start working on the extension immediately with a new memorandum from your Soldier's doctor. Submit the memorandum to the Casualty Affairs Office on the 2nd floor of Walter Reed Army Medical Center NMAs are then issued for thirty day cycles until the doctor determines that assistance with daily living is no longer necessary. **Each 30 day extension requires a new memorandum from the doctor so pay attention to the dates.**

Just like TTOs, you must file a travel voucher for NMAs to be reimbursed for per diem. The travel voucher should be filed the next business day after the NMA expires. In the above example the first voucher would be filed December 1st. The next set of NMA orders would be issued for December 1st through December 31st and the voucher submitted on the next business day after the 31st. The Finance Office located in the SFAC is the place to file the voucher and they will help you with the paper work. You will need a copy of the NMA orders and all extensions to file your voucher.

If you need to take a break and hand over the responsibilities of being the non medical attendant to another person designated by your Soldier, you can do that. As long as there is a memorandum requiring an attendant, the duties can be shifted. This means that new orders would have to be issued to the new designee, and your orders would need to be closed out and a travel voucher filed.

There is support available at all times for the Soldier as well as the Family. Reach out to the social worker, chaplain, Army Wounded Warrior (AW2) Soldier Family Management Specialist or any of the other professionals there to answer the call. Your emotional well being is important as is the emotional well being of your Soldier. Most of us do not have experience dealing with this level of trauma or a long recuperative process. The support community at Walter Reed Army Medical Center can provide insight and assistance in regaining or maintaining a positive mental outlook during this difficult time.

Your Soldier will receive a welcome packet and a newcomer's briefing to the **Warrior Transition Brigade (WTB)**. Included in the packet of information is material that would be valuable to you the Family Member as well. The leadership of the WTB encourages Family Members to attend these welcome briefings whether on NMA status or as a PCS move. The WTB is yet another resource to the Families and a source of information and support.

During out patient time your Soldier may be granted convalescent leave between courses of treatments. The WTB will take care of the administrative issues regarding leave and will maintain accountability for the Soldier. The case manager will assist in procuring any medical appointments or treatments necessary while on leave. Inform TRICARE when traveling. Check in with Casualty Affairs if you are the NMA for a Soldier taking leave.

This out patient time is a pivotal time when the Soldier and Family have wide access to agencies and opportunities unique to the local area through which they can gain new skills and education to use in the future. Seize the opportunity for yourself and encourage your Soldier to do the same. There are many social and entertainment based events that are held in the area which can be great opportunities to get out and have some fun.

Your Soldier has the opportunity to go to a professional work environment and begin to polish skills for the transition back to work. This is an important step toward self sufficiency and confidence. As a Family Member, your support and encouragement to motivate your Soldier to participate in such programs is a vital part of reintegrating your Soldier into a non hospital/clinical environment.

WHEN YOU BECOME YOUR SPOUSE'S CAREGIVER

[This article is provided to service Members and their Families as part of the Army OneSource program, which offers information and support on a wide range of Family and personal issues. To access the program just go to www.armyonesource.com or call Military One Source today. From the United States call 800-464-8107. From overseas call toll free 800-4648-1077 or collect 484-530-5889.

© {copyright date of article} Ceridian Corporation. All rights reserved. Used by permission.]

When the reality of your spouse's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- a chapter that you hadn't expected. Becoming your spouse's caregiver will affect you both emotionally and physically. You may feel overwhelmed by all that is involved with caring for your spouse and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the relationship that you and your spouse had. At this point it's important for you and your spouse to accept that things have changed and to surround yourselves with resources and support.

HOW YOU MAY BE FEELING

It's common to experience many different emotions when a loved one requires long-term care at home.

- **Grief.** It's natural to mourn the loss of your spouse's good health as well as your own expectations of what the future might have been like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your spouse; that you and your spouse will lose your close, emotional bond; that you will not be able to keep up with your medical and household expenses.
- **Fear.** You may be afraid that this will not be a temporary situation and that you won't be able to cope or manage if this becomes a more permanent situation.
- **Anger.** You didn't choose to be your spouse's caregiver. It's not a position you asked for. It's normal to feel bitter about being handed a role you didn't expect or prepare for.
- **Isolation.** There may be times when you feel very much alone, and as though no one else could possibly understand what you're going through.
- **Guilt.** It's common to feel glad that you're OK but upset that your spouse isn't. It's also common to feel burdened by the role of caregiver even though you love your spouse and are compassionate.

WHEN TO SEEK HELP

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, talk to a health care professional about getting help.

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your spouse
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek help immediately if you or your spouse has thoughts of death or suicide.

LEARNING ABOUT YOUR SPOUSE'S CONDITION AND AVAILABLE RESOURCES

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available to their spouses and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your spouse's condition and the resources that are available isn't just good for your spouse -- it's also good for you.

- ***Educate yourself about your spouse's condition.*** Become a knowledgeable Member of your spouse's health care team by learning everything you can about your spouse's condition. This will enable you to ask health care providers the right questions, allow you to anticipate your spouse's needs, and help you to react appropriately when issues arise. It will also help you gain confidence and a sense of control.
- ***Learn to communicate with Members of the health care profession.***
- **Be sure to write down questions** on a running list that you keep nearby, and refer to the list when you speak with your spouse's health care provider.
- **If you have many things to talk** about with the health care provider, schedule a consultation and be sure to take notes during the meeting.
- **Think about having someone else** -- a friend or Family Member -- go with you to meetings with your spouse's health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a little bit of shock at this time.)

- **Learn the routines of your spouse's medical facilities.** This will help you access the facilities more easily. Ask about office hours; the best time to reach your spouse's health care provider; what to do in the event of a medical emergency; and whom to contact after office hours.
- **Keep good records.** Have a central place, such as a notebook, where you can keep telephone numbers and e-mails of doctors and other care providers, information about special diets, and other pertinent information (for example, banking and insurance information, a living will, health care proxy). Bring copies of your spouse's health insurance card and the names and doses of your spouse's medications with you to health care appointments.
- **Learn about assistive devices.** Seek out information about devices and tools that will help make life easier for you and your spouse. There are many illness-specific resources available through the Internet and from various associations such as the **Paralyzed Veterans of America** at
 - <http://www.pva.org>, and the Amputee Coalition of America at
 - <http://www.amputee-coalition.org>.
 - For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at 703-681-8813 (voice) or 703-681-0881 (TTY).
 - Your MSI Center care manager (call 888-774-1361, 24 hours a day, 7 days a week), can help you find devices appropriate to your spouse's condition.
- **Take advantage of supportive and skilled-care assistance.** Different levels of assistance may be available to you and your spouse. For example, home health aides, home care aides, and nursing assistants can assist with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- **Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere.** Your MSI Center care manager can help you understand what benefits and services your spouse is eligible for.

TAKING CARE OF YOURSELF

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your spouse.

- **Know your strengths and weaknesses.** You may enjoy preparing your loved one's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that chore for you if possible. There are also professionals who will make home visits to attend to your spouse's needs, such as beauticians, podiatrists, and therapists.

- **Take breaks.** Care giving is all-consuming and demanding work. Give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies will take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted Family Members to take over care, or look into respite care (provided for a weekend, a week or even more). Your MSI Center care manager should be able to help you locate resources for respite care.
- **Take care of your own health needs.** Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs. If you become sick yourself, your situation can only become more complicated.
- **Learn to lift properly.** If lifting is part of your care giving routine, have someone show you how to do it without damaging your back.
- **Create a team of professionals to help you.** To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, Family, friends, co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help reduce your own stress.
- **Accept help.** Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your spouse's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your spouse while you take a break.
- **Hold a Family meeting.** Call together children and other Family Members, even if they live far away, to discuss your spouse's needs. Determine how each Family Member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. If someone lives far away, they can be given the task of making phone calls and following up so they can feel included in the process. They can also make tapes and send pictures if they can't visit.
- **Set realistic expectations for your spouse and yourself.** No one is able to do anything "perfectly" at all times, which is also true for care giving and recovery. When you realistically adjust to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.
- **Subscribe to caregiving newsletters and magazines.** Two helpful magazines and Web sites are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>).
- **Connect with other caregivers.** Whether it's a formal support group or an informal network of other caregivers, having people to turn to will ease feelings of isolation and help you get through this challenging time. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn caregiving tips, and gain insider's information about resources and services. Ask your MSIC care manager to put you in touch with other spouses of severely injured service Members. You can also ask your health care provider or visit online resources such as: the National Family Caregivers

Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.

- **Get professional assistance.** It is very important that you're able to get objective help for your ongoing stress, frustrations and sadness. There are even therapists who specialize in dealing with being a spouse's caregiver. You can get a referral through your care manager.
- **Find out about alternatives to home care.** Caring for your spouse may prove too difficult for you, even with assistance. You may want to ask your MSIC care manager for information about Department of Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.

Written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is a certified employee assistance professional and a board certified expert in traumatic stress. She is a corporate consultant and CEO of The Full Spectrum in New York City.

© 2005 Ceridian Corporation. All rights reserved.

BECOMING A CAREGIVER FOR YOUR ADULT SON OR DAUGHTER

[This article is provided to service Members and their Families as part of the Army OneSource program, which offers information and support on a wide range of Family and personal issues. To access the program just go to www.armyonesource.com or call Army OneSource today. From the United States call 800-464-8107. From overseas call toll free 800-4648-1077 or collect 484-530-5889.

© {copyright date of article} Ceridian Corporation. All rights reserved. Used by permission.]

When the reality of your son's or daughter's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- one you hadn't expected. Becoming your adult child's caregiver will affect you emotionally and physically. You may feel overwhelmed by all that is involved and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the life you had envisioned for your son or daughter. At this point it's important to accept that things have changed and to surround yourself with resources and support.

HOW YOU MAY BE FEELING

It's common to experience many different emotions when a loved one requires long-term care at home, including:

- **Grief.** It's natural to mourn the loss of your child's good health as well as your own expectations of what you had hoped your child's future would be like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your son or daughter. You may also worry that you won't be able to keep up with medical and household expenses.
- **Fear.** You may be afraid that this won't be a temporary situation and that you won't be able to cope or manage if it becomes a more permanent arrangement. If you are involved in a long-term situation, you may be anxious about your ability to care for your son or daughter as you age.
- **Anger.** You didn't choose to be your adult child's caregiver. It's not a position you asked for. It's normal to feel angry about being expected to handle this role.
- **Isolation.** There may be times when you feel very much alone -- that nobody else could possibly understand what you are going through. As a result, you may not share with others what your concerns are or what you're actually thinking and feeling.
- **Guilt.** It's common to feel burdened by this new role even though you love your child very much and want to help with the challenges ahead. And it's normal to feel guilty about feeling burdened.

WHEN TO SEEK HELP

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, it's important to speak with a mental-health professional about getting help. Your **Military Severely Injured Center (MSI Center)** care manager can put you in touch with someone you can talk to. (Call 888-774-1361, 24 hours a day, 7 days a week.)

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, interrupted sleep, or oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your son or daughter
- difficulty concentrating, remembering, making decisions
- persistent physical symptoms that don't respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek professional help immediately if you or your loved one talks about or has thoughts of death or suicide.

LEARNING ABOUT YOUR LOVED ONE'S CONDITION AND AVAILABLE RESOURCES

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available for their loved ones and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your son's or daughter's condition and the resources that are available isn't good just for your son or daughter -- it's also good for you.

- ***Educate yourself about your son's or daughter's condition.*** Become a knowledgeable Member of your loved one's health care team by learning everything you can about your child's condition. This will allow you to ask health care providers the right questions, to anticipate your son's or daughter's needs, and to react appropriately when issues arise. It will also help you become more confident about being your child's advocate.
- ***Learn to communicate with Members of the health care profession.***
- **Be sure to write down questions** on a running list that you keep nearby, and refer to the list when you speak with your son's or daughter's health care provider.
- **Think about having someone else** -- a friend or Family Member -- go with you to meetings with health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a degree of

shock at this time.)

