

# Warrior Transition Brigade Warrior Handbook

## ***"WARRIOR'S FIRST"***



Department of the Army  
Walter Reed Army Medical Center  
6900 Georgia Ave.  
Washington, D.C. 20307  
<http://www.wramc.amedd.army.mil/>

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## **REFERENCES**

- Title 10 U.S.C., Chapter 61
- DoDI 1332.18, Separation or Retirement for Physical Disability
- DoDI 1332.38, Physical Disability Evaluation
- DoDI 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities
- AR 135-381, Incapacitation of Reserve Component Soldiers
- AR 600-20, Army Command Policy
- AR 600-60, Physical Performance Evaluation System
- AR 635-40, Physical Evaluation for Retention, Retirement, or Separation
- AR 670-1, Wear and Appearance of the Military Uniform
- AR 40-3, Medical, Dental and Veterinary Care
- AR 40-400, Patient Administration
- AR 40-501, Standards of Medical Fitness

**IMPORTANT NUMBERS**

**Switchboard (202)356-1012**

**Brigade Commander:**  
\_\_\_\_\_ (Office: ) \_\_\_\_\_

**Brigade CSM:**  
\_\_\_\_\_ (Office: ) \_\_\_\_\_

**Company Commander**  
\_\_\_\_\_ (Office: ) \_\_\_\_\_  
(Cell: ) \_\_\_\_\_

**First Sergeant**  
\_\_\_\_\_ (Office ) \_\_\_\_\_  
(Cell: ) \_\_\_\_\_

**Case Manager**  
\_\_\_\_\_ (Office ) \_\_\_\_\_  
(Cell: ) \_\_\_\_\_

**Platoon Sergeant**  
\_\_\_\_\_ (Office ) \_\_\_\_\_  
(Cell: ) \_\_\_\_\_  
(Home: ) \_\_\_\_\_

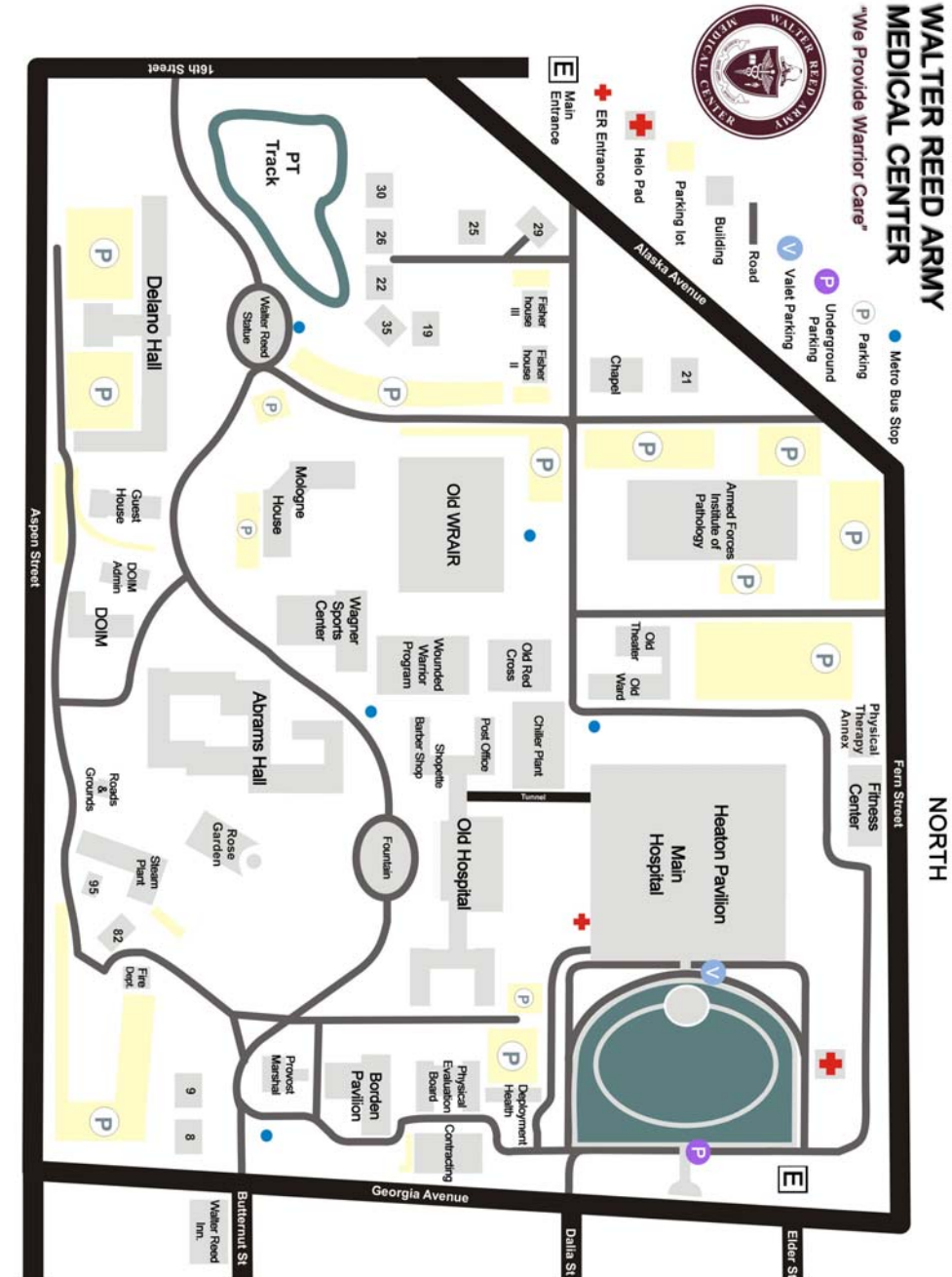
**Squad Leader**  
\_\_\_\_\_ (Office: ) \_\_\_\_\_  
(Cell: ) \_\_\_\_\_  
(Home: ) \_\_\_\_\_

**Chaplain:**  
\_\_\_\_\_ (Office ) \_\_\_\_\_  
(Cell: ) \_\_\_\_\_

**Orderly Room—** (Office: ) \_\_\_\_\_  
**Duty Driver Office—** (Office: 202-782-3501)  
**Staff Duty—** (202)782-0069  
**Training Room—** (Office: ) \_\_\_\_\_



# WRAMC MAP



# SHUTTLE BUS SCHEDULE

## WALTER REED TO BETHESDA SHUTTLE

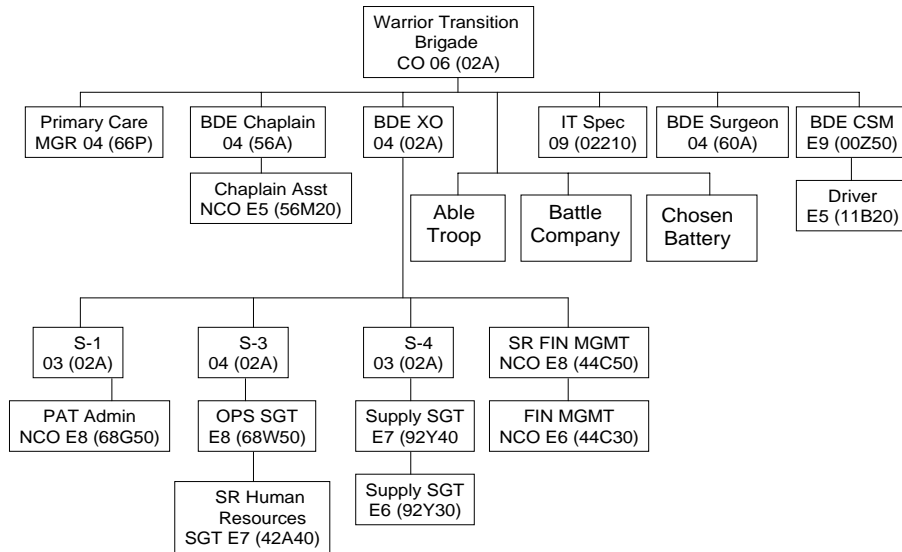
Bus #	Bethesda Naval	Forest Glen	Walter Reed	Molagne House	Forest Glen	Bus #
Bus 1	0500	0620-0625	0620-0625	0530-0535	0655-0800	Bus 1
Bus 1	0645-0850	0710-0715	0710-0715	0720-0725	0745-0750	Bus 1
Bus 1	0835-0840	0900-0905	0900-0905	0910-0915	0935-0940	Bus 1
Bus 1	1000-1005	1025-1030	1050-1055	1100-1105	1125-1130	Bus 1
Bus 1	1150-1155	1215-1220	1240-1245	1250-1255	1315-1320	Bus 1
Bus 1	1340-1345	1405-1410	1430-1435	1440-1445	1505-1510	Bus 1
Bus 1	1530-1535	1555-1600	1620-1625	1630-1635	1655-1700	Bus 1
Bus 1	1720-1725	1745-1750	1810-1815	1820-1825	1845-1850	Bus 1
Bus 1	1910-1920	1945				Bus 1
Bus #	Bethesda Naval	Forest Glen	Walter Reed	Molagne House	Forest Glen	Bus #
Bus 2	0545-0550	0610-0615	0635-0640	0645-0700	0710-0715	Bus 2
Bus 2	0735-0740	0800-0805	0825-0830	0835-0840	0900-0905	Bus 2
Bus 2	0925-0930	0950-0955	1015-1020	1025-1030	1050-1055	Bus 2
Bus 2	1115-1120	1140-1145	1205-1210	1216-1220	1240-1245	Bus 2
Bus 2	1305-1310	1330-1335	1355-1400	1405-1410	1430-1435	Bus 2
Bus 2	1455-1500	1520-1525	1545-1550	1555-1600	1620-1625	Bus 2
Bus 2	1645-1650	1710-1715	1735-1740	1745-1750	1810-1815	Bus 2
Bus 2	1835-1840	1900-1905	1925-1930	1935-1940	2000	Bus 2