- **Learn the routines of your son's or daughter's medical facilities.** Ask about office hours, the best time to reach the health care provider, what to do if there is a medical emergency, and whom to contact after office hours.
- **Keep good records.** Have a central place, such as a notebook, where you can keep telephone numbers and e-mail addresses of doctors and other care providers; information about special diets; other pertinent information (for example, banking and insurance information; a living will, health care proxy). Be sure to write down the names and doses of your son's or daughter's medications to bring with you to health care appointments.
- **Learn about assistive devices.** Seek out information about devices and tools that can help make life easier for you and your son or daughter. Many resources are available through the Internet and from associations such as the Paralyzed Veterans of America (<http://www.pva.org>), United Spinal Association (<http://www.unitedspinal.org>), and the Amputee Coalition of America (<http://www.amputee-coalition.org>). For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at 703-681-8813 (voice) or 703-6810881 (TTY). Your MSI Center care manager (call 888-774-1361, 24 hours a day, 7 days a week), can help you find devices appropriate to your son's or daughter's condition.
- **Take advantage of supportive and skilled-care assistance.** Different levels of assistance that may be available to you and your loved one. For example, home health aides, home care aides, and nursing assistants can help with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- **Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere.** Your MSI Center care manager can help you understand the benefits for which your son or daughter may be eligible.

TAKING CARE OF YOURSELF

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, irritable, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your son or daughter.

- **Know your strengths and weaknesses.** You may enjoy preparing your son's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that task for you if possible. There are also professionals who will make home visits to attend to your son's or daughter's needs, such as beauticians, podiatrists, and physical therapists.
- **Take breaks.** Caregiving is all-consuming and demanding work. It's important to give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies can take the edge off. But also look for longer getaways, such as a day or weekend away if

possible. Ask trusted Family Members to sometimes take over care, or look into respite care (provided for a weekend, a week, or even longer). Your MSI Center care manager should be able to help you locate resources for respite care.

- **Take care of your own health needs.** Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs, but if you become sick yourself, your situation can only become more complicated.
- **Learn to lift properly.** If lifting is part of your caregiving routine, have someone show you how to do it without damaging your back. Your MSI Center care manager can help you find the right resource.
- **Create a team of professionals to help you.** To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, Family, friends, co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of caregiving, which in turn can help to reduce your own stress.
- **Accept help.** Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your child's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your son or daughter while you take a break.
- **Hold a Family meeting.** Call together other children and Family Members, even if they live far away, to discuss your injured son's or daughter's needs. Determine how each Family Member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. Someone who lives far away can be given the task of making phone calls and following up. People who live far away can also make tapes and send pictures if they can't visit.
- **Understand the tendency towards isolation.** Your son or daughter may want to stay away from people. He or she may feel uncomfortable and embarrassed about the injuries, and not want to answer questions about them. You may even feel that way, too. Wanting to isolate yourself is a normal reaction to a traumatic event.
- **Ask people to visit.** Having company can lift your spirits and your loved one's, too. Invite your son's or daughter's friends for a visit. Ask your own friends to come over for a cup of tea, a game of cards, or to watch the ballgame on television. This can be very helpful, especially if you or your child have a tendency to isolate.
- **Discuss what your son or daughter wants you to tell people about their injury and experiences, and what they don't want you to discuss.** It's a good idea to talk to your child in advance about what information they do and don't want to share with others. Knowing what they want revealed and what they want to remain private will help everyone address the inevitable questions. Dealing with this ahead of time can help everyone feel better equipped to handle potentially stressful situations.
- **Set realistic expectations for your son or daughter and yourself.** No one is able to do anything "perfectly" at all times. This is true for caretaking and recovery, too. When you adjust realistically to your "new normal" and

lower your own and other's expectations, your stress level can be greatly reduced.

- **Subscribe to care giving newsletters and magazines.** Two helpful Web sites and magazines are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>). While these publications primarily address issues related to caring for older people, their information can be applied easily to any form of caretaking.
- **Connect with other caregivers.** Whether it's a formal support group or an informal network of other caregivers, having people to turn to can ease feelings of isolation and stress. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn caregiving tips, and gain insider's information about available resources and services. Ask your MSI Center care manager to put you in touch with other parents of severely injured service Members. You can also visit online resources such as the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.
- **Find out about alternatives to home care.** Caring for your son or daughter may prove too difficult for you, even with assistance. You may want to ask your care manager for information about Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.
- **Get professional help.** It's important to get objective help for your ongoing stress, frustrations, and sadness. There are counselors and therapists -- even those who specialize in dealing with being a Family Member's caregiver -- who can help. Ask your MSI Center care manager about services available to you.

This article was written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is a certified employee assistance professional, a board-certified expert in traumatic stress, and CEO of The Full Spectrum in New York City.

© 2006 Ceridian Corporation. All rights reserved.

TRAUMATIC SERVICEMENS' GROUP LIFE INSURANCE (TSGLI)

To see if your Soldier qualifies for this payment, contact the Army TSGLI Points of Contact using the contact information below. Your AW2 Soldier Family Management Specialist can assist you with the process of filing this claim.

Submit Claims via fax:

(866) 275-0684

Submit Claims via email:

tsgli@hoffman.army.mil

Phone: (800) 237-1336

Submit Claims via postal mail: U.S. Army Physical Disability Agency

Attn: TSGLI

200 Stovall Street, Suite 8N63

Alexandra, VA 22332-0470

Web site: <https://www.hrc.army.mil/site/crsc/tsgli/index.htm>

WHAT IS TSGLI?

Traumatic Service Members' Group Life Insurance (TSGLI) is a traumatic injury protection rider under Service Members' Group Life Insurance (SGLI) that provides for payment to Members of the uniformed services who sustain a traumatic injury that results in a qualifying loss.

WHO IS ELIGIBLE FOR PAYMENT UNDER TSGLI?

Those eligible for payment under TSGLI are:

- Soldiers who suffer a qualifying loss due to a traumatic injury incurred on or after 7 October 2001 through and including 30 November 2005, in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom. For the purposes of TSGLI only, "incurred in Operation Enduring Freedom or Operation Iraqi Freedom" means that the Member must have been deployed outside the United States on orders in support of OEF or OIF or serving in a geographic location that qualified the service Member for the Combat Zone Tax Exclusion under the Internal Revenue Service Code. Coverage under SGLI is not required.
- Soldiers who are covered under SGLI and suffer a qualifying loss due to a traumatic injury on or after 1 December 2005.

WHAT INJURIES ARE COVERED?

TSGLI covers a range of traumatic injuries, including, but not limited to:

- Total and permanent loss of sight in one or both eyes;
- Loss of hand or foot by severance at or above the wrist or ankle;
- Total and permanent loss of hearing in one or both ears;
- Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- Quadriplegia, paraplegia, or hemiplegia;
- 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face; and
- Coma or the inability to carry out two of the six activities of daily living.

For the complete schedule of losses, go to

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR PAYMENT UNDER TSGLI?

To be eligible for payment of TSGLI, you must meet all of the following requirements:

- You must be insured by SGLI.
- You must incur a [scheduled loss](#) and that loss must be a direct result of a traumatic injury.
- You must have suffered the traumatic injury prior to midnight of the day that you separate from the uniformed services.
- You must suffer a scheduled loss within 365 days of the traumatic injury.
- You must survive for a period of not less than seven full days from the date of the traumatic injury. *(The 7-day period begins on the date and time of the traumatic injury, as measured by Zulu [Greenwich Meridian] time and ends 168 full hours later).*

HOW IS THE AMOUNT OF MONEY AWARD DETERMINED?

TSGLI coverage pays a benefit of between \$25,000 and \$100,000 depending on the qualifying loss incurred. The amount paid for each qualifying loss is listed on a schedule available at the following website:

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

WHAT ARE SOME EXAMPLES OF LOSSES THAT WOULD AWARD THE MAXIMUM PAYMENT OF \$100,000?

- Loss of both hands at or above the wrist
- Loss of both feet at or above the ankle
- Total and permanent loss of sight in both eyes

WHAT ARE SOME EXAMPLES OF AWARDS OF LESSER AMOUNTS?

- Loss of one hand at or above the wrist - \$50,000
- Permanent loss of speech - \$50,000
- Loss of thumb and index finger on the same hand- \$50,000
- Loss of one foot at or above ankle
- Total and permanent loss of sight in one eye

WILL THE MONEY ALWAYS BE PAID TO THE SOLDIER?

Yes, unless the Soldier is incapacitated or deceased. If the Member is incapacitated, the Soldier's guardian or attorney-in-fact will receive payment. If the Member is deceased, payment will be made to the Member's SGLI beneficiary.

HOW DOES A MEMBER MAKE A CLAIM FOR TSGLI?

In order to make a claim for the TSGLI benefit, the Member (or someone acting on his or her behalf) should:

1. Download the [TSGLI Certification Form GL.2005.261](http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm) at <http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>. You can also obtain this form from your [service department point of contact](#) or from the Office of Service Members' Group Life Insurance by toll-free phone at 1-800-419-1473 or by email at osgli.claims@prudential.com.
2. Contact your [service department point of contact](#) to begin the certification process.

The certification form has three parts:

- Part A is to be completed by the service Member or, if incapacitated, by the Member's guardian, or the Member's attorney-in-fact.
- Part B is to be completed by the attending medical professional.
- Part C is to be completed by the Branch of Service prior to submission of the claim form to OSGLI.

The TSGLI is a one time payment. As with any lump sum payment, take time to consider how best to utilize the money. There are many considerations to keep in mind such as housing, saving for the future, etc. The payment is intended for the Soldier. While it may be tempting to spend the money and indulge in a shopping spree or luxury item, the road ahead is long and the money could be better spent at a later time. Army Community Service offers financial planning and investment information.

SECTION E

MEDICAL EVALUATION PROCESS

- MEB/PEB Overview
- MEB/PEB Process Question and Answer Format
- MEB/PEB Process Technical Explanation

Overview of the Medical Evaluation Board/Physical Evaluation Board

The processes described below are a military function and involve only the Soldier. These boards are designed to protect the Soldier and have the best interest of the Soldier as the focus. The boards also address the need of the Army to have Soldiers capable of performing their given duties. The processes of these boards are complicated, take time, and can be appealed. The decisions of these boards will affect both the Soldier and the Family and are included here for your benefit.

It is a good idea for you as a Family Member to gain an overall understanding of what these boards do and what the possible outcomes of these boards are. There are two overviews provided here. One is a technical review and the other is a lay review of the process. They are included here for your benefit and do not reflect legal advice. There are legal resources at Walter Reed Army Medical Center. They can be arranged for you through the SFAC. There may be others who offer advice on how to navigate through the board process, but when in doubt it is best to consult and depend on a professional.

While going through the board process, it is important to keep the Soldier on track with the various appointments necessary to provide the most complete and up to date picture of the health status. The case manager will assist with this as will the **PEBLO (Physical Evaluation Board Liaison Officer)**. There are various points throughout this process that allow the Soldier to appeal. ***The Soldier SHOULD NOT sign anything without a complete understanding of what it is that they are signing and what the ramifications are.*** If the Soldier does not understand, seek further clarification from the PEBLO or legal resources.

The first review presented will be an easy to understand question and answer review of the MEB/PEB process followed by an extensive technical explanation of the process.

These reviews do not cover the **Veteran's Administration (VA)** benefits. That is a separate process and can result in a different disability rating as the Army rates only the disability that affects your Soldier's ability to do their specific job. The VA rates the Soldier on their total ability to live life at its fullest using a whole person concept. There are specific time limits for applying for VA benefits, it is not automatic. Please see the section on Seamless Transition Assistance Program.

THE FOLLOWING QUESTIONS AND ANSWERS WERE DEVELOPED BY CSM ROB MCAVOY.

What does MEB/PEB stand for?

- MEB means Medical Evaluation Board
- PEB means Physical Evaluation Board

When does the board process start?

The process starts when it is decided that your Soldier has attained "Optimum Hospital Improvement"

What does Optimum Hospital Improvement mean?

It is the point where your Soldier's fitness for further military can be decided.

ALSO

Further treatment in a military medical facility will probably NOT result in material change in your Soldier's condition OR alter their disposition or amount of separation benefits.

WHAT ARE THE STEPS?

When "Optimum Care" has been reached and it appears that your Soldier is NOT medically qualified to perform their duty; your Soldier is referred to the **MEB (Medical Evaluation Board)**. At this point your Soldier will be assigned a **PEBLO (Physical Evaluation Board Liaison Officer)**. The PEBLO may be a civilian, and officer (CPT, etc), a Non-Commissioned Officer (SGT, etc). The PEBLO's job is to guide and assist you through the board process and answer any and all questions you may have.

STEP 1: MEB (Medical Evaluation Board)

The MEB documents your Soldier's medical status and duty limitations against the medical standards for Army retention in Army Regulation AR 40-501, Chapter 3. If the MEB determines that your Soldier DOES NOT meet those retention standards, it will recommend referral to a PEB (Physical Evaluation Board). You will be advised by your PEBLO of the results of the MEB.

STEP 2: PEB (Physical Evaluation Board)

The PEB's job is to

1. Evaluate your Soldier's degree of disability.
2. Evaluate your Soldier's physical condition against requirements of their job, rank and duty position.
3. Provide a full and fair hearing for your Soldier's concerns.
4. Make findings and recommendations to establish your Soldier's eligibility to be separated OR retired based on their disability.

The following determinations are made by the PEB:

1. Eligibility for benefits
2. The permanency of the disability. This means, will the disability get better or worse, or, is it stable and will it remain the same?
3. The percentage of disability is determined. This is based on how the disability affects your Soldier's ability to do their specific job.

STEP 3: PEB "The Informal Board"

The informal Board is the first consideration of your Soldier's case. The findings and recommendations are recorded on DA for 199. Your Soldier then reviews the document and goes to Block 13, which lists the following choices:

1. Concurrence with the finding and recommendations the WAIVER of a Formal Board.
2. Non-concurrence with the findings and recommendations; submittal of a rebuttal
3. Explaining the Soldier's reason for non-concurrence, and WAIVER of a formal hearing.
4. Demand for a formal hearing with or without a personal appearance.
5. Choice of counsel if a hearing is demanded.

**** If your Soldier *concurs* with the findings, the PEB proceedings will be forwarded to the appropriate places for review and orders to separate or retire your Soldier.**

**** If your Soldier *non-concurs* with the findings, the Soldier must now submit reasons and documents supporting the claim and/or prepare for a formal board.**

STEP 4: PEB "Formal Board"

Your Soldier must decide whether to appear before the "Formal Board" or not. They may choose someone to represent them such as a DAV (Disabled American Veteran) representative if they choose not to appear in person.

**** TIP: If your Soldier requests a formal board they should appear in person.**

Appearing in person is like a promotion board. Your Soldier must present a good appearance as a Soldier. They can bring further documentation, new documentation, witnesses on their behalf, and **legal counsel**. If bringing legal counsel it is a good idea to get in touch with the legal counsel as soon as the Soldier makes the decision to demand a formal hearing. The Formal Board concludes the opening hearing and then deliberates in private.

Once the PEB "Formal Board" concludes its deliberations, it will provide the Soldier with a new DA Form 199. Your Soldier then completes a DA Form 199-1 (Election to Formal Physical Evaluation Board Proceedings). Your Soldier has three choices to make:

1. I concur
2. I do not concur
3. I do not concur with an attached statement

** If your Soldier concurs with the PEB Formal Board, they will then forward for review and orders for separation or retirement are published.

** If your Soldier non concurred, the PEB Formal Board is sent to the APDAB (Army Physical Disability Board) for review and consideration.

Once all PEB paperwork and rebuttals are received, they are forwarded to the **USAPDA (US Army Physical Disability Agency)** for review. The results are reviewed for accuracy, completeness, fairness, and consideration of any and all rebuttals.

What are some additional terms we may hear during our Soldier's board proceedings?

1. TDRL- Temporary Disability Retirement List
 - a. Must be rated at 30% or greater by the US Army. Can be re-evaluated at least every 18 months up to a maximum of 5 years.

**TIP: Always ensure the Army has a valid address and contact number while the Soldier is on the TDRL.

2. PDRL- Permanent Disability Retirement List
3. COAD- Continuance of Disabled personnel on Active Duty
4. COAR- Continuance of Disabled personnel on Active Reserve

When will my Soldier's PEBLO be assigned?

As soon as your Soldier is referred to the MEB.

Who makes the election for COAD or COAR?

Your Soldier does! They MUST request to stay on Active Duty or Active Reserve; if that is what they desire to do.

What is the difference between separation and retirement?

When a Soldier has less than 20 years of service and they are rated at less than 30%, they are separated with separation pay. When a Soldier has 30% or greater rating, they are retired with all the standard retirement benefits, to include retirement pay.

Why is the Army rating lower than what the VA (Veterans' Administration) says they will rate my Soldier?

The Army rates only the disability that affects your Soldier's ability to do their specific job. The VA rates your Soldier on their total ability to live life at its fullest using a whole person concept. *NOTE: It does not always turn out with a different rating between the Army and VA.

Additional web resources:

USAPDA

<https://www.persom.army.mil/tagd/pda/pdapage.htm>

Army Wounded Warrior Program (AW2)

<http://www.aw2.army.mil>

Walter Reed Army Medical Center

<http://WalterReedArmyMedicalCenterarmy.mil>

Click on Administrative and then on Patient Admin. To Medical Boards

PHYSICAL DISABILITY SEPARATION

Captain Robert E. Webb, Jr.ⁱ and Major David C. Whiteⁱⁱ

1. Overview.

A Soldier may be separated from the United States Army for a physical or mental impairment, whether a disease or injury, if it renders the Soldier physically unfit for duty. Fitness for duty is a function of the Soldier's ability to perform the duties of his or her **primary military occupation specialty (PMOS)** or **officer specialty (OS)** at a minimum level of competence given the Soldier's rank and current duty position.ⁱⁱⁱ **The Physical Evaluation Board (PEB)** is the forum within the Army to determine a Soldier's unfitness for duty as a result of a physical impairment. Failure on the part of a Soldier to be worldwide deployable by reason of a physical disability does not by itself render a Soldier unfit for duty. The factual determination as to whether a Soldier is fit or unfit for duty exclusively focuses upon duty performance. A Soldier carrying multiple diagnoses may nonetheless be found fit for duty if there has been no significant diminution in the Soldier's duty performance. It is only when a physical disability has risen to the high level of interrupting the Soldier's service career, or term of service, that a PEB will make a factual finding of unfitness. To illustrate how this is so strongly a performance based system, it is not unusual to come upon the paradox wherein two Soldiers of equal rank with identical medical conditions of equivalent severity, have contradictory fitness findings. This is where one Soldier is found fit for duty and the other is not. This apparent contradiction in outcome is explained by the fact that one Soldier can still perform the duties of his/her PMOS, while the other cannot. Consider the example of two PFCs, one 11B5P airborne infantryman and the other a 71L administrative specialist, both of whom are afflicted with constant, moderate knee pain. This medical condition will render an infantryman unfit for duty given the demanding physical requirements of the Airborne Infantry, whereas the administrative specialist with only light physical requirements can still perform clerical duties at a minimum level of competence or higher, and will, therefore, be found fit within the limits of his/her physical profile.

The process for making a fit for duty determination begins with the **Medical Evaluation Board (MEB)**.^{iv} A Soldier may be referred to an MEB from an **MOS/Medical Retention Board (MMRB)** or by a reviewing or treating physician.^v The results of the MEB are forwarded to the **Physical Evaluation Board (PEB)** for adjudication. After adjudication, the PEB results are forwarded to the **Physical Disability Agency (PDA)** for review and final approval.^{vi} The PDA is a Department of the Army agency that has final approval authority for disability cases adjudicated by the PEB.

2. The Medical Evaluation Board (MEBD).

The treating physician, company/battery commander, or a convened **Medical/MOS Retention Board (MMRB)**, each possess the authority to refer a Soldier to a MEB if separation for medical reasons is immediately foreseeable. The Soldier's servicing medical treatment facility (MTF) convenes a MEB to document the Soldier's medical history, current physical status and recommended duty limitations. The Soldier's command prepares a memorandum on the commander's position on the Soldier's physical abilities to perform PMOS/OS duties in the currently assigned duty position. The MEB's mission is to determine if the physically-impaired Soldier meets retention standards in accordance with AR 40-501, Standards of Medical Fitness.^{vii} The PEB, however, is the sole determiner of the Soldier's physical fitness for duty, as measured by duty performance, in accordance to AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.

The MEB forwards the Soldier's case to the PEB for review if the MEB finds that the Soldier does not meet retention standards, according to PMOS/OS and grade, as prescribed by chapter 3, AR 40-501.^{viii} However, a Soldier is not automatically unfit because of a failure to meet the retention standards. AR 635-40 precludes the doctors at the MEB from making a factual determination as to the Soldier's physical fitness for duty. This fact-finding authority is solely within the purview of the PEB.^{ix} If the physician violates this prohibition and renders a fitness assessment; it will simply be ignored by the PEB.

The MEB findings are recorded on DA Form 3947 (Medical Evaluation Board Proceedings). This form documents the physical or mental conditions that preclude the Soldier's retention. If the Soldier does not agree with the findings, he may so indicate on DA Form 3947 and attach a written appeal that sets forth the reasons he or she disagrees. If the Medical Treatment Facility's (MTF) approving authority does not make a favorable change in the original MEB based upon the Soldier's appeal, a copy of the Soldier's appeal will be sent to the PEB along with the results of the MEB.

3. Physical Evaluation Board Liaison Officers (PEBLO).

An important actor and source of information for Soldiers throughout the PEB process is the PEBLO. The PEBLO collects and prepares the Soldier's medical packet for presentation to MEB and PEB.^x A Soldier's medical packet consists of medical records, medical narrative summary of present disabling conditions, commander's memorandum and physical profile, along with other related information.

Each MTF should have a designated PEBLO available to provide counseling for Soldiers from the time they are identified as requiring a MEB through the time that they are separated. The PEBLO will work with the Soldier's Legal Counsel and PEB to obtain required documentation and other medical information and will also serve as the point of contact between physicians and board Members. The PEBLO is usually located in the Patient Affairs Division.

4. The Physical Evaluation Board (PEB).

A. Informal Boards.

Each case forwarded by the MEB is reviewed first by an informal PEB. An informal board consists of three voting Members: a combat arms colonel/O6 serving as the President of the Board; a personnel management officer (PMO), usually reserve combat arms Lieutenant Colonel, and; a physician, either a Medical Corps Officer or a Department of the Army civilian physician.^{xi} The three board Members determine by majority vote based upon a preponderance of the evidence the physical fitness/unfitness of the Soldier based on PMOS/OS specific performance standards. If the Board determines that the Soldier is physically unfit for duty in his/her present grade, rank, PMOS/OS and current duty position by reason of a physical disability,^{xii} the PEB then recommends a disability rating percentage based upon the Soldier's present degree of severity for each medical diagnosis found to be separately unfitting. The Soldier processing for physical disability separation possesses no legal right to appear or otherwise participate in the informal board proceedings. The PEB records its informal factual findings and the recommended disability rating on DA Form 199 (Election to Formal Physical Evaluation Board Proceedings).^{xiii} Once the PEB has informally adjudicated a Soldier's disability case, the Soldier will consult with his or her PEBLO at the MTF for assistance in choosing an election option. The Soldier is afforded the following election options: a) concur with the PEB's informal findings and recommendations; b) request a formal administrative hearing, either with or without personal appearance, which is a statutory right; or, c) non-concur and submit a written appeal in lieu of proceeding with a formal board.^{xiv} If electing to proceed with a formal hearing, Soldiers have the option to request minority representation based on race or the female gender. The board typically grants the Soldier's request if substitute officers are reasonably available.^{xv}

The Membership of the formal board will generally be the same as those Members who sat on the informal board. If the informal board Members are not available, then a qualified substitute officer will sit on the formal board. All board Members are required to familiarize themselves with the case prior to the actual hearing. Once the Soldier demands a formal hearing, he or she is entitled to regularly appointed military counsel.^{xvi} 16] The Soldier appearing before a formal hearing may elect to be represented by a private civilian lawyer at no expense to the government.