\*If you have any questions about this schedule, Phone 301-295-7562, 7563

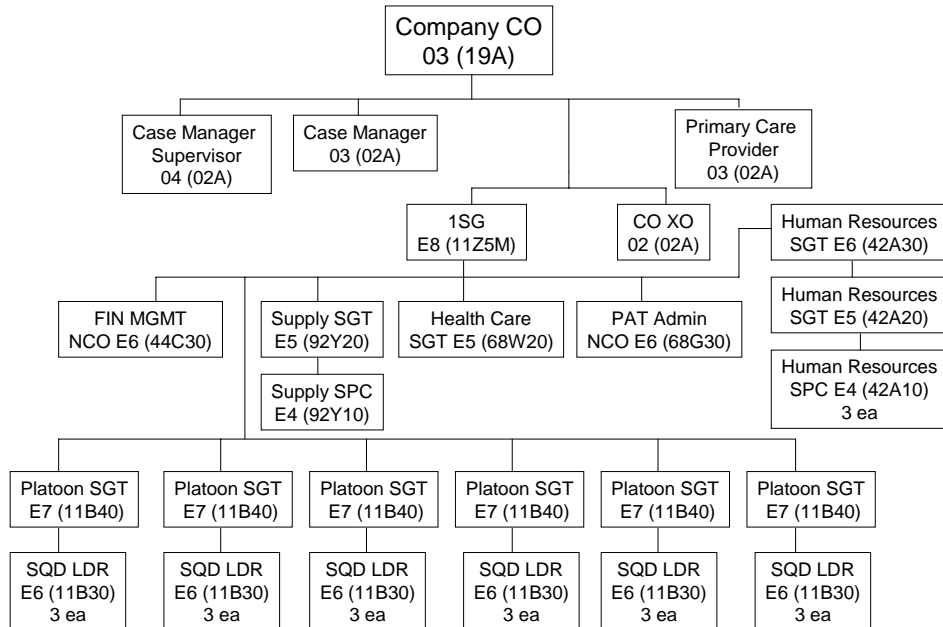




# Brigade Organizational Chart



# Company Organizational Chart



## **Brigade Mission Statement**

Provide command and control, primary care and case management to establish conditions for healing and promote the timely return to the force or transition to civilian life.

# General

**PURPOSE:**

The purpose of this handbook is to provide Warrior Transition BDE (WTB) Warrior's with guidance on standards of conduct and key policies. See applicable Warrior Transition BDE Standard Operating Procedure (SOP) for specific directives.

**APPLICABILITY:**

This WTB Warrior 's Handbook applies to all Warriors assigned/attached to the Warrior Transition BDE, Walter Reed Army Medical Center. Reading and familiarization of this handbook is mandatory. The standards will be practiced and enforced during your tenure in the WTB.

**WARRIOR EXPECTATIONS/RESPONSIBILITIES:**

Military personnel will conduct themselves in a manner to avoid discrediting yourself, the unit, or the Army. Undesirable conduct includes, but is not limited to, drunk/reckless driving, drunk/disorderly conduct, offensive language and gestures, failure to satisfy financial obligations, as well as violations of the Uniform Code of Military Justice (UCMJ).

**FORMATIONS:**

Formation is conducted in Wagner Gymnasium Monday, Wednesday and Friday. Your Chain of Command will let you know the times for the formations. Location and time will not change unless otherwise directed by the Commander/1SG.

**DINING FACILITIES:**

The Walter Reed DFAC is located on the 3<sup>rd</sup> floor of the hospital. Daily operating hours are :

Breakfast: 0600-1000

Lunch: 1100-1400

Dinner: 1600-1830

Open on holidays and weekends.

All OIF/OEF Warriors are entitled to a meal card and can get one issued at the company PAC Office.

**WAGNER GYM:**

Located next to T2. There is also a fitness center located in building 88, open Monday through Friday, 0530-2000 hrs; Saturdays, 0900-1600 hrs; Sundays, 1000-1400 hrs and closed on holidays.

**BARBER/SALON/SHOPETTE:**

Old Hospital Building, 1st Floor: 0900-1700 Monday –Friday.

Main Hospital 3rd Floor: 0730-1730 Monday—Friday.

**PX/COMMISSARY:**

Located on Forest Glen Annex. [The Walter Reed Commissary](#) hours of operation are as follow:

Sunday: 1000-1600

Monday: Closed

Tuesday-Friday: 0900-1900

Saturday: 0800-1700

Phone (301) 295-7358, ext. 3008.

The Main PX, Class Six, Four Seasons, and Military Clothing Sales stores are open Tuesday, Wednesday and Friday from 9 a.m. to 6 p.m.; Thursday from 9 a.m. to 7 p.m.; Saturday from 8 a.m. to 5 p.m.; and Sunday from 10 a.m. to 4 p.m.; closed Monday. Phone (301) 565-0900

**6. MEDICAL SICK CALL:**

Warriors with an acute medical condition that requires medical attention will call the central appointment desk at 202-782-3501. M-F: 0630 to 2300

Sat.-Sun.: 0700-1500

**Emergencies:** Warriors residing on the installation; contact the ER at 202-782-1199. Warriors residing off of the installation, please call 911 in the event of an emergency.

**7. DENTAL SICK CALL:**

Sick call hours are 0730 to 0930 hours M-F at the Walter Reed Dental Clinic, Bldg. 2, Room 1D (202-782-6815). Dental records are also maintained at the Dental Clinic. All Warriors are required to have an annual exam while attached or assigned to WTB.

**8. TRAINING SCHEDULE:**

Training schedules are posted in your assigned company area. Your platoon sergeant (PSG) will also have copies of training schedules to answer any questions pertaining to the unit training schedule. A signed training schedule represents an official order, making it your duty to be at the appointed place and time in the appointed uniform

**9. PHYSICAL TRAINING (PT):**

PT time and location are annotated on the training schedule unless otherwise directed. Physical exercise is an important part of the healing process, and all personnel are responsible will conduct PT based on their physical profiles. WTB Warriors will coordinate with Physical Therapy to develop an individual PT program based on your current physical condition. Personnel will carry their profile with them at all formations and PT.

**10. EDUCATION:** All Warriors will have access to the internet. While assigned here continuing your education is an area of emphasis for the Chain of Command. Computers and Televisions are provide to you for this purpose.

**11. CHAPLAIN SERVICES:** The WTB Chaplain's office is located on the 2<sup>nd</sup> floor, Bldg 41, Room 218, phone # 202-356-0011. The main hospital chapel, located on the 3rd floor, room 3C, BLDG 2, offers various religious services including religious literature, communion and prayer for healing. The Chaplain's Office also may assist with temporary lodging for patients and families after they Yellow Ribbon Society funds are depleted. Office Phone (202) 782-6305/Paging 782-1000.

**12. UNIT BILLETS:**

- a. Unit and billet policy applies in all government and government leased quarters to include the Mologne House, Summit Hills, Hilton Hotel, Bldg 14, and other locations leased by the military. Non compliance with the policies listed below or any directives given by the command may result in removal from government billets.
- b. Quiet hours begin at 2200 hours on weekdays and 2300 hours on weekends. Visiting hours are from 0800 until 2100 hours on weekdays and 0800 until 2300 hours on weekends.
- c. Furniture will not be moved without prior approval from the Commander/1SG.
- d. Contraband (e.g., explosives, firearms, weapons, BB/Pellet guns, paint ball guns, narcotics, any illegal drugs, or drug paraphernalia) will not be stored, used, or sold in the billeting area.
- e. Alcohol is not permitted outside occupants' rooms. Warriors must be 21 years of age to purchase, possess or consume alcohol.
- f. Safety is the responsibility of every Warrior. Report hazards to the chain of command immediately.
- g. Appropriate clothing will be worn when entering/leaving the room. If a military uniform is worn, it will be in accordance with AR 670-1.
- h. Candles are not permitted except for decorative purposes.
- i. No major repairs or maintenance will be allowed on vehicles in the parking area.
- j. Personal appliances that produce heat are not authorized in occupants' rooms without prior approval of the Commander/1SG.
- k. Billet deficiencies will be reported to the building managers immediately.
- l. Unit leadership will conduct billets inspections/checks to protect the health & welfare of its Warriors.
- m. No smoking in billets. Smoking is permitted only in designated smoking areas.

**13. GRATUITOUS ISSUE CLOTHING FOR OIF/OEF HOSPITALIZED PERSONNEL:**

- a. Warriors who are medically evacuated from the CENTCOM AOR, primarily Operation Noble Eagle (ONE), Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) without their military uniforms or other personal clothing effects may receive gratuitous issue clothing (free issue of military clothing). Warriors in need of a Gratuitous Issue will submit their Name, SSN and Rank to their Squad Leader. Upon approval, the service member can then take a shuttle to the Forest Glenn Annex of Walter Reed Army Medical Center to receive their military uniforms from the Military Clothing and Sales.
- b. Based on need and verification by the MTF Patient Administration Division (PAD), each returning medical evacuee is authorized up to \$250.00 for civilian clothing. Information can be obtained at the Soldier Family Assistance Center (SFAC) on the 3<sup>rd</sup> Floor of Building 2.
- c. PAD will initiate the authorization for civilian attire request which is only valid at the installation AAFES store.
- d. If the Warrior does not use the entire allotted amount, they will not be given a credit slip for the remaining balance or another opportunity to shop at a later date. Clothing articles that are procured under this process will remain separate from other purchases and not be co-mingled with other items at the cash register. As there are no funds exchanged, the Warrior will verify the receipt of clothing on the original document.
- e. Medical evacuees requiring military clothing items, until their personal effects are retrieved from theater, are authorized a gratuitous partial issue through the Military Clothing Sales Store (MCSS).

**14. INPROCESSING:**

All Warriors assigned to WTB will report to Bldg. 38, 2<sup>nd</sup> Floor RM 206. In-processing is conducted in Building 38, Warrior Transition BDE, from 0800-1630 Monday thru Friday. All Warriors will receive an In-Processing Check Sheet, giving them further instruction for in-processing the company. No leave or passes will be approved prior to completing the In-Processing check sheet.

**15. FINANCE:**

All Warriors will in-process finance. All Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) Warriors assigned to Warrior Transition BDE must in-process in Bldg 14, Floor P1, Room 212, M-F, 0800-1630. All non OIF/OEF or attached Warriors will in-process in Bldg 11, ground floor, Tuesdays and Thursday at 1300. OIF/OEF patients can use Finance to request a casual pay, \$50 for singles and \$100 for married patients. Outpatients need to come to the SFAC to request that a pay inquiry be completed. They can then go to Building 11 to see Finance.

**16. PERSONNEL:**

Once assigned to your unit all warriors will use the Company Orderly Room for all personnel actions. They will handle OER/NCOER, promotions, awards, and retention paperwork. Use your Chain of Command to set up appointments or to update records.

**17. BENEFITS:**

**A. Invitational Travel Orders (ITO)**

Joint Federal Travel Regulation (JFTR), Volume 1, chapter U5246, authorizes two relatives of a Seriously Ill/Very Seriously Ill (SI/VSI) patient to travel to and from the hospital at government expense when certain administrative requirements are met by the military medical treatment facility (MMTF) and the appropriate personnel or casualty affairs office. The patient's physician uses SI/VSI criteria to decide who is eligible for ITO. **(Eligibility for ITO is based solely on medical criteria).** If you feel you have a family member who is entitled to ITO, please contact the Soldier Family Assistance Center located on the 3<sup>rd</sup> Floor of The Main Hospital.

**B. Incapacitation pay**

- a. Incapacitation pay is a benefit for soldiers who are injured, wounded, or contract an illness/disease during Active Duty, are REFRADED, and demonstrate a loss of nonmilitary compensation. See AR 1350-381, Incapacitation of Reserve Component Soldiers.
- b. Entitlement to incapacitation pay is made on a case-by-case basis with a maximum benefit of six (6) months.
- c. Eligibility begins after the last day of Active Duty, but it may take months to be approved for incapacitation pay.
- d. No one has an automatic entitlement to incapacitation pay.
- e. Incapacitation pay may not be paid until a final line of duty determination has been made.
- f. If it is determined that a soldier's injury or illness/disease was incurred or aggravated in the line of duty, then he may be entitled to incapacitation pay and, if approved, eligibility begins when the soldier is REFRAD.
- g. The Army determines the injury was not incurred or aggravated in the line of duty, then the soldier is not entitled to this benefit.

It is the soldier's responsibility to apply for incapacitation pay after REFRAD. Applying for the benefit is initiated at the soldier's home station through his chain of command.



### **C. Other Entitlements**

Upon return from theater, the following entitlements may stop:

- a. **Hostile Fire Pay/Imminent Danger Pay:** Soldiers are entitled to HFP/IDP if hospitalized for a wound or injury incurred as a result of hostile action. The entitlement to HFP/IDP is paid for up to 3 months after the wound or injured occurred.
- b. **Hazardous Duty Pay/Hardship Pay:** (reflects on LES as Save Pay) This entitlement ends on the day of departure from the combat zone unless the Soldier returns to the designated location within 30 days. If a soldier returns to the combat zone within 30 days he or she will not lose any hardship duty pay.
- c. **Tax-Exempt Status: Combat Zone Tax Exclusion (CZTE).** Soldiers who are hospitalized or re-hospitalized any place as a result of wounds, disease, or injury incurred while serving in a combat zone or qualified hazardous duty location are entitled to CZTE during the months (s) of hospitalization. A soldier is considered hospitalized or re-hospitalized if the soldier becomes an inpatient for 24 hour care. A soldier who is hospitalized is entitled to a full month CZTE for hospitalization up to 2 years after the date of injury, wound or disease was incurred.
- d. **Temporary Duty (TDY)** Soldiers, who were deployed under Temporary Change of Station (TCS), Temporary Additional Duty (TAD), or Group Travel (unit movement) orders, are entitled to per diem for the entire time away from home station. All TDY entitlements stop at home station. If soldiers must return to a hospital away from home station then new orders must be issued.

**18. AGENCIES:** Listed below are some of the outside agencies on Walter Reed to assist Warriors while assigned/attached to Warrior Transition BDE.

**A. Soldier Family Assistance Center**

The SFAC staff (located in BLDG. 2, Third Floor, Room 3E01. (202) 782-2071) is a team consisting of active duty officers and enlisted Warriors appointed by the Commanding General to coordinate resources and act as a point of contact for patients and their family members.

The SFAC Team has representatives from the following organizations: SFAC staff, Patient Administration Division (PAD), Finance, Department of Social Work (DSW), Department of Preventive Medicine, DoD Deployment Health Center, Warrior Transition Brigade, Patient Representative Office, Department of Ministry and Pastoral Care, Public Affairs Office (PAO), WRAMC Lodging Division, Army Emergency Relief (AER), Army Community Service Center (ACS), American Red Cross (ARC), USO (United Service Organization), Community Recreation Division, Directorate of Public Works and Transportation, and Judge Advocate General (JAG).

**B. American Red Cross**

The American Red Cross (ARC) provides every air evacuated OIF/OEF patient with an ARC Comfort Care Bag. The ARC has also accepted donations of civilian clothing for Warriors returning from Operations Iraqi and Enduring Freedom. SFAC staff will assist with the needs of identification and distribution as determined. The ARC will be acknowledged as the donor of the items to the Warrior .

The ARC is located in BLDG. 2, Rm. 3E05.  
Open: Mon - Fri from 8 a.m. to 4 p.m.  
Phone: (202) 782 - 6362.

**C. Army Substance Abuse Program (ASAP)**

Many people with PTSD try to manage their symptoms by using substances. If you have been using alcohol and drugs as a way of coping, it is important to let your health care provider know so you can be referred to ASAP for an assessment. Treatment can be provided to help you abstain from mood altering chemicals and to help you learn alternate ways to cope with your symptoms. For prevention of problems all are welcome to attend the 2-day Alcohol and Drug Abuse Prevention held monthly.