B. The Formal Physical Evaluation Board.

The formal Physical Evaluation Board is an administrative, fact-finding de novo hearing. The hearing is non-adversarial in nature, that is to say it is a “friendly hearing.” In this regard, there is no government representative to oppose or counter the Soldier’s position at hearing. Generally, the formal board is not bound by the military rules of evidence except insofar as the evidence adduced at hearing must be relevant and material to the Soldier’s case. Although termed a formal hearing, the actual proceedings are somewhat relaxed to provide the Soldier a fair hearing within a friendly atmosphere. Soldiers usually request a formal hearing to argue for a higher disability rating, believing that the recommended disability made informally did not accurately reflect their current level of severity. Some Soldiers, who were found unfit by the informal Board, request a formal hearing to argue that they are fit for duty based on uninterrupted and undiminished duty performance. This serves to underscore the fact that PEB proceedings, unlike those of the MEB, are performance based. It should be noted that Soldiers who are found fit for duty at an informal Board, have no legal right to request a formal hearing. The President of the Board, however, has the discretion to direct a formal hearing when one board Member strongly feels that the Soldier is unfit. A Soldier may otherwise waive his/her right to a formal hearing should they concur in the finding and recommendation of the informal board.

The mission of the formal PEB is twofold: 1) to determine whether the Soldier can reasonably perform the duties of his or her primary MOS/OS and grade; and if not, 2) to determine the present severity of the Soldier’s physical or mental disability and rate it accordingly. The three Members of the Board--the President, the **Personnel Management Officer (PMO)** and the medical doctor--may be challenged for cause and replaced if the challenge is sustained.^{xvii} The medical Member of the Board is a physician (military or civilian) who may be a general medical officer or a practitioner in any specialized field of medicine. It is administratively impractical to have a physician sitting on the board whose medical specialty pertains to the Soldier’s unfitting condition. The two other board Members are active component, reserve component or a DA civilian employee who do not need to be from the same branch or career management field as the boarded Soldier. The PMO, however, is usually a reserve AGR officer. This is to accommodate Reserve Component Soldiers processing for physical disability separation who are entitled to have a Reserve Component Officer sitting on the Board.

As the formal hearing is de novo, the PEB is not bound to its previous findings and recommendations. All issues are decided anew which means that the Soldier’s disability rating could be raised, remain the same, or be lowered. The focus of the formal hearing is the medical evidence of record primarily contained in the narrative summary written by the MEDB along with any subsequent medical addenda.

Following the closed board deliberations, the Soldier is recalled to the hearing room where he/she is immediately notified of the Board's decision and given up to ten calendar days to make an election to concur or non-concur with the formal decision. If the Soldier disagrees with the formal board results, the Soldier may submit a written rebuttal to the board's findings and recommendations.^{xviii} The Board will consider the written appeal and issue a written decision to the Soldier either reaffirming or modifying its formal decision. If the board reaffirms or modifies their decision, AR 63540 requires the board to forward the entire formal board record to the Physical Disability Agency (PDA)^{xix} in Washington, D.C., for final approval. The formal board proceedings are tape-recorded for final review by the PDA.

5. The Physical Disability Agency (PDA).

The PDA reviews all cases prior to final disposition in which the Soldier has non-concurred with the decision of the PEB. The PDA may modify the PEB's findings and recommendations if it concludes that PEB made an error. Departing from generally accepted medical principles to adjudicate a case would, for instance, constitute error on the part of the PEB. The PDA reviews, through its staff psychiatrist, all psychiatric cases. The PDA, moreover, conducts random disability case reviews based either on selected categories of medical impairments or reviewing every tenth case received for final disposition. The PDA conducts random reviews to assure uniformity of result from the three regional PEBs located at Walter Reed Army Medical Center Fort Sam Houston and Fort Lewis. This means that the final result of a Soldier's disability case should be the same irrespective of which regional PEB adjudicated the case. In reviewing disability cases, the PDA has full authority to accept or modify the findings and recommendations of a PEB. In modifying a Soldier's case, the PDA may reverse the factual finding of unfitness for duty made by a PEB. Therefore the PDA could find a Soldier fit for duty who had been previously found unfit by a PEB. With respect to the PEB's recommended disability rating, the PDA can raise, affirm or lower the disability rating to reflect accurately the Soldier's present level of physical impairment caused by the unfitting condition.^{xx} When the PDA makes a modification after reviewing a particular case, it gives the affected Soldier written notice of such, and provides a sufficient period of time to respond in writing prior to finalization of the case.

6. Rating Disabilities Found To Be Unfitting.

Only those service-connected physical impairments which render the Soldier unfit are ratable under the U.S. Army Physical Disability System. As stated before, "unfitting" is interpreted to mean service or career interruption. For Soldiers with multiple diagnosed physical impairments, each is potentially ratable provided that the PEB finds each physical impairment to be separately unfitting. The Department of Veteran's Affairs (VA), on the other hand, will rate any and all service-connected conditions.^{xxi}

Many people mistakenly believe that the Army follows the same rules as the VA. This is not the case. The Army rates an unfitting condition for present level of severity whereas the VA rates for future progression, which is the prognosis of the illness or injury, and for adverse impact on employability within the civilian job sector.

When a PEB determines that a Soldier is unfit for continued military service by reason of a physical disability, the disabling condition is rated in accordance with the Veteran's Administration Schedule for Rating Disabilities (VASRD) as modified in AR 635-40, Appendix B, and DOD Directives 1332.38 and 1332.39. The mere fact that a Soldier has an impairment that appears in the VASRD does not automatically result in entitlement to disability rating. As will be remembered, The PEB must first determine that the impairment renders the Soldier unfit for duty. Contrariwise, when the VA rates a service-connected physical impairment or disease, there is no consideration of performance-based factors.

The VASRD specifies diagnostic codes for a wide spectrum of diseases and physical impairments covering all major body systems. By way of example, there are injuries/diseases of the cardiovascular, respiratory and musculoskeletal systems. Each specific diagnostic code specifies disability ratings percentages in increments of ten, beginning with 0% and continuing to 100%, if so indicated. The specific disability rating expressed as a percentage indicated the degree to which the rated condition has impaired the whole person. Again it must be remembered that the Army and VA rate for different purposes. A particular VASRD diagnostic code may have a rating ceiling of 30%. The Army cannot exceed the specified upper limit, but the VA can award a 100% disability rating for that condition if it were to find that the severity of this condition rises to the level of rendering the Soldier incapable of being trained for any type of gainful civilian-sector employment. If an impairment is so mild that it fails to meet the minimum criteria listed for an assigned rating under the VASRD, AR 635-40 and DOD directives,^{xxii} the PEB may recommend a zero percent disability rating even if not indicated on the applicable diagnostic code. A zero percent rating is a minimum rating and, as such, is a compensable rating and carries the same Army benefits, to include severance pay, as a 10 or 20 percent rating. Zero percent ratings will not be awarded if a mandatory minimum rating is specified.^{xxiii} Convalescent ratings contained in the VASRD are for VA use only and do not apply to the Army.

7. Physical Evaluation Board Recommendations.

A. Existed Prior to Service (EPTS).

A Soldier will not receive a rating for a disability that preexisted entry into military service if the PEB finds that the unfitting condition has not been permanently aggravated by military service.^{xxiv} This creates a very difficult standard of proof, especially for reserve component Members who must establish a nexus between their unfitting condition and military service. Service aggravation has a narrow definition in AR 635-40, Chapter 5-2, that requires a permanent aggravation of the Soldier's condition beyond what would have occurred as result of "natural progression." The PDA will conclude that a chronic illness existed prior to service (EPTS) if it manifests itself within a very short period of time, usually 90 days, after entry onto active duty. The Army uses accepted medical principles to determine the natural progression or onset of an impairment. For example, it is not unusual for a small number of Soldiers to display bizarre behavior sometime during basic training, AIT or during the first few months of their first overseas assignment. Subsequently, these Soldiers in question are often diagnosed as being schizophrenic. In such cases, the onset of the developmental period is dated 90 days prior to the first display of bizarre symptoms. This typically makes this form of mental illness EPTS without permanent aggravation. Therefore, the PEB will find the Soldier unfit and recommend separation without entitlement to disability benefits.

As in the above example, if the PEB considers a Soldier's impairment EPTS without permanent service aggravation, the Soldier will not receive a disability rating.^{xxv} The PEB will recommend separation without disability benefits (i.e. without entitlement to lump sum severance pay) and the Soldier is medically discharged. By way of further example, the condition of flat feet is a common EPTS condition which often becomes symptomatic for pain as a function of physical activity. The Army's physical training requirements of running, rucksack marches and other equally demanding physical activities, function to increase the intensity of pain for Soldiers whose flat feet has become symptomatic for pain. While these physical activities temporarily aggravate the pain experienced in flat feet, it cannot serve as the basis for "permanent service aggravation" of a congenital condition. The cited condition would be seen merely as natural progression of an EPTS condition. To succeed in gaining a disability rating for an unfitting case of flat feet, the Soldier would need to show a specific trauma or surgical mishap that has permanently aggravated his/her flat feet. Permanent service aggravation equates to a level of severity caused by military service that is far above a level of severity that can be attributed to natural progression and for which there will be no significant improvement following cessation of physical activity known to aggravate temporarily the unfitting condition. An acceleration of natural progression attributed to military service would also constitute permanent service aggravation.

B. Fit by Presumption.

The presumption of fitness applies whenever a Soldier's military service is terminated for reasons other than the Soldier's diagnosed physical impairment. Examples include bars to reenlistment, voluntary or involuntary retirement, Qualitative Management Program (QMP), administrative separations under the provisions of AR 635-200, and the like. The presumption will apply whenever the approval date or imposition date of the cause of termination precedes the dictation date of the MEBD narrative summary. A ruling that the presumption of fitness applies does not necessarily mean that a Soldier is fit for duty. It merely means that the Soldier's impairment is not the cause for separation from the service.

A Soldier can overcome the presumption if he or she shows, by objective medical evidence, that his/her military service was effectively interrupted by reason of physical impairment.^{xxvi} Evidence of prior unfitness may be found in counseling statements for unsatisfactory performance caused by the Soldier's physical impairment. Comments on OERs/NCOERs pertaining to the Soldier's/officer's diminished duty performance by reason of a physical impairment are effective in rebutting the presumption of fitness.

The PEB presumes that Soldiers who become retirement eligible or who are within one year of their retention control point (RCP) are fit for duty. If a Soldier has been able to perform at a minimum level of competence the duties of his/her PMOS up to the point of becoming retirement eligible or reaching the retention control point, he/she cannot convincingly argue sudden unfitness for duty by reason of a physical disability.

If there were either an abrupt onset of a disease process or if there were a sudden acute change in a long-standing diagnosed condition (with either event resulting in diminished duty performance falling below a minimum level of competence), the affected Soldier might well succeed in rebutting the presumption of fitness and thereby gain a disability rating.

C. Separation with Severance Pay.

A Soldier separated from the service with less than a 30% disability rating will receive severance pay^{xxvii} as financial compensation from the Army. Severance pay is calculated by doubling the Soldier's monthly base pay multiplied by the number of active federal service years, not to exceed 12 years. This is a one-time lump sum payment, and may affect any monetary VA benefits for which the Soldier may qualify. Unlike, the VA monthly stipend, severance pay from the Army may be taxable income for the Soldier. Severance pay is not taxable for those Soldiers who were in the Armed Forces on 24 September 1975 or if the disability is due to a combat-related injury or from an instrumentality of war (such as a parachute related injury). If the VA rates the Soldier for the same condition which the PEB found unfitting and awarded a disability rating, the severance will then become nontaxable income to the separated Soldier. If the

calendar year during which the Soldier was separated has not passed, the Soldier can write to the Army Finance Center in Indianapolis requesting that the withheld taxes be rebated. Once the calendar year has passed, the Army has already transferred the severance pay tax withholdings to the Internal Revenue Service. A Soldier must then request a refund with the IRS by filing a 1040X form along with his/her tax return. The Soldier must also attach a copy of her DD 214, DA Form 199, and a letter from the VA documenting the Soldier's disability percentage. The IRS will review and consider the Soldier's filed tax return on a case by case basis.