The Army Substance Abuse Program (ASAP) is located in BLDG 6, 2nd floor. Telephone number is 202-782-3969.

**D. MWR (Morale, Welfare and Recreation)**

A newsletter with up-coming events and activities is published bi-weekly and posted in the billets and the Patient Recreation Facility, Bldg. 41, 1<sup>st</sup> floor. Events are also hosted by multiple organizations to include the USO, and the Command of Walter Reed. Signing up for an event indicates that this is your place of duty.

**E. Legal Assistance**

Powers of Attorney and Notary Public services are available without an appointment in BLDG. 1, Room D-201. Open Monday through Friday from 8 a.m. to 4 p.m. For help with legal problems such as domestic relations, leases, taxation, or will preparation, call the Legal Assistance Office at (202) 782-1550 for an appointment or referral.

**F. FRG**

A Warrior's family is an integral part of the healing process. The FRG can assist all the family members with the challenges ahead. ACS is the FRG Liaison and each unit has a FRG leader. Use them to socialize and attend the Community dinners on the 1st and 3rd Tuesday of the month.

**G. ACS**

The Army Community Service Center helps people find and use the services they need to maintain stability and meet the challenges of military life. Services are available to Active Duty, Retirees, Family Members, and Reservists on Active Duty. Also, ACS provides welcome packets and Information and Referral Services at the MEDFAC located in Bldg. 2, Floor 3. Warriors in financial need can also visit the ACS to discuss qualification for Army Emergency Relief Loans.

**H: Army Wounded Warrior Program (AW2)**

The AW2 assists the Soldier in becoming an active member in the community. They deliver compassionate, tailored, and personal support and guidance to the Soldier, provide individualized support to severely injured Soldiers and their families, and propose changes to business processes, policy and law. Soldiers who have suffered from injuries or illness incurred after 10 SEP 2001 in support of the Global War on Terrorism and have received or expect to receive a 30% rating on their injuries are eligible for AW2.

**I. Patient Recreation Center**

The Patient Recreation Center is located in BLDG. 41, adjacent to building T-2. The center is for both patients and their families. The center has a big screen TV and seating area, ping-pong tables, a reading area, table games and arcade games. You can also sign up for numerous social events at this location. It's open Sunday from 1 to 8 p.m., Mon – Fri from 2 to 10 p.m., and Sat from noon to 9 p.m.

**19. POLICIES:** This section will cover policies that all Warriors in the Warrior Transition Brigade will follow.

**A. COMMANDERS OPEN DOOR POLICY**

In accordance with Army Regulation 600-20, Army Command Policy, "Commanders will establish an open door policy within their commands. Warriors are responsible to ensure that the commander is aware of problems that affect discipline, morale, and mission effectiveness; and an open door policy allows members of the command to present facts, concerns, problems of a personal and professional nature, or other issues which the Warrior has been unable to resolve." The Commander's open door policy is not intended to supersede utilization of the chain of command. Chain of command should be utilized to resolve any problems/issues and suggest improvements.

**B. MILITARY COURTESY**

- a. Courtesy is respect and consideration of others.
- b. The salute is a sign of mutual respect, unit pride and esprit de corps.
- c. Salutes are rendered by enlisted to commissioned officers and warrant officers and by junior officers to seniors.
- d. Salute distance is "recognition" distance. The salute should be rendered when within 6 paces. Saluting is not required while operating a motor vehicle.
- e. You must salute General command vehicles identified by plate depicting their rank.
- f. Additional guidelines:
  1. The first enlisted member to sight an officer who is higher in rank than the officers present in a room will call "Attention"; call "At Ease" for Sergeants Major.
  2. When an officer enters, personnel who are working will come to the position of attention (parade rest for CSM) when the officer/CSM addresses them.
  3. During conversations all military personnel will come to the position of attention and face a senior officer when addressed or parade rest for a senior NCO.
  4. While in formation/work detail when an officer approaches personnel, the person in charge calls "Attention" and renders a salute for the entire group.

5. When an officer approaches a group not in formation, the first person sighting the officer calls "Attention" and everyone in the group faces the officer and renders a salute.
- g. Reveille/Retreat: When in uniform, upon hearing the music, assume the position of attention. Render a salute upon playing "To the colors". When in civilian attire, assume the position of attention and place your right hand over your heart.  
Personnel driving motor vehicles will pull over and stop. All occupants should exit and comply with the established procedures listed above.

### **C. FRATERNIZATION**

Defined as inappropriate or unprofessional relationships between military personnel IAW AR 600-20.

- a. Relationships between Warriors of different ranks are prohibited if they:
  1. Compromise or appear to compromise the integrity of supervisors or chain of command.
  2. Cause actual/perceived partiality or unfairness.
  3. Involve/appear to involve improper use of rank/position for personal gain.
  4. Are perceived to be exploitative/coercive in nature.
  5. Create an actual or predictable adverse impact on discipline, authority, morale, or the ability of command to accomplish the mission.
- b. Prohibited acts:
  1. Engaging in sexual harassment, fraternization, or unprofessional associations.
  2. Engage/attempt to engage in a financial or business dealing with another Warrior.
  3. Borrow money from or lend money to another Warrior or civilian employee.

### **D. GAMBLING**

Gambling is not allowed in the Warrior Transition Brigade. This includes any games of chance or betting pools in the offices or barracks.

#### **E. USE OF ALCOHOL AND DRUGS**

- a. The consumption of alcohol during duty hours or while in uniform is prohibited.
- b. Personnel must be at least 21 years of age to possess/consume alcohol.
- c. Warriors who are on medication that state they are not supposed to consume alcohol are not authorized to drink alcohol.
- d. The use of illegal drugs is a serious offense. Random drug screening is conducted.
- e. Warriors testing positive for, caught selling, or possessing illegal drugs will be prosecuted IAW UCMJ.
- f. Limited alcoholic beverages can be stored in the billet areas by a resident over the age of 21 and only these residents partake in the beverage. One (1) six (6) pack of beer or wine coolers and one (1) liter of wine will be allowed per person/per room. Hard liquor is not allowed in any barracks.

#### **F. EQUAL OPPORTUNITY (EO)**

The Army will provide equal opportunity and fair treatment for military personnel, family members and DA civilians without regard to race, color, gender, religion, or national origin, and provide an environment free unlawful discrimination and offensive behavior. Report EO violations to the unit commander or EO Representative.

#### **G. SEXUAL MISCONDUCT**

AR 600-20, Army Command Policy states "The policy of the Army is that sexual harassment is unacceptable conduct and will not be tolerated." Anyone who uses or condones implicit/explicit sexual behaviors to control, influence, or affect the career or pay of another is engaging in sexual harassment. Unwelcome verbal comments, gestures, or physical contact of a sexual nature is also sexual harassment. Report violators to the unit chain of command, commander or EO Representative at (202) 782-5080.

#### **H. PRIVATELY OWNED VEHICLES (POV)**

- a. All POV operated on post must be registered with Vehicle Registration at Bldg. 11, Basement Level.
- b. Failure to follow posted speed limits or driving under the influence may result in forfeiture of post driving privileges.
- c. All personnel will park in approved parking areas. Failure to comply may result in suspension of driving privileges. Parking on Walter Reed is extremely limited.

## **I. DONATIONS**

The Joint Ethics Regulation, Section 3-400, now permits Soldier and their family members who qualify by virtue of injuries received in OIF/OEF to accept certain donations from non-federal entities. The general limit is set at \$305 per source per occasion (or event) with an aggregate value not to exceed \$1000 from any once source in a calendar year—unless an Ethics Counselor makes findings which permits a waiver of the limits. The gifts must not be from foreign governments, must not be solicited or coerced, and must not be offered to influence the performance of official acts. If you have any questions contact Mr. David Frishberg, @ 202-782-5806.

## **J. LEAVES AND PASSES (IAW AR 600-8-10)**

- a. Pass/Leave will not be granted until completion of in-processing.
- b. Command grants leave/pass as Warriors' medical care permits.
- c. Passes will not exceed one 96 hour pass per calendar month with supervisor's, case manager's and commander's approval.
- d. Letter of intent for leave/pass must be submitted no less than 7 days before the pass begins, and 14 days before leave (with all required signatures).
- e. Failure to report for duty at the end of pass/leave will be assessed as Absent Without Leave (AWOL), unless determined otherwise by the commander.
- f. Personnel traveling in excess of 250 miles from Walter Reed must submit a mileage pass.
- g. Leave will not be granted in conjunction with a pass. All requests for pass/leave must be separated by a minimum of one duty day. Leave will also not be granted after the service member has signed their medical board.
- h. All personnel must sign in and out from leave/pass with the Staff Duty NCO in Bldg. 14 (202-782-0069).
- i. The Commander retains approval and recall for all passes/leaves.
- j. The WTB program encourages leave for all Warriors, but not at the expense of their medical care and treatment. Therefore, close coordination with respective case manager is essential to meet the Warrior's optimal treatment plan.

**K. INDEBTEDNESS AND DISHONORED CHECKS:**

Warriors will manage their personnel affairs and pay debts promptly. Knowingly writing checks on an insufficiently funded account will result in punishment under UCMJ. Financial Counseling is available at Army Community Service (ACS) at Bldg. 17, (202-782-3412).

**L. MISSED APPTS:**

Failure to show for any scheduled appointments to include meetings with your Case Manager, may result in disciplinary action IAW UCMJ. Warriors are to turn in Medical Records once they have completed the needed medical appointment. Medical records are the property of the U.S. Government. Warriors should ask for copies at the conclusion of appointments.

**N. UNIFORM POLICY:**

- a. ACU and PFU is the only authorized uniform for daily formation. Warriors who do not have either uniform are required to submit a Gratuitous Issue request through their Platoon Sergeant.
- b. Mixing of ACU and civilian clothing is prohibited. Exceptions to this policy are Gore-Tex jacket, field jacket, black windbreaker, or overcoat without rank insignia.
- c. The Army Physical Fitness Uniform is only authorized for wear during physical training, for wear while commuting to and from work, during outside work details, for medical treatment/ appointments, in formation if attending an appointment prior to 0830, or as authorized by the Commander.
- d. Security Badges will be worn attached to the left breast pocket of the ACU and will be worn in the same location when wearing the Physical Fitness Uniform.
- e. If Warriors choose to carry a non-issue shoulder bag while in uniform, the bag must be black, desert tan, or olive drab with no other colors and may not have any logos. Warriors may not carry the bag slung across the body with the strap over the opposite shoulder.

**J. PRIVATELY OWNED WEAPONS (POW):**

- a. There are absolutely no privately owned weapons allowed on post in either WRAMC or the Forest Glen Annex.
- b. Privately owned weapons include any projectile weapon (paint ball guns, crossbows, firearms, etc.), any edged weapon with a blade more than 4" in length, or any other device deemed by the chain of command to constitute a weapon (clubs, saps, etc.)
- c. All privately owned weapons will be turned in to the Provost Marshal for storage in a secure arms room.



**20. HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) OF 1996.**

- a. The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers.
- b. It also addresses the security and privacy of health data. Adopting these standards will improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care.
- c. Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects health insurance coverage for workers and their families when they change or lose their jobs.

**21. PROFILES: (DA Form 3349, Physical Profile)**

- a. Warriors with temporary or permanent conditions must have physical profiles documented that list limitations.
- b. Warriors are responsible for adhering to the limitations of their profile.
- c. Warriors with a permanent 3 or 4 profile must be referred to a MOS Medical Retention Board (MMRB) or Medical Evaluation Board/Physical Evaluation Board (MEB/PEB).
- d. Profile description: P-physical; U – upper extremity; L – lower extremity; E—eyes; H – hearing; S – psychological.
- e. Warriors will maintain a current copy of their profile on them at all times.

## **22. TREATMENT EXPECTATIONS/RIGHTS:**

- a. If a Warrior is injured, wounded, or becomes sick while on AD, the Army offers to fix the problem to its best ability.
- b. If a Warrior has a pre-existing condition and it is not identified before Day 25, the Army offers to treat it if treating the condition will make the Warrior fit for duty otherwise the Warrior is referred to the MEB/PEB process.
- c. If a Warrior has a pre-existing condition that is aggravated during AD, then the Army offers to make it better.
- d. If a Warrior's condition can not be fixed or made better, the Army may send the Warrior through the MEB/PEB process.
- e. Warriors exceeding 365 days in the WTB program must undergo a MEB/PEB.
- f. All WTB Warriors will be assigned a Primary Care Manager (PCM) – a physician who directs medical care and evaluations.
- g. All patients are entitled to a second opinion, at the Army's expense and at the source of the Army's choosing.
- h. Warriors who desire a third opinion from someone of their choice, i.e., civilian healthcare provider, can do so at their own expense. Also, the military physician is not obligated to concur with civilian healthcare provider assessment.
- i. Warriors are entitled to the same elective procedures as any other AD compatriots, however-
  - No elective procedures are authorized that are likely to prolong time in Warrior Transition BDE.
  - All "elective" procedures must be scheduled and coordinated through the Primary Care Provider and Case Manager.
- j. Medical care access standards for MTF:
  - 72 hrs for initial specialty consultations
  - One (1) week for MRI and other diagnostic studies
  - Two (2) weeks for surgery (from time of decision to actual surgery)

- k. Warriors have both rights and responsibilities when it comes to their health and the health care services they receive.
- You have the right to receive accurate and easily understood information about your health care plan; if you do not understand something, assistance will be provided so you can make informed health care decisions.
  - You will be assigned a case manager within 5 working days who will coordinate your care with a health care provider to handle your treatment.
  - If you have severe pain, new acute injury, or sudden illness, that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services.
  - You have the right to know all your treatment options and to participate in decisions about your care.
  - You have the right to considerate, respectful and nondiscriminatory care from your health care team.
  - You have a right to talk in confidence with your health care team and to have your health information protected. You also have the right to review and copy your own medical record and request that your health care provider amend your records if it is not accurate, relevant, or complete.
  - You have the right to a fair, fast and objective review of any complaint you have against your health care treatment plan, your providers, waiting times, conduct of health care personnel, and adequacy of health care services and facilities.

**23. JOB ASSIGNMENTS:**

Warriors will be assigned temporary duties while assigned to the Warrior Transition BDE when such duties do not interfere with their medical care requirements. Warriors will not be assigned duties outside the limits of their physical profile and will be appropriate to their rank. Previous skills and training must be considered before assigning any temporary duty.

- a. Warriors must be on time; all absences must be supported by documentation.
- b. Warriors will maintain military bearing at all times.
- c. Warriors will not terminate job assignment without command approval.
- d. Failure to comply will result in UCMJ action.

**24. LINE OF DUTY (LOD):**

- a. All Warriors who are injured or wounded while on active duty must have a Line of Duty (LOD) statement. The only exception is Warriors going through the MEB/PEB process (resulting paperwork from process used in lieu of LOD).
- b. LOD is written by the Warrior's physician, signed by the company commander and certified by Military Personnel Directorate.
- c. Warrior's case manager can assist in initiating a LOD for the Warrior.
- d. LOD determinations are essential for protecting the interest of both the individual Warrior and the US Government where service is interrupted by injury, disease, or death.
- e. To ensure Warriors receive appropriate medical care after leaving active duty, commanders must complete an LOD investigation or prepare a presumptive (that is, one that may be subject to further review and is not necessarily administratively final) LOD determination memo for Warriors who incur or aggravate injuries while on active duty.

NOTE: It is not recommended to have a presumptive LOD memo. All Warriors should have an LOD.

- f. Warriors with an LOD are eligible for care through the Veteran's Administration for the rest of their life. Without an LOD, a Warrior will have to prove their condition occurred during active duty before they can receive medical care.
- g. A LOD cannot be completed for pain, i.e., leg, back, arm pain. The pain that a Warrior has must be accompanied by an injury, i.e., leg, back or arm injury.
- h. It is the Warrior's responsibility to prove that the injury occurred by providing medical documentation of treatment for the injury.
- i. In addition to current distribution requirements, completed LOD documentation should be distributed to the following:
  - Warrior's OMPF and field personnel file.
  - Copy to individual Warrior.
  - Warrior's medical record.
  - Copy to Warrior's home unit.

**25. TRIAD OF WARRIORSUPPORT:**

Every Warrior in the Warrior Transition BDE will be assigned a Case Manager and Squad Leader as well as a Primary Care Physician to assist the soldier in healing, mentally, physically and spiritually.