D. Permanent Disability Retirement.

A Soldier with less than 20 years of active federal service qualifies for disability/medical retirement if his/her disability rating is 30 percent or higher. Disabled Soldiers with a medical retirement rated at 30% will draw for a lifetime 30% of their base pay calculated at their retirement date. Active component Soldiers with vested retirement based on 20 or more years of active federal service, who are found unfit and awarded a disability rating of 30% or higher, being eligible for both a longevity and medical retirement, will always draw a retirement based on the higher amount. If, for instance, a Soldier's disability rating percentage exceeds that percentage of retired pay based on years of service, he/she will receive as retired pay the higher amount based on the disability rating percentage. Contrariwise, if the percentage of retired pay based on years of service is higher than the disability rating percentage, the retired pay based on years of service will take precedence over the disability rating percentage. By way of a specific example, an unfit Soldier with 22 years of service is entitled to receive 55% of his/her base pay as regular retirement pay. But if the PEB were to rate the unfitting condition at a 60% disability, that Soldier would receive a monthly pension equal to 60% of his/her base pay. Additionally, the Soldier's retired pay will be classified as disability retired pay. There is, however, no "double dipping"; the 60% disability amount will not be added to the Soldier's 55% retirement amount. If that same Soldier received a disability rating of 40%, and qualified for 55% of his/her current base pay; the Soldier will receive 40% of base pay for disability retirement, and 15% of base pay for standard longevity retirement.

This distinction is significant for two reasons: (1) it can figure in reducing tax liability, and (2) disability retirement pay is not subject to division under the Former Spouses' Protection Act.

Note that by law a retired Soldier is prohibited to receive more than 75% of his/her military base pay, whether retired medically or retired for years of service. A disability rating less than 75% will result in pensions equal to that amount of base pay (e.g., a Soldier with 24 years service who is rated at a 40% disability rating, disability retired pay will be 40% of base pay with an additional 20% in ordinary retired pay). Permanent disability ratings in excess of 75% will result in compensation limited to 75% of the Soldier's base pay. Soldiers placed on the Temporary Disability Retirement List by regulation will receive no less

than 50% of their current base pay, even if their disability rating is 30%.

Reserve component Members found unfit at a disability rating of less than 30%, but who have a vested reserve retirement as evidenced by a twenty year retirement letter, have the election of choosing between immediate receipt of disability severance pay or delayed receipt of the vested reserve retirement at age 60. The reserve component Member will not be able to receive both benefits and should base an election upon factors such as age, immediate financial needs, life expectancy, and other relevant factors. It is usually to the financial benefit of the Reservist to retain the retirement based on years of service.

E. Temporary Disability Retirement List (TDRL).

Soldiers rated at 30% or more and whose impairments are considered to be unstable for rating purposes are placed on the TDRL^{xxviii} and required to be re-examined in 12 or 18 months. This is a "wait and see" approach for medical conditions that are likely to either improve or deteriorate within the next 18 months. Such conditions are not considered stable for rating purposes inasmuch as the PEB rates solely for present severity and not for future progression. The Soldier can be retained on the TDRL for a maximum of five years if the Soldier's condition remains unstable and continues to meet the minimum criteria for a rating of 30% or more. If a Soldier's impairment stabilizes within the five year period, the PEB will recommend a permanent disability rating and remove the Soldier from the TDRL. All of the initial options (fit for duty, separation with severance pay, separation without benefits, and permanent disability retirement) are available to the PEB when making a final adjudication of the case. Should the Soldier disagree with PEB's final findings and recommendations, he/she has a right to demand a formal hearing. If a Soldier's unfitting condition has not stabilized within the five year period, the PEB will proceed to rate the Soldier for the level of severity attained at the end of the five year period.

8. Line of Duty Determinations (LOD).

Injuries or diseases contracted in the line of duty entitle the unfit Soldier to disability compensation in the form of severance pay or a medical retirement. An unfavorable LOD determination disqualifies a Soldier from receiving disability compensation. If, for example, the PEB receives a negative line of duty determination after it has adjudicated a disability case, it will revise its findings and recommendations, reversing any award of benefits. Usually, if an active duty Soldier is pending an LOD, the PEB will conditionally adjudicate (noted on DA Form 199 as such) the case pending final outcome of the LOD. In the case of Reservists, the PEB will not recommend a disability rating without first having received a LOD determination for the unfitting disability.

Although the PEB cannot modify the LOD determination, it can return the case to the casualty branch. The casualty branch determines if there are LOD issues which require further examination.

9. Eligibility for Processing.

Soldiers who are under investigation or pending charges which could result in dismissal, punitive discharge, or an administrative separation under other than honorable (OTH) conditions, are not eligible for processing for physical disability separation.^{xxix} The PEB will return the Soldier's case file to the MTF awaiting resolution of the charges before the PEB will take additional action. If the action is favorably resolved for the Soldier and the possibility of an adverse discharge or separation no longer exists, processing will then continue. Additionally, cadets, AWOL Soldiers, and Soldiers confined for civil offenses are not eligible for processing through the physical disability system.

2. CONCLUSION.

The U.S. Army Physical Disability System is a complex and esoteric system for medically separating or retiring Soldiers found to be unfit for duty. The system strives to balance the best interests of Soldiers afflicted with physical impairments with the Army's paramount mission to maintain a fit fighting force. The Army policy of rating unfitting physical impairments or diseases is predicated on following established medical principles to rate physical disabilities on the basis of impaired function of the whole person. This approach measures the severity of a rated disability relative to all possible injuries and disease processes that degrade human bodily function. The consequence is that the Army disability ratings, based on increments of ten, actually yields higher disability ratings than comparable civilian disability systems such as state workers' compensation systems. Nonetheless, some Soldiers being processed for physical disability separation express dissatisfaction with the Physical Disability System, especially with respect to the way disabilities are rated and how financial compensation is awarded. On the matter of compensation, disabled veterans must be reminded that when Congress enacted Public Law creating the Physical Disability System for the US Military establishment, it was envisioned that disabled service Members, though assisted financially by their branch of service and the VA, would still be expected to contribute to their own support by working to the extent permitted by their physical impairment. This partnership arrangement between the government and the disabled veteran is virtually unrivaled by any other country in the world. A comparative study reveals that most countries have no comparable system for compensating disabled Soldiers. A case in point is the paraplegic Russian Army veteran from the war in Afghanistan who can routinely be seen begging for money in the Moscow subway.

- ⁱ Judge Advocate, USA Physical Evaluation Board, Fort Sam Houston, TX.
- ⁱⁱ USAR, PEB Attorney, Walter Reed Army Medical Center
- ⁱⁱⁱ DEP'T OF ARMY, REG. 635-40, MEDICAL SERVICES: PHYSICAL EVALUATION FOR RETENTION, RETIREMENT, OR SEPARATION, para. 4-19a (1) (1 Sept. 1990) [hereinafter AR 635-40].
- ^{iv} DEP'T OF ARMY, REG. 40-501, MEDICAL SERVICES: STANDARDS OF MEDICAL FITNESS, (30 Aug. 1995) [hereinafter 635-40].
- ^v AR 635-40, para. 2-8, 2-9.
- ^{vi} *Id.* para. 2-4(e-f).
- ^{vii} AR 40-501 *supra* note 2, para. 2-2.
- ^{viii} *Id.* para. 3-1.
- ^{ix} AR 635-40, *supra*, note 1, para. 4-11f.
- ^x AR 40-501, *supra*, note 2, para. 4-20.
- ^{xi} AR 635-40, *supra*, note 1, para. 4-17(b-d).
- ^{xii} *Id.*, para. 4-19d (1-3).
- ^{xiii} *Id.*, para. 4-20b.
- ^{xiv} *Id.*, para. 4-20c (1) (a-d).
- ^{xv} *Id.*, para. 4-17g (1-2).
- ^{xvi} *Id.*, para. 4-17h.
- ^{xvii} *Id.*, para. 4-21.
- ^{xviii} *Id.*, para. 4-21t.
- ^{xix} *Id.*, para. 4-22.
- ^{xx} *Id.*, para. 4-22e.
- ^{xxi} *Id.*, para. 4-19i.
- ^{xxii} DEP'T OF DEFENSE, DIR. 1332.18, SEPARATION OR RETIREMENT FOR PHYSICAL DISABILITY, (4 NOV. 1996).
- ^{xxiii} DEP'T OF DEFENSE, DIR. 1332.39, APPLICATION OF THE VETERANS ADMINISTRATION SCHEDULE FOR RATING DISABILITIES, 14 Nov. 1996) [hereinafter DoD 1332.39].
- ^{xxiv} AR 635-40, *supra* note 1, para. 4-19e.
- ^{xxv} *Id.*, appendix B-11.
- ^{xxvi} DOD DIRECTIVE, 1332.39, *supra* note 21.
- ^{xxvii} AR 635-40, *supra* note 1, appendix b-15.
- ^{xxviii} *Id.* para. 7-2.
- ^{xxix} AR 635-40, *supra*. note 1, paras. 4-1, 4-2.

SECTION F

TRANSITION

Considerations for the Family

Transition Resources

CONSIDERATIONS FOR THE FAMILY

When the MEB/PEB Board findings are in, your Soldier will either return to duty or will face one of the other fates discussed in the MEB/PEB chapter such as temporary or permanent disability retirement, separation from service, or beginning the process of trying to gain a Continuation on Active Duty/Active Reserve. For those exiting military service, there are many resources to ease the transition. For the Family, there are many considerations to reflect on as actual homecoming approaches.

While at Walter Reed Army Medical Center you have been surrounded by other Families and Soldiers who have experienced journeys similar to your own. There is a shared sense of "being in the trenches" with others living at the Mologne House. The focus has been on healing and rehabilitation. The medical and support services at Walter Reed Army Medical Center are superb. There are agencies available to help with just about any need that the Soldier or Family has had while at Walter Reed Army Medical Center. All this is about to change.

Though you may have been home with your Soldier already during periods of convalescent leave, there is a difference when it is time to go home to stay. A new normal will have to be established, and like any change, this will take some getting used to. Even if your Soldier has healed to the point of returning to active duty/active reserve, you have been changed by the experiences endured. The entire Family has been through a tremendous ordeal, and the full extent of how your lives have been changed will become even more evident once beginning your "new normal" routines.

Some changes you may be facing are:

- Adapting your home to be assessable to your Soldier
- Resuming/redefining parenting roles, especially if your children were not with you at the hospital
- Getting back to household chores, i.e. cooking and cleaning
- Going back to work or having to find a job
- Reunion with friends and Family
- Being the only Family of a seriously wounded Soldier in your community
- Becoming your spouses or adult child's caregiver
- Relinquishing your role as the care giver as your Soldier regains health
- Sharing your role as head of household after separation
- Relocating and all that entails
- Being out of the spotlight or away from the "celebrity" status at special events
- Using a new medical facility and establishing relationships with new health care staff
- As a parent of a seriously wounded Soldier, allowing the adult child to resume control of their lives
- Dealing with a change in status from Army Family to civilian Family
- Redefining life goals
- Sending your Soldier back to duty or even returning to theatre

These are just a few of the changes and challenges that could be looming ahead. While the medical team has been busy from day one with discharge planning for your Soldier, it is critical that the Family do some Family "discharge planning". Make a conscious effort to devise an action plan for your transition home. Begin constructing your support network and thinking of local resources to tap into.

Develop an action plan for the transition home.

Develop your plan with your Soldier. Communicate your thoughts, feelings, and ideas so that you both develop realistic expectations about this final homecoming. Listen to your Soldier's concerns, thoughts and feelings. Problem solve together to help forge a strong Family team. The transition home could bring about more reunion related issues. Keep in mind that this is normal and to be expected. Review the reunion material and seek out more information from the resources provided. Military OneSource can refer you to local resources for reunion counseling. Getting help is not an admission of failure, it is an admission of caring.