**A. CASE MANAGERS: Your case manager will be your ongoing point of contact for any medical conditions that you have while in the WTB.** The

Duties and Expectations of the Case Managers are as follows:

- a. Facilitate all medical care for WTB Warriors.
- b. Ensure that the Warrior has received appropriate care related to all identified medical conditions.
- c. Establish open communications with the Warrior to identify other challenges that the Warrior is experiencing.
- d. Act as a resource for the Warrior to link other systems such as the VA, TAMP, and the Medical Board.
- e. Use a team approach to promote communication, collaboration and coordination in order to provide Warrior focused care when working with various other entities including the Warrior, family members, Providers (primary care providers and specialists), PEBLO, Social Work Care Manager, and the Command Team.
- f. Document Clinical History:
  - Review profile, LOD, all available medical information during intake with the Warrior
  - Identify primary health concerns-pain, medications, physical functioning, mental status, conditions treated in theater and develop plan of care for those concerns
  - Document any previous prognosis or plan for current condition
- g. Coordinate medical appointments and consults if needed to facilitate treatment of conditions.
- h. Provide Warrior Education in the areas of timeliness of care, treatment of injury and provide general guidance to the Warrior.
- i. Assist with coordinating care for ongoing follow-up
  - You need to contact your case manager after every medical appointment (exception physical therapy) and after any hospitalization so that discharge planning can be successful
  - You need to inform your case manager of any outstanding, non-medical related issues that may affect your care so that all your needs are considered
- m. Ensure that your MEB is moving at a reasonable pace.

**B. SQUAD LEADERS: Your squad leader here is no different than your squad leader in your unit. They will be with you on a daily basis and should always be your first step in resolving issues.** The Duties and Expectations of the Squad Leaders are as follows:

- a. First line supervision for the Warrior.
- b. Facilitates all administrative issues for the Warrior and their family.
- c. Assist the Warriors family with issues that may arise while the Warrior is assigned/attached to WTB.
- d. Enforce Military Standards, to include checking on living conditions, at approaches place of duty, and accountability.

### **C. PRIMARY CARE PHYSICIAN:**

There will be one Primary Care Physician (PCM) for every 200 Warriors. The duties of the PCM will include the following:

- a. Develop an integrated treatment plan for each patient
- b. Patient Advocacy
- c. Provide acute care Warriors and their non-medical attendants Monitor Medication Management issues
  - Polypharmacy (multiple medications from multiple sources)
  - Medication Reconciliation
  - Substance Abuse
- a. Improve pain management
- b. De-conflict clinical care
- c. Collaborate with specialist on post surgical care
- d. Assist with transfers to military and civilian MTFs, VA, CBHCO, etc.
- e. Screen ambulatory patients for TBI and PTSD
- f. Perform initial comprehensive History and Physical Exam
- g. Update Master Problem List & DD Form 2766
- h. Evaluate medical profile status
- i. Follow-up on issues identified on the Post Deployment Health
- j. Assessment (PDHA) and Post Deployment Health
- k. Reassessment (PDHRA)
- l. Initiate referrals and communicate with Nurse CM
- m. Assess routine health maintenance needs
- n. Review entire plan of care with Case Manager, Soldier, and family
- o. Coordination of referrals to HealthNet

**26. MOS/MEDICAL RETENTION BOARD (MMRB):**

- a. Warriors with a permanent profile rating of 3 or 4 are referred to a MMRB.
- b. The purpose of the MMRB is to determine if a Warrior is medically qualified to perform in his or her MOS.
- c. Warriors referred to a MMRB may have the following actions taken by the board:
  - Retain in MOS.
  - Reclassify MOS.
  - Refer to Medical Evaluation Board (MEB).
- d. Warriors have 72 hours after notification to appeal the MMRB results.
- e. Warrior may bypass the MMRB if retention standards aren't maintained.

**27. PHYSICAL EVALUATION BOARD LIAISON OFFICER (PEBLO) RESPONSIBILITIES:**

- a. The PEBLO is appointed by the Commander
- b. They are responsible for the counseling of soldiers undergoing physical disability processing
- c. They ensure the MEB proceedings referred to the PEB are complete, accurate and fully documented
- d. Once the PEBLO receives the MEB Narrative Summary (NARSUM) of the Warrior's condition from the Company Commander and permanent profile they have 90 days per MEDCOM regulation to forward the MEB packet to the PEB.

## **28. MEDICAL BOARD SYSTEM:**

The medical board process is officially called the PDES, Physical Disability Evaluation System. A Warrior is directed to the PDES if they have a medical condition that fails to meet retention standards IAW AR 40-501, Chapter 3. The determination of failing to meet medical retention standards is made by a physician.

Questions regarding the Medical Board System should be directed to your chain of command, case manager, or PEBLO. Your Platoon Sergeant also has PEB booklets available for handout that go into greater detail about the Medical Board System.

- a. Once a physician determines that a Warrior has reached optimal medical care and still remains unfit, he will refer the Warrior for a MEB. This can be done through a referral form and/or a permanent profile with a "3" or "4" designator in the PULHES portion. This designator identifies the Warrior with significant limitation in their physical ability in that particular section. The referral or permanent profile is then forwarded to the PEBLO, Physical Evaluation Board Liaison Officer, who will contact the Warrior telephonically and arrange an appointment to start the MEB process. Warriors are required to attend a mandatory process briefing.
- b. The MEB consists of three phases of medical evaluation. Once they are completed, the MEB packet is sent to the Physical Evaluation Board (PEB) for adjudication. Disposition can include: Fit for Duty (FFD), Separation from Service, Temporary Disabled Retirement List (TDRL), or Permanent Disabled Retirement List (PDRL). If a Warrior is found FFD, he or she is retained and works within the limitations of their profile. If a Warrior is found unfit for duty, the PEB also determines the percent of unfitness. This percentage is based on the Veterans Affairs Schedule for Rating Disabilities (VASRD), ranging from 0 - 100% disabled. TDRL are for Warriors who would be entitled to Permanent Disability Retirement except that the disability is not stable for rating purposes. TDRL is not a permanent status and the Warrior is required to undergo a reevaluation every 12-18 months for up to five years. Permanent disability retirement occurs if the disability is determined permanent and stable and rated at a minimum of 30% or the Warrior has 20 years of active federal service.
- c. If a Warrior is separated from the Army, they may be entitled to severance pay. Severance pay is NOT a medical retirement. It is calculated by your base pay, multiplied by two, and then multiplied again by the number of years of active duty service (maximum of 12 years). If separated with severance pay, the Warrior will not receive retirement or be entitled to any future military benefits.



- d. There is a difference between the Army (PDES) and the Department of Veterans Affairs (DVA) ratings. The PDES rates and compensates soldiers for loss of their ability to perform their Army duty. Additional conditions that do not affect a Warrior's ability to perform his duty are not rated. The DVA may rate any service-connected impairment, thus compensating for loss of civilian employability. Warriors are encouraged to file a claim with the VA for all service-connected impairments.
- e. Warriors have 72 hours after notification of MEB results to rebut the board decision. When making a rebuttal to the MEB findings, the Warrior has several options:
  - CONCUR (AGREE) with the MEB's findings and recommendations. In this case the MEB is then forwarded to the PEB for adjudication.
  - NONCONCUR (DISAGREE) with the MEB's findings and recommendations. The Warrior may present a written appeal or any new evidence concerning the case to the informal board through the PEBLO.
  - If a Warrior does not respond to the MEB in the prescribed time, he is presumed to agree with the findings.
  - Warriors who disagree with MEB's findings and recommendations will have their case reviewed by the Deputy Chief of Clinical Services (DCCS). The DCCS may take one of the following actions:
    - (1) Original findings and recommendations are confirmed.
    - (2) The report of the board is returned for reconsideration.
    - (3) The report of the board is forwarded to the PEB with the Warrior's comments attached as enclosures.
- f. Warriors found not meeting retention standards by a MEB are referred to the PEB for final adjudication and determination of the severity of physical impairment if found unfit for service.
- g. Once the appropriate records are assembled, the case is forwarded to one of three US Army Physical Evaluation Boards (PEBs), Walter Reed Army Medical Center (WRAMC), Ft. Sam Houston, TX or Ft. Lewis, WA. These boards review the files and determine the Warrior's physical fitness or unfitness to perform his or her military duties, based upon the nature of the medical condition and the requirements of the Warrior's MOS.
- h. Initially, the PEB will review the case at an informal evaluation board and make an informal determination that the Warrior is either FIT or UNFIT for service. If the informal board finds the Warrior unfit, the board will utilize the VA Schedule for Rating Disabilities (VASRD) as a guide for determining the disability rating. The informal evaluation is then returned to the Warrior and the PEBLO for agreement or disagreement. The Warrior then indicates agreement or disagreement.
- i. In accordance with AR 635-40, the Warrior has 10 working days from receipt of notification from the PEB to return the election statement. If the election statement is not returned to the PEB within the prescribed time, the Warrior is presumed to agree with the PEB recommendation and the case is forwarded to the PDA for final processing.