There are professionals at many of the organizations supporting wounded Soldiers and their Families who can help you through this time of transition and beyond. This is not a journey that you have to make alone. For assistance connecting to these resources, utilize your Soldier Family Management Specialist with the AW2 program (1-800-337-1336) and the Military Severely Injured Center (1-888-774-1361). You as a Family Member have support through these programs and can utilize Military OneSource (1-800-3429647) as well. The Department of Veteran Affairs or VA also has programs for counseling Families through Vet Centers.

It is critical to mention at this juncture that transitioning for many Soldiers means working through the VA system to get a disability rating which is not always the same (often greater) as the disability rating given by the Army. Get in touch with the VA and begin working to determine how to best navigate their system. There are organizations listed in the resource section of this handbook that can assist you with obtaining VA benefits. There is a time limit for signing up for VA benefits so make an appointment with the VA representatives at Walter Reed Army Medical Center to begin the process.

TRANSITION RESOURCES:

Transition Assistance Program (TAP)

Program is geared to Soldiers separating from the service. Pre-separation counseling, veterans' benefits briefings, and pre-discharge program are offered.

DISABLED TRANSITION ASSISTANCE PROGRAM (DTAP)

Active Component and Reserve Component Warriors being processed for a Medical Evaluation Board (MEB) must complete mandatory Disabled Transition Assistance Program. DTAP is a half-day, in conjunction with the Department of Labor Transition Assistance Program (TAP) and Veterans Affairs (VA) Briefings. DTAP provides Warriors who are separating or retiring for medical reasons with specialized information about VA Vocational Rehabilitation & Employment (VR&E) Program and how to apply to this programs. Warriors determined to be 20% or greater disabled are eligible for VRNE benefits. Warriors determined to be 10% but require additional training to be employed are eligible for VRNE benefits. Warriors assigned the Warrior Transition Brigade (WTB) are scheduled to attend a DTAP Workshop by TEAMS/ACAP Office during their in-processing into WTB. Service members being separated with a service-connected disability, or being referred to a Physical Evaluation Board, or placed in a "medical hold" status attend DTAP.

REALifelines -Recovery and Employment Lifelines

www.dol.gov/vets/programs/Real-life/main.htm

1-202-356-1012 ext. 40307 or 1-888-774-1361

The program seeks to support the economic recovery and reemployment of transitioning wounded and injured service Members and their Families by identifying barriers to employment or reemployment and addressing those needs. The program facilitates collaboration of federal and state programs and services with follow-up and technical assistance to assure success of wounded and injured service Members.

e-VETS Resource Advisor

www.dol.gov/elaws/vets/evets/evets.asp

The e-VETS Resource Advisor assists veterans preparing to enter the job market. It includes information on a broad range of topics, such as job search tools and tips, employment openings, career assessment, education and training, and benefits and special services available to veterans.

The e-VETS Resource Advisor was created to help veterans and their Family Members sort through the vast amount of information available on the Internet. Based on your personal profile and/or the various services you select, the e-VETS Resource Advisor will provide a list of Web site links most relevant to your specific needs and interests.

The e-VETS Resource Advisor is one of several elaws Advisors developed by the US Department of Labor to help employees and employers understand their rights and responsibilities under numerous Federal employment laws. The e-VETS Resource Advisor has two sections: **General Services** and **Personal Profile**. You are encouraged to use both sections to achieve the best results.

Army Community Service Employment Readiness Program: The goal and focus of this program is to help the military spouse find employment. The program provides education, employment, and volunteer information as well as career counseling and coaching. Job search assistance is provided.

Heroes to Hometowns: Helping severely injured Service Members and their Families connect with their hometowns or new communities

The recuperation time after hospitalization and rehabilitation is crucial to an individual's recovery. Knowing that they are welcome in their new community and that there is a new life ahead can be the most significant part of this process.

The purpose of the Heroes to Hometowns Program is to help communities:

- Recognize the severely injured and embrace them as part of the community
- Assist them in making a seamless transition into their new hometown
- Provide a support network they can access when needed

This program will promote community growth and:

- Bring in a "champion" to support your community, or reach out to assist another community in need
- Rally the community to provide what is needed
- Connect the community with nation-wide efforts and nationally accessible resources
- Keep the community informed of severely injured Service Members interested in becoming a Member of the community
- Comfort all active duty and reserve military and their Families by knowing that their communities support them

Call the Military Severely Injured Center 1-888-774-1361 for more information or Pentagon Severely Injured Center at 1-703-692-2052.

Seamless Transition Assistance Program for all veterans:

<http://www.seamlesstransition.va.gov/SEAMLESSTRANSITION/index.asp>.

Seamless Transition Benefits:

- **Compensation and Pension** - VA web site hosting benefits information for veterans with disabilities.
- **Education** - Information on the VA education benefits available for veterans.
- **Home Loan Guaranty** - VA's Home Loan Guaranty eligibility web site.
- **Vocational Rehabilitation and Employment** - Rehabilitation counseling and employment advice for veterans who are disabled and in need of help readjusting.
- **Insurance** - VA life insurance program for disabled veterans.
- **Burial** - Information on burial benefits for certain qualified veterans.
- **Women Veteran Benefits and the Center for Women Veterans** - Two separate web sites where you will find benefits issues and other programs unique to women veterans.

- **Health and Medical Services** - VA web site for complete health and medical services information.
- **Medical Care for Combat Theater Veterans** - VA web site with specific information for veterans of combat theater of operations.
- **Special Health Benefits Programs** for Veterans of Operations Enduring Freedom / Iraqi Freedom - VA health information web site for OEF/OIF veterans specific to environmental agents issues.
- **HealthVet Web Portal** - VA's NEW health portal has been developed for the veteran and Family -- to provide information and tools to enable one to achieve the best health.
- **CHAMPVA** (Civilian Health and Medical Program of the Department of Veterans Affairs) -- CHAMPVA is a federal health benefits program administered by the Department of Veterans Affairs. CHAMPVA is a Fee for Service (indemnity plan) program. CHAMPVA provides reimbursement for most medical expenses - inpatient, outpatient, mental health, prescription medication, skilled nursing care, and durable medical equipment (DME). There is a very limited adjunct dental benefit that requires pre-authorization. CHAMPVA is available to certain veteran's Family Members who are not eligible for TRICARE.
- **Readjustment Counseling Service.** Provides war veterans and their Family Members quality readjustment services in a caring manner, assisting them toward a successful post-war adjustment in or near their respective communities.
- **State Benefits** - Many States offer benefits for veterans. You should contact the VA regional office that serves your area to find out what your State may offer. You will find the area(s) served in the right hand column of the web page at the other end of the link.

VA Health Care Eligibility

Find out if you are eligible for benefits, how to apply, and what it will cost, then complete an application form online. Have a question? Call the VA Health Benefits Service Center toll free at 1-877-222-VETS!

Quick Tips for Veteran Affairs Benefits

One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of "should I," "would I qualify," "how do I apply," or "where do I go for help" can be a frustrating experience. VA intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for benefits.

Documents Needed for:

Non-Medical Benefits

1. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
2. Your VA claim number or Social Security number if receiving benefits under prior service
3. A copy of all marriage certificates and divorce decrees (if any)
4. A copy of each child's birth certificate (or adoption order)

5. A copy of your birth certificate if there are living parents dependent on you for support
6. A copy of any service medical records for disabilities you intend to claim
7. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension, ([On-line version](#)) ([Print out version](#)). Or, you may obtain a copy of the form from any VA Regional Office ([list of regional offices](#)).

Medical Benefits

1. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
2. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:
 - a. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
 - b. Receipt of the Armed Forces Expeditionary Medal
 - c. Kosovo Campaign Medal
 - d. Global War on Terrorism Expeditionary Medal
 - e. Southwest Asia Campaign Medal
 - f. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
 - g. Orders to a theater of combat operations
3. Complete [VA Form 10-10EZ](#), Application for Health Benefits, online. Or, you may obtain the form by:
 - a. Calling VA's Health Benefits Service Center toll free number, 1-877-222VETS(8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Time)
 - b. Calling or visiting any VA health care facility or VA regional office. To find the facility nearest you, visit the [VA Facilities](#) web page.

Where to Get Help

- <http://www.vba.va.gov/EFIF/index.htm>
- **Contact VA through on-line messaging.** (<https://iris.va.gov/>) This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program where you can leave questions, by subject matter that are not answered by the FAQ's.
- **Federal Benefits for Veterans and Dependents** (<http://www.va.gov/pubaff/fedben/fedben.pdf>). An informative benefits pamphlet in PDF format.
- **Health Benefits Service Center.** Call toll free 1-877-222-VETS(8387)
- **Visit VA's health eligibility** (<http://www.va.gov/elig/>) web site for questions about medical benefits and application procedures.
- **VA benefits counselors** can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also

are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".

- **State, local and National Veteran Service Organization** representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: (<http://www.va.gov/vso/>)
- **Mobilization Information and Resources Guide** (http://www.defenselink.mil/ra/mobil/pdf/topics_a-z.htm). A DOD web site containing multiple links to mobilization and resources information.

Questions about benefits for OEF/OIF veterans may be directed to the "Contact VA" web site_
(<https://iris.va.gov/scripts/iris.cfg/php.exe/enduser/home.php>).

Home Modification Resources:

The MSI Center (Department of Defense joint resources)

1-888-774-1361, 24 hours a day, 7 days a week

U.S. Army Wounded Warrior Program (AW2) (formerly called DS3)

<https://www.aw2.army.mil>

These two agencies can help answer questions in all areas, including home modification and can direct you to other resources as well. Some of these other resources are found below.

Department of Veterans Affairs (VA)

www.va.gov (access specific information on the programs at this website)

Depending on your service-connected disability, you may be eligible for assistance under one or more of the following programs administered by the Department of Veterans Affairs:

- Specially Adapted Housing (SAH) grants
- Special Home Adaptations (SHA) grants
- Loan Guaranty Service: VA Home Loans
- Vocational Rehabilitation and Employment (VR&E): Independent Living Services
- Veterans Health Administration (VHA) Home Improvement and Structural Alterations (HISA) grants

U.S. Department of Housing and Urban Development 203(k) Rehab Program

<http://www.hud.gov/localoffices.cfm>.

ABLEDATA

800-227-0216

<http://www.abledata.com>

ABLEDATA is a comprehensive, federally funded project that provides information on assistive technology and rehabilitative equipment available sources worldwide.

Offers fact sheets and consumer guides through the Web site or by mail.

Adaptive Environments Center, Inc.

<http://www.adaptiveenvironments.org>

The Center provides consultation, workshops, courses, conferences, and other materials on accessible and adaptable design. Also offers publications through the Web site and by mail, including *A Consumer's Guide to Home Adaptation*.

Army Emergency Relief (AER)

866-878-6378

<http://www.aerhq.org>

This private nonprofit service organization provides interest-free emergency loans and grants to eligible recipients.

Center for Universal Design

1-800-647-6777

<http://www.design.ncsu.edu/cud/>

We are a national research, information, and technical assistance center that evaluates, develops, and promotes universal design in housing, public and commercial facilities, and related products. Also provides information on fair housing practices and home modifications.

DisabilityInfo.gov

<http://www.disabilityinfo.gov>

This website is a comprehensive listing that provides access to all of the federal government's disability-related information and resources.

Homes for Our Troops, Inc.

866-7TROOPS (866-787-6677)

<http://www.homesforourtroops.org>

Assists with building materials, labor, and coordinating the process of building a new home or adapting an existing one for handicapped accessibility at little or no cost to the veteran.

National Resource Center on Supportive Housing and Home Modification

<http://www.homemods.org>

Website is a listing of helpful advice and links, including state-by-state information.

Salute America's Heroes

<http://www.saluteheroes.org>

Provides financial assistance for wheelchair-bound or blind veterans to purchase homes that will accommodate their disabilities.