- j. Choices for election of PEB findings:
- (1) CONCUR (AGREE) and WAIVE a FORMAL board evaluation.
    - Warrior agrees with the informal board findings and does not want the case presented for formal board proceedings.
    - Case is processed by the PEB for return to duty, separation, or retirement, depending upon the informal board recommendations.
  - (2) NONCONCUR (DISAGREE) and WAIVE a FORMAL board evaluation.
    - Warrior disagrees with the findings of the informal board, but does not want the case presented to a formal board. Warrior may present a written appeal or new medical evidence concerning the case to the informal board to reconsider its original findings.
  - (3) NONCONCUR (DISAGREE) and DEMAND a FORMAL board evaluation.
    - Warrior disagrees with the findings of the informal board and wants the case presented to a formal board. The Warrior may elect to NOT PERSONALLY APPEAR and have the case presented by legal counsel or to PERSONALLY APPEAR at the formal board.
    - The Warrior has the right to legal representation. The purpose of legal counsel is to ensure that the Warrior's rights are protected and that all relevant medical and administrative facts concerning the case are presented to the board.
    - The formal board is a fact-finding board and will consider the case independently of the informal board. The formal board may adhere to the original informal board, or change the findings and recommendations.
- k. After the formal board, the Warrior will, again, receive notification of the board's findings indicating the new evaluation of disability. The Warrior again has 10 working days to CONCUR (AGREE) or NONCONCUR (DISAGREE) for the election to reach the PEB.
- l. If the Warrior fails to concur or nonconcur with the formal board within the prescribed time, it is presumed to indicate agreement with the PEB recommendation, and the case will be forwarded to the PDA for final processing.
- 5-year tenure max.
  - Periodic re-exams (18 months).
  - Minimum of 50% of retired pay base.

- m. The PEB will make one of the following recommendations:
- (1) Recommend FIT FOR DUTY.
  - (2) Recommend Permanent Disability Retirement Separate with Severance Pay (SWSP).
    - 0% - 20% rating and less than 20 years service.
    - Pay computed as: Basic Pay x 2 x years of service (YOS) (max 12 Yrs).
  - (3) Separate without Benefits (SWOB).
    - Not-in-Line-of-Duty.
    - Existed prior to service & not service aggravated and less than 8 years of active duty.
  - (4) Permanent Disability Retirement (PDR).
    - 20 years of service computed under 10 USC 1208 or;
    - 30% or higher rating and condition is stable.
    - Pay is computed as the higher of the disability rating or the YOS percentage (2.5 x YOS) multiplied against "retired pay base."
  - (5) Temporary Disability Retirement List (TDRL).
    - PDR eligible AND the disability is not stable for rating.
- n. If it is determined that a condition is pre-existing without permanent service aggravation, the service member may still be covered for disability severance or retired pay if the Warrior has accumulated 8 years of active duty.
- o. Regardless of the findings of the PEB, the Warrior should contact the VA and file a claim. VA determinations concerning entitlements to disability compensation are made independently of the Army. A Warrior MAY NOT receive payments from the VA while on active duty. However, Warriors should apply to the VA immediately upon retirement or separation.
- p. For additional information on the Medical Board Process, consult with your PEBLO.
- q. p. Most boards will take four to six months to complete from the time the PEBLO is notified until final disposition.
- r. See AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, for information on the MEB/PEB process.
- s. See AR 40-501, Standards of Medical Fitness, for information on medical fitness standards for retention and separation.
- t. See AR 40-400, Patient Administration, for Narrative Summaries. The recommended format for an MEB narrative summary is provided below.
- (1) Baseline documentation: physician's specialty, MTF and location, reason for MEB, military history, chief complaint, history of present illness, past medical history, etc.
  - (2) Physical Examination.
  - (3) Laboratory studies.
  - (4) Present condition and current functional status.
  - (5) Conclusions.
  - (6) Diagnosis.
  - (7) Profile (as required).

## **29. TRAUMA-RELATED STRESS:**

- a. Stress is part of day to day living. As Warriors you may experience stress meeting MOS demands, adjusting to a new environment, family disruption, and changes in health or developing new friendships. The stress you experience is not necessarily harmful. Mild forms of stress can act as a motivator and energizer. However, if your stress is too high, medical and social problems can result.
- b. Although we tend to think of stress as being caused by external events, events in themselves are not stressful. Rather it is the way in which we interpret and react to the events that make them stressful. People differ dramatically in the type of events they interpret as stressful and the way in which they respond to such stress.
- c. There are several signs and symptoms that you may notice when you are experiencing stress. These signs and symptoms fall into four categories: Feelings, Thoughts, Behavior, and Physiology. When you are under stress, you may experience one or more of the following:
  - Feelings: Feeling anxious, scared, irritable and moody.
  - Thoughts: Low self-esteem, fear of failure, inability to concentrate, embarrassing easily, worrying about the future, preoccupation with thoughts/tasks, forgetfulness, acting impulsively, startling easily, laughing in a high pitch and nervous tone of voice.
  - Behavior: Stuttering and other speech difficulties, crying for no apparent reason, grinding your teeth, increasing smoking, increasing use of drugs and alcohol, being accident prone, losing your appetite or overeating.
  - Physiology: Perspiration/sweaty hands, increased heart rate, trembling, nervous ticks, dryness of throat and mouth, tiring easily, urinating frequently, sleeping problems, diarrhea/indigestion/vomiting, butterflies in stomach, headaches, premenstrual tension, pain in your neck or lower back, loss of appetite or overeating, increased susceptibility to illness.
- d. Both positive and negative events in one's life can be stressful. However, major life changes are the greatest contributions of stress for most people. They place the greatest demand on resources for coping.
- e. Major life changes that can be stressful include: Moving, career changes, marriage, pregnancy, new life style, divorce, death of a loved one or colleague, being fired from your job or chaptered out of the military.
- f. Environmental events that can be stressful include: time pressure, competition, financial problems, noise, disappointments.

- g. Many stresses can be changed, eliminated, or minimized. Here are some things you can do to reduce your level of stress:
  - Become aware of your reactions to stress.
  - Reinforce positive self-statements.
  - Focus on your good qualities.
  - Avoid unnecessary competition.
  - Avoid drugs and alcohol.
  - Develop assertive communication and behaviors.
  - Recognize and accept your limits. Remember, everyone is unique and different.
  - Develop a hobby or two. Relax and have fun.
  - If you are able, exercise regularly.
  - Eat nutritiously.
  - Talk with friends or someone you can trust about your worries and concerns.
  - Learn to use your time wisely:
    - \* Evaluate how you are budgeting your time.
    - \* Plan ahead and avoid procrastination.
    - \* Make a weekly/monthly schedule and try to follow it.
  - Set realistic goals.

### **32. COMMUNITY BASED HEALTH CARE ORGANIZATION (CBHCO):**

- Community Based Health Care Organization (CBHCO) allows MHO soldiers to receive treatment and recuperate at or near their homes using locally available healthcare option.
- CBHCO coordinates health care, processes medical evaluation boards (MEB), and maintains command and control of soldiers.
- Soldiers who fail to comply with program are REFRADED, separated, or returned to medical holdover unit.
- Soldiers maintain all benefits and pay (except family separation and incidental pay).
- Transfer of soldiers to the CBHCO is the decision of the MED-HOLD Company and the medical care team (Case Manager and PCM), and is considered a personnel action.
- Being on MRP orders is at the discretion of the soldier, where the soldier gets care is at the discretion of the Army.
- A profile by a physician has to be completed in order for the MEDHOLD Company to complete the packet requesting MRP orders. MRP orders are good for 179 days and may be requested x 2 to cover up to a total of 358 days.
- Soldiers must in process at the CBHCO HQR before returning to their home of record.
- All soldiers will be assigned a duty position with a nearby military unit during their time in the CBHCO.