State and Local Government on the Net

<http://www.statelocalgov.net>

This website provides links to the Web sites of thousands of state agencies and city and county governments.

Serving Those Who Serve

<http://www.servingthosewhoserve.org>

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom, and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility. This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

CAP (Computer and Electronic Adaptive Program) Supports Wounded Service Members

Our Soldiers, sailors, airmen and marines are returning everyday from deployment in Operation Enduring Freedom and Operation Iraqi Freedom. Yet, many of them are not returning to their duty assignments, instead, they are recovering at various Military Treatment Facilities (MTFs) because of injuries they sustained in the Global War on Terror. CAP is committed to providing assistive technology and support to returning wounded service Members. Accommodations are available for wounded service Members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment.

CAP is available to provide accommodations to service Members in the following phases:

Phase 1: Recovery and Rehabilitation

CAP has been working closely with key staff at MTFs to provide information and assistive technology to wounded service Members and their Families. By working directly with staff in the intensive care units, physical and occupational therapist, audiologist and ophthalmologist, we can begin to introduce service Members to assistive technology and accommodation support, reducing frustration and providing encouragement. One example of this technology is an augmentative communication device which enables easy communication between the patient and medical staff as well as Family Members.

Phase 2: Transition

In our efforts to ensure a smooth transition from patient to independent living, CAP is working to integrate assistive technologies into housing facilities and employment training centers at the MTFs to support the reemployment process. This technology includes alternative pointing devices, assistive listening devices, voice recognition software and Closed Circuit Televisions. The technology is being introduced to wounded services Members to use at their living quarters, allowing them to email Family and friends, improve their quality of care and begin the process of finding employment opportunities.

Phase 3: Employment

CAP is working with the Department of Defense (DoD) and the Department of Veterans' Affairs to assist in the "reemployment process." If a service Member

remains on active duty or becomes a civilian within DoD or another Federal agency, CAP can provide the work related accommodation to the agency free of charge for internship and/or permanent employment. The CAP staff is dedicated to ensuring all resources and assistive devices are available to assist our nation's service Members in their rehabilitation process, successful treatment outcomes and future employment opportunities. For more information, contact Megan DuLaney at 703-998-0800 x27 (Voice), 703-681-0881 (TTY), or megan.dulaney.ctr@tma.osd.mil.

Resources:

Military Severely Injured Center: www.military.com/support

The U.S. Army Wounded Warrior Program (AW2): www.AW2.army.mil

Seamless Transition: www.seamlesstransition.va.gov/

REALifelines: www.dol.gov/vets/programs/Real-life/main.htm

SECTION G

Resources

AMERICAN RED CROSS

Members of the U. S. Armed Forces don't have to be actively deployed to benefit from American Red Cross support. The Red Cross provides services to 1.4 million active duty military Members and their Families. Our services are available to all branches of the military. The American Red Cross wants Members of the military to get to know us before you need us. Similarly, knowing that Red Cross services are available to service Members and their Families provides a safety net in times of need.

How to access Red Cross services

- Active duty service Members stationed in the United States and Family Members residing in the service Member's household (example: service Member's spouse) should contact Armed Forces Emergency Service Centers for information and assistance 7 days a week, 24 hours a day, 365 days a year. The toll-free telephone number may be obtained from military installation operators, from local on-base Red Cross offices and from the local Red Cross chapter.
- All Family Members who do not reside in the service Member's household, regardless of where the service Member is assigned — at a local military installation or another geographical location — should contact their local American Red Cross chapter for assistance. Red Cross chapters are listed in local telephone directories and online at www.redcross.org, under "Find Your Local Red Cross."
- Active duty service Members on overseas military installations may access Red Cross reporting and communication assistance by contacting base/installation operators for the listing of the on-base Red Cross office or information on how to access Red Cross assistance if there is not a representative on the local installation.
- Families living overseas may access assistance through the local on-base Red Cross office or through the base/installation operator for information if there is not a Red Cross representative on the local installation.
- In overseas deployment areas, service Members should contact the American Red Cross office responsible for their jurisdiction/installation.

Military OneSource

1-800-342-9647

www.militaryonesource.com

Military OneSource is a "one stop shop" for information in all aspects of military life. From information about financial concerns, parenting, relocation, emotional well-being, work and health to many other topics, Military OneSource can provide a wealth of information. There are many informative topics on the website specific to wounded Soldiers and Families. For example, by clicking on Personal & Family Readiness and selecting Severely Injured Service Members you can access topics such as "Coping with Compassion Fatigue", "Finding Temporary Work During a Loved One's Extended Hospitalization" and "Re-establishing Intimacy After a Severe Injury".

In addition to the comprehensive information available on line, there is 24 hour a day seven day a week (24/7) representatives available at the 800 number provided above. Calling will provide you with personalized service specific to answering your needs. You can call the same representative back for continuity of service as each person has their own extension. Military OneSource is closely aligned with the Military Severely Injured Center. You can call Military OneSource as a parent, spouse or Soldier. The information you need is a phone call away.

MILITARY SEVERELY INJURED CENTER (MSI CENTER)

Located at: 2107 Wilson Blvd, Arlington, VA.

The Military Severely Injured Center (MSI Center) is dedicated to providing seamless, centralized support -- for as long as it may take -- to make sure that injured service Members and their Families achieve the highest level of functioning and quality of life. If you are a severely injured service Member or the Family Member of a severely injured service Member, the MSI Center can help you cut red tape; understand what benefits are available to you; identify resources; and obtain counseling, information, and support.

Injured Service Members and their Families can call us 24 hours a day, 7 days a week, at 1-888-774-1361 for this free service. A care manager will give you personal, ongoing assistance related to:

- financial resources
- education, training, and job placement
- information on VA benefits and other entitlements
- home, transportation, and workplace accommodations
- personal, couple, and Family issues counseling
- personal mobility and functioning

The MSI Center also provides educational materials that can help you understand and tackle issues related to concerns that injured service Members often have, from helping children and spouses with the challenges they face, to concerns about making homes and vehicles accessible, to building new relationships.

The MSI Center also provides a Career Center at <http://www.military.com/support> that supplements the services related to career planning, including employment and benefits information for both injured service Members and their spouses.

The MSI Center differs from other resources in that it has representatives from other government agencies available to them as part of the Center as well as working with non government (non-profits) organizations. You do not need a physician referral to use this resource. You can use this service regardless of other agencies you may be dealing with.

Armed Forces Foundation

(202) 547-4713

Since 2001, the Armed Forces Foundation has dedicated its efforts to the welfare of the American military community. Through its programs, AFF works to benefit those in need, offering financial assistance and recreational activities to wounded troops and their families. Over the years, AFF has raised millions of dollars with 96.4% of every dollar going directly to its programs. The following are examples of how the AFF aids the heroes of the United States Armed Forces and their loved ones.

AFF Also:

- Holds monthly dinner parties for patients, families, and staff at the National Naval Medical Center, Walter Reed Army Hospital, and H.H. McGuire Veterans Affairs Hospital
- Organizes an AFF team to compete yearly in the Marine Corps Marathon
- Provides tickets to sporting events and concerts
- Organizes family outings such as ski trips and fishing derbies
- Provides gifts to military children during the holidays
- Sponsors the annual Armed Forces Foundation Congressional Golf and Crab Tournament, which raises money for the Armed Forces Retirement Home in Washington, D.C.
- Sponsors the annual Armed Forces Foundation Congressional Gala where hundreds of Congressmen, Senators, general officers, active duty, wounded service members, and supporters of the military community come together for a night of awards and celebration of our service members

The web site for AFF is <http://www.armedforcesfoundation.org/Home.aspx>

AMVETS

301-459-9600 Toll-Free: 1-877-726-8387 www.amvets.org

As one of America's foremost veteran's service organizations, AMVETS (or American Veterans) assists veterans and their Families. A nationwide cadre of AMVETS national service officers (NSOs) offers information, counseling and claims service to all honorably discharged veterans and their dependents concerning disability compensation, VA benefits, hospitalization, rehabilitation, pension, education, employment, and other benefits.

Blinded Veterans Association

1-800-669-7079

www.bva.org

If you are a blind or visually impaired veteran, if you are a relative or a friend or if you just want to get involved, write, email or give BVA a call. The **Blinded Veterans Association (BVA)**, an organization specifically established to promote the welfare of blinded veterans. BVA is here to help veterans and their Families meet the challenges of blindness. The BVA promotes access to technology and guidance about the practical use of the latest research. The BVA will also advocate for the blinded veteran and their Families in both the private and public sectors.

Disabled Veterans of America (DVA)

(202) 554-3501 or 1-877-426-2838

www.dav.org

Disabled Veterans of America (DAV) provides a variety of free services to veterans and service Members and their Families. Services of interest include a review of the Medical Evaluation Board (MEB) review, representation before a Personnel Evaluation Board (PEB), and submission of claims before the Department of Veterans Affairs for disability compensation, as well as rehabilitation and other benefit programs.

The American Legion

202/861-2700, Fax: 202/861-2728

www.legion.org

Provides free, professional assistance for any veteran or veteran's survivor to file and pursue claims before the Department of Veterans Affairs; assists deployed service Members' Families with practical and emotional support; and offers temporary financial assistance to help Families meet their children's needs. As the nation's largest service organization with about 15,000 local "posts" and nearly 2.7 million Members, the American Legion is assessable near most hometowns.

The Military Order of the Purple Heart

703-642-5360

www.purpleheart.org

The Military Order of the Purple Heart provides support and services to all veterans and their Families. This web site includes information on VA benefits assistance, issues affecting veterans today, and links to other key web sites for veterans.

The National Amputation Foundation

516-887-3600 Email:

amps@aol.com

www.nationalamputation.org

The National Amputation Foundation has programs and services geared to help the amputee and other disabled people. The AMP to AMP Program provides a home, hospital or nursing home visit for peer counseling and support to any person who has had or will be having a major limb amputation. If the person does not live within a drivable distance, we will call them to offer the same support. The Medical Equipment Give-A-Way Program offers to any person in need, donated medical equipment. This includes wheelchairs, walkers, commodes, canes and crutches. Other Services include information on recreational activities for amputees, booklets and pamphlets providing information specific to the needs of above-the-knee, below-the-knee, and arm amputees, hospital visits and running bingo games, contact information for Veterans Benefits, and referral service to other amputee organizations.

Paralyzed Veterans of America (PVA)

email: info@pva.org

www.pva.org

The PVA has a wide range of expertise in representing veterans with severe injuries, especially spinal cord dysfunction. Assistance is provided in all areas of benefits and health care issues, including: compensation, prosthetics, specially adapted housing, education and employment services, automobile adaptive equipment, health care advocacy, and other areas to assist in the transition to civilian life.

Veterans of Foreign Wars

202-453-5230

www.vfw.org

The VFW has more than 100 trained service officers to assist any veteran, or their dependents, obtain federal or state entitlements. Annually, VFW service officers process thousands of veteran's claims, which have resulted in the recovery of hundreds of millions dollars in disability compensation claims for veterans. Service officers, who must pass rigorous testing and annual certification, also assist veterans in discharge upgrades, record corrections, education benefits and pension eligibility. In addition, service officers regularly inspect VA health care facilities and national cemeteries, and employment specialists monitor laws concerning veterans' preference in federal employment. The VFW also monitors medical and health issues affecting veterans as well as providing veterans with up-to-date information on diabetes, post-traumatic stress, Agent Orange exposure and Persian Gulf Syndrome. To help veterans, the VFW Tactical Assessment Center is a 24-hour help line for veterans with questions or concerns about VA entitlements. (1-800-vfw-1899)

United Spinal Association

1-800-807-0192

Email: info@unitedspinal.org

www.unitedspinal.org

United Spinal Association is dedicated to enhancing the lives of all individuals with spinal cord injury or disease by ensuring quality health care, promoting research, advocating for civil rights and independence, educating the public about these issues, and enlisting its help to achieve these fundamental goals. Programs include: counseling and referral, accessibility training and education, assistive technology resources, inclusion and integration advocacy, disability information and publications, educational outreach and training, wheelchair repair and parts, counseling and referral, accessibility training and education, individual and system advocacy, benefits advisement and assistance, Americans With Disabilities Act (ADA) technical assistance and advocacy, sports and recreation opportunities, and peer counseling.