CBHCOs currently cover the following regions:

**Arkansas**

Kansas  
Louisiana  
Nebraska  
Missouri  
Oklahoma

**Massachusetts**

Maine  
New Hampshire  
Pennsylvania  
New Jersey  
Connecticut  
New York  
Rhode Island  
Vermont

**California**

Oregon  
Idaho  
Nevada  
Washington

**Alabama**

Mississippi  
Tennessee  
Kentucky

**Wisconsin**

Illinois  
Indiana  
Iowa  
Michigan  
Minnesota

**Utah**

Arizona  
Colorado  
Montana  
New Mexico  
North Dakota  
South Dakota  
Wyoming

**Virginia**

Maryland  
North Carolina  
West Virginia  
Delaware  
Ohio

**Florida**

Georgia  
South Carolina

### **CBHCO Eligibility Criteria:**

In order to be eligible for selection into the CBHCO Program, MHO soldiers must meet all of the following criteria:

1. Unable to return to duty within 60 days.
2. Unencumbered by legal or administrative action or holds, including soldiers who are flagged for adverse action or pending chapter actions.
3. Reside in a state or regional catchments area that is included in the CBHCO Program
4. Volunteer to remain or extend on active duty under MRP orders while undergoing medical treatment and adjudication of unresolved medical condition.
5. Meet medical criteria (see below) for selection, including a preliminary diagnosis and care plan that can be supported by the CBHCO. Confirmation that appropriate medical care is available within commuting distance from residence, normally within 50 miles.
6. Access to transportation to travel to and from medical appointments as well as designated place of duty [Reliable transportation might include use of mass transit system, or family/friend providing rides.]
7. Availability of appropriate duties at an appropriate work site or place of duty within the limits of physical profile and within commuting distance from residence, normally within 50 miles of residence. [Soldiers who are physically capable of work are to perform duties primarily in support of Title 10 mission. If performing work in a Title 32 organization, the majority of duties must support Title 10 vs. Title 32 Functions
8. Medical selection for CBHCO is made by the designated medical authority at the installation upon coordination with the medical element at the CBHCO.



9. Unless specifically excluded, all MHO soldiers will be considered candidates for selection to CBHCOs. The following types of medical conditions should not be referred to CBHCOs:
  - Soldiers with multiple and/or complex diagnoses (as determined by the Primary Care Manager).
  - Soldiers whose medical problems involve issues not commonly treated by civilian practitioners. These include, but are not limited to:
    - a. exposure to depleted uranium
    - b. exposure to chemical, biological, radiological, or nuclear agents.
    - c. confirmed or working diagnosis of leishmaniasis
    - d. Soldiers with behavioral disorders that render them administratively unfit.
    - e. Soldiers who are already engaged in MEB/PEB proceedings.
10. Soldiers who reside within the TRICARE catchment area of an Army MTF (40 miles from an medical center) are not eligible for transfer to a CBHCO, but, may be transferred to that Military Treatment Facility for care if there is available capacity.

### **33. VA/JOB PLACEMENT:**

There are two different groups of Veteran Affairs representatives at WRAMC to assist with benefit and health care enrollment.

Benefit counselors provide eligibility information and will assist you with filing for compensation, pension and vocational rehabilitation benefits. Vocational counseling is available even if you are not filing a claim for compensation. In most cases you may be eligible to file a claim many months prior to separation from active duty. A decision by the VA can also establish entitlement to state veteran benefits.

VA Social Workers can pre-enroll and set up an initial appointment at your local VA Medical Center prior to departing WRAMC

#### 34. Army Career and Alumni Program (ACAP):

- a. ACAP is a Congressionally mandated program that provides transition and career counseling services to eligible DOD personnel departing government service.
- b. One of the services provided by ACAP is the pre-separation briefing. **The pre-separation briefing is a mandatory briefing for all military personnel that are separating from active duty regardless of the reason.** You are required to participate in a pre-separation briefing and complete a Pre-separation Counseling Checklist, DD Form 2648, no less than 90 days before you leave federal service. You will not be able to clear the installation until you participate in such a briefing and complete the Checklist. ACAP also provides a wide range of valuable transition and job assistance activities and resources that can make a real difference in the rest of your life. If you want to be sure that your future is as rewarding as it can be, get to your ACAP Center and take advantage of what they have to offer.
- c. Warriors awaiting medical review proceedings are required to start their ACAP transition services. They are also encouraged to participate in employment services available at their supporting ACAP center. In addition, Warriors and their family members are eligible to continue to use ACAP services for 180-days after release from active duty.
- d. Warriors who reach optimal therapeutic benefits (care) and do not meet the retention standards should start the ACAP process.

#### 35. DS3:

On April 30, 2004, the Department of the Army introduced a Disabled Warrior Support System (DS3) Initiative that provides its severely disabled Warriors and their families with a system of advocacy and follow-up with personal support to assist them as they transition from military service to the civilian community. Contact the Disabled Warrior Support System (DS3) at 1-800-833-6622 between 8 a.m. to 4:30 p.m. EST, Monday through Friday. Army DS3 can also be contacted via e-mail at [ArmyDS3@hoffman.army.mil](mailto:ArmyDS3@hoffman.army.mil)

**36. Transition Employment Assistance Management Service (TEAMS):**

Our services extend beyond resumes and employment; we manage comprehensive transition & employment assistance for ALL! Our service members and their families must have the benefit of our very best. TEAMS identify partnerships committed to performance base services that affect change. Our response to the complex challenges faced by our population – provide direct employment, skills, network and resources to facilitate their successful entry and/or reentry into the workforce. Our core services include but, not limited to employment, education, and volunteer resource information; job search assistance; career coaching and counseling; employment opportunity development; and marketing. This assistance and services is initiated early in your transition process beginning with pre-separation counseling one year prior to your separation date or two years prior to your retirement date. Additional service and assistance include entrepreneurship training, education assistance referral, MEB/PEB representation, Veterans Benefit counseling, vocational rehabilitation & employment testing, assistive technology training referral, mentorship opportunities, Federal temporary work assignments, Corporate job shadowing, and more. We are located: TEAMS Division, Bldg. 11, Rooms G-03 thru G-16 and Rooms 480 & 481

**35. OUTPROCESSING/ORDERS:**

All Warriors attached/assigned to the Warrior Transition Brigade are required to out process the organization. Out processing paperwork can be picked up in the Company PAC Office. Upon receiving your orders, you will report to the Transition Point located in Bldg. 11, Room 1333 on the date designated on your orders. All Warriors are required to turn their Walter Reed I.D. Card into the Company Training Room prior to departing the organization. A copy of the Service Members lodging receipt (paid in full) is also required during out-processing

# WARRIOR COMPLAINT PROCESS

To complain without fear of reprisal is the right of any Warrior or family member seeking help. If you have an issue that needs to be resolved, there are many options available to you:

1. Have you told your **Chain of Command**? This is the first question all agencies will ask you if you bring them your issue. The chain of command is there to support you. If you have not made them aware of your issue, then they have not had a fair chance to provide a solution. Sometimes, however, you may have a problem the chain of command is unable to resolve, or you may have a problem with the chain of command itself. In this case, the following agencies are here to support you:
2. **IG (Inspector General)**: IG is located in The Old Hospital Building, Room E107, PHONE 202-782-3529. If [contacting the IG](#), bear in mind the following:
  - Be honest and don't provide misleading information. There are penalties for knowingly providing false information.
  - IGs are not policy makers. If a policy is flawed you can submit proposed change on a DA Form 2028.
  - IGs can only recommend, not order a resolution. Only Commanders can order; the role of the IG is to advise the Commander.
  - IGs can only resolve a case on the basis of fact. A claim must be supported by evidence.
  - Be patient. Investigations take time.
3. **Wounded Soldier and Family Hotline**: 800-984-8523. A 24-Hour hotline to provide soldiers a venue to seek resolution to any problems with medical treatment.
4. **Congressional Inquiry**: If other methods have failed to resolve an issue, all soldiers have the right to contact their Congressman to request in inquiry that will require the chain of command to respond within a short suspense through the Chief Congressional Liaison's Office to the Congressman.
5. Additional Resources for specific issues include EO (Equal Opportunity), the unit chaplain, the FRG (Family Readiness Group), the SFAC (Soldier and Family Assistance Center), the Walter Reed Ombudsman Program, and the Company, Brigade, and Walter Reed Commanders, who all have open door policies to allow soldiers to address issues that could not be resolved at lower levels.

## GLOSSARY

AD: Active Duty  
ARNG: Army National Guard  
CBHCO: Community-based Health Care Organization  
CONLV: Convalescent Leave  
LOD: Line of Duty  
MEB: Medical Evaluation Board  
MMRB: MOS Medical Retention Board  
MRP: Medical Retention Processing  
MRP II: Medical Retention Processing II  
MRPU: Medical Retention Processing Unit  
NARSUM: Narrative Summary  
OMB: Optimal Medical Benefit  
PCM: Primary Case manager  
PCP: Primary Care Provider  
PDES: Physical Disability Evaluation System  
PEB: Physical Evaluation Board  
PEBLO: Physical Evaluation Board Liaison Officer  
PDES: Physical Disability Evaluation System  
PDA: US Army Physical Disability Agency  
RC: Reserve Component  
REFRAD: Release From Active Duty  
RTD: Return to Duty  
SFAC: Soldier Family Assistance Center  
USAR: U.S. Army Reserve  
VA: Veterans Administration  
WT: Warrior in Transition  
WRAMC: Walter Reed Army Medical Center  
WTB: Warrior Transition Brigade

**NOTES**