Wounded Warrior Project

1-540-342-0032

Email: info@woundedwarriorproject.org

www.woundedwarriorproject.org

The WWP seeks to assist those men and women of our armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other locations around the world. At the Wounded Warrior Project we provide programs and services designed to ease the burdens of the wounded and their Families, aid in the recovery process, and smooth their transition back to civilian life. Our work begins at the bedside of the severely wounded, where we provide comfort items and necessities, counseling, and support for Families. We help to speed rehabilitation and recovery through adaptive sports and recreation programs, raising patients' morale, and exposing them to the endless possibilities of life after an injury. Finally, we provide a support mechanism for those who have returned home by providing outreach and advocacy on issues like debt and disability payments that will affect their Family's future.

Computer/Electronic Accommodations Program (CAP)

www.tricare.osd.mil/cap/

CAP is committed to providing assistive technology and support to returning wounded service Members. Accommodations are available for wounded service Members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment.

National Military Family Association

www.nmfa.org

NMFA's primary goals are to educate military Families concerning their rights, benefits and services available to them and to inform them regarding the issues that affect their lives and to promote and protect the interests of military Families by influencing the development and implementation of legislation and policies

affecting them. Great publications online such as "Resources for Wounded and Injured Service Members and their Families" and "Your Soldier Your Army- A Parent's Guide".

America Supports You

www.americasupportsyoudmil

This website can link you to many other websites specific to your needs.

Coalition to Salute America's Heroes

www.saluteheroes.org

Our mission is to help provide the support needed to overcome the many challenges our returning wounded heroes face so that they may regain a rewarding and productive life.

Operation First Response

www.operationfirstresponse.org

Operation First Response mission is to assist the wounded military and their Families with personal and financial needs who are serving our country during Operation Iraqi Freedom and forward. Website includes online application for assistance.

Army Emergency Relief

www.aerhq.org

AER is the Army's own emergency financial assistance organization and is dedicated to "Helping the Army Take Care of Its Own". AER provides commanders a valuable asset in accomplishing their basic command responsibility for the morale and welfare of Soldiers.

Serving Those Who Serve

www.servingthosewhoserve.org

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom, and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility.

This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

Helping our Heroes Foundation

www.hohf.org

HOHF provides funding, services, and volunteers to complement the support of our military injured in either Operation Enduring Freedom or Operation Iraqi Freedom. We provide mentors and patient advocates, identify and fund educational opportunities for the Soldier, coordinate specialty counseling (financial assistance, career, housing, etc.), and assist with emergency funding needs. We ask that service Members approach official resources and channels for assistance before requesting support from the Foundation, as we are a volunteer organization with limited financial resources. This special fund is to help service Members and their Families on a case by case basis. *The Army Wounded Warrior Program makes referrals to this foundation.*

Sew Much Comfort

www.sewmuchcomfort.org

Their mission is to design, create and deliver specialized clothing to recovering service Members. Sew Much Comfort is an all volunteer organization that provides free underwear, pants, shorts and shirts. The adaptive clothing uses Velcro seams enabling you to dress with ease and access your wounds for treatment.

This free clothing is available to you on Ward 57 (Major Murphy's office) and in the OT and PT Clinics on the third floor. Please ask for a sample and give it a try. You may also order what you need on line. Check out the website at sewmuchcomfort.org. Click on "Contact", then click on "Soldiers" and submit your personalized order.

Fallen Patriot Fund

www.fallenpatriotfund.org

The Fallen Patriot Fund was established to provide support to the spouses and children of U.S. military personnel who were killed or seriously injured during Operation Iraqi Freedom. Within that group, grant recipients will be selected in accordance with criteria established by The Mark Cuban Foundation. As the guidelines of the fund are to provide for relief from immediate financial distress, those who are staying on permanent active duty despite their injuries are not eligible for a grant from the fund.

USA Cares

www.usacares.us

USA Cares is dedicated to helping service Members and their Families with quality of life issues using grants, counseling and mentorship. Requests for financial assistance can be done online.

Homes for our Troops

www.homesforourtroops.org

Online application at this address.

Unmet Needs

www.unmetneeds.com

VFW sponsored program to help military Families with financial hardship. Apply online or download application from this website.

Association for Service Disabled Vets

www.asdv.org

Disability Info Gov

www.disabilitinfo.gov

Gov Benefits

www.govbenefits.gov

ResourcesForSoldiers.com

www.resourcesforSoldiers.com

Many topics are covered on this website and links provided to even more resources.

Disability Information and Resources

www.makoa.org

Links listed by category to many helpful sites ranging in topics from assistive technologies, assessable home design, adaptive clothing, to resources for caregivers.

Defense and Veterans Brain Injury Center

www.dvibc.org

Traumatic Brain Injury Survival Guide

www.tbiguide.com

Brain Injury Resource Center

www.headinjury.com

The Brain Injury Information NETwork

www.tbinet.org

Brain Injury Association of America

Family help line 1-800-444-6443

www.biausa.org

Amputee Coalition of America

www.amputee-coalition.org

Amputee Resource Foundation of America

www.amputeeresource.org

National Spinal Cord Injury Association

www.spinalcord.org

Neurotrauma Registry (for brain and spine injuries)

www.neure.com

Paralysis Research Center

www.parlysis.org

Spinal Cord Injury Information Pages

www.sci-info-pages.com

National Family Caregivers Association

www.nfcacares.org

America Foundation for the Blind

www.afb.org

Blind Links

www.seidata.com

Recording for Blind & Dyslexic

www.rfbd.org

Guide Dogs

www.guidedog.org

Library for Blind & Physically Handicapped

www.loc.gov/nls

League for the Hard of Hearing

www.lhh.org

Self Help for the Hard of Hearing

www.shhh.org

Hooah 4 Health

www.hooah4health.com

Seamless Transition

www.seamlesstransition.va.gov

Army Reserve Websites**U. S. Army Reserves**

www.armyreserve.army.mil

Army Reserve Family Programs Online

www.arfp.org

Army National Guard Websites**Army National Guard**

www.1800goguard.com

Guard Family Program

www.guardFamily.org

Guard Family Team Building

www.gftb.org

The Army National Guard

www.arng.army.mil

Reintegration of National Guard Troops Returning from Deployment
<http://www.nga.org/Files/pdf/0710NATLGUARDBACKGROUNDER.PDF>

ARMY WEBSITES

Army Families Online

www.armyFamiliesonline.org

Military Homefront

www.militaryhomefront.dod.mil

The Military Family Network

www.emilitary.org

My Army Life Too

www.myarmylifetoo.com

Army Morale Welfare and Recreation

www.armymwr.com

Military Connection

www.militaryconnection.com

SECTION H

Appendix

- Common Terms/Abbreviations Acronyms
- Acknowledgements

COMMON TERMS AND ABBREVIATIONS

WALTER REED ARMY MEDICAL CENTER: Winn Army Community Hospital

NNMC: Bethesda / National Naval Medical Center

SFAC: Soldier and Family Assistance Center

T&TO: Transportation and Travel Orders

ID: Identification Card

AIREVAC: Air Evacuation – usually mode of transportation Soldier comes to Walter Reed Medical Center

REAR – D: Rear Detachment Commander – liaison with the Soldier's unit

OIF/OEF: Operation Iraqi Freedom / Operation Enduring Freedom

DA: Department of the Army

DOD: Department of Defense

CAC: Casualty Assistance Command

POST: Army installation

COMMISSARY: Grocery store

PX: Post Exchange – like a department store **SHOPPETTE:** like a convenience store

CYS: Child and Youth Services

MP: Military Police

LES: Leave and Earnings Statement – paycheck

CONUS: Continental United States – within the United States not including Hawaii or Alaska

OCONUS: Outside of the Continental United States – anything place overseas to include Hawaii and Alaska

AW2: Army Wounded Warrior Program

SFMS: Soldier Family Management Specialist associated with AW2

UNIT: All Soldiers are a part of a military unit or organization.

MAMC: Madigan Army Medical Center

BAMC: Brooke Army Medical Center

POV: Privately Owned Vehicle

NMA: Non medical attendant

Travel Voucher: Paperwork filed to receive reimbursement for TTOs

WT: WARRIOR TRANSITION BATTALION: Military unit that Soldiers are attached or assigned to while at WALTER REED ARMY MEDICAL CENTER

CON LEAVE: Convalescent Leave

MEB: Medical Evaluation Board

PEB: Physical Evaluation Board

PEBLO: Physical Evaluation Board Liaison Officer

DA WIA: Department of the Army Wounded In Action Branch

Notification: Families told of injury/illness of Soldier

Needs Assessment Checklist: DA WIA listing of Family needs for travel purposes done after notification

DA 2984: Official request for Families to travel done by attending physician

MTF: Military Treatment Facility

Advance or travel advance: Money received in advance of filing travel voucher

Hero Miles: Fisher House Foundation program offering free airline travel

POA: Power of Attorney

TRICARE: Military health insurer

CDC: Child Development Center

AAFES: Army Air Force Exchange Service

PAO: Public Affairs Office **JAG:** Judge Advocate General (legal branch of Army)

Case manager: Person in charge of coordinating care for patient

ACKNOWLEDGEMENTS

This book would not have come into being without the initial efforts of the original committee represented by 1LT D.J. Skelton, Lisa McCaffrey, Andrea Schaihl and Sherri Becker of the 1/25th SBCT who sought to provide aid and comfort to Families experiencing the effects of traumatic injury and the long road of recovery.

The spouses of the U.S. Army War College Class of 2006 who volunteered to research and compile the extensive information included in this handbook are Andrea Schaihl, Barbara Brinkley, Jeanette Lock, Suzy Hurtado, and Mona Hain. They never lost sight of the plight of the wounded Soldiers and their Families as they struggled with the complexities of the information researched. A special thank you is extended to Mrs. Margaret Huntoon who provided much needed support, encouragement and many miles on her vehicle between Carlisle and WALTER REED ARMY MEDICAL CENTER as she actively participated in this project. To Joe York, Director of Family Programs at Carlisle Barracks, thanks for all the support both logistical and research. Thanks once more to 1LT D J Skelton who through the Pentagon Severely Injured Center has provided the mechanism to bring this book to where it is today and continues to advocate for the wounded and their Families. The many individuals and agencies who helped with this project are too numerous to list in total, but we will try to list as many as possible here. MG Kenneth Farmer Commanding General of Walter Reed Army Medical Center; MSG Charles J Beattie of the Department of the Army Wounded in Action; Dr. Wagner, Leita Sosin, and SGT Robson of the Medical Family Assistance Center; LTC Nancy Black and COL Stephen Cozza of the Child and Adolescent Psychiatry Service of Walter Reed Army Medical Center; Mona Lisa Dosboc of the Department of Social Work Service of Walter Reed Army Medical Center; Linda Vollentine of Child and Youth Services Forest Glen; COL Cardarelli, MAJ Carzell Middleton, CPT Rachel May of MEDHOLD/HOLDOVER; and Chaplain Wiley and Chaplain Kallerson of Walter Reed Army Medical Center; COL (DR) and Mrs. Richard Thomas. A special thank you to Timothy Poch and staff at AW2; CMDR Julien, Mary Craig and staff at both the Military Severely Injured Center and Military OneSource; the folks at CSFC for their interest and support especially Donna Finney and Veronica Thomas; Ruth Berkheimer of the VA; Megan Dulaney of CAP; Barbara Green of ACS; and the many others who through their conversations and sharing of resources provided insight into the care of wounded Soldiers and their Families. To all the organizations, agencies, individuals and volunteers who through their dedication and effort make the care given to our wounded Soldiers the best in the world, we salute you and thank you for sharing your experiences with the committee.

Most of all, to the Soldiers and the Families whose sacrifice we honor with this effort we extend our heartfelt wishes for recovery.

