

The Army Medical Action Plan and USAREUR Warrior Transition Units

Frequently Asked Questions and Answers

What is the purpose of the Army Medical Action Plan (AMAP)?

The purpose of AMAP is to develop a holistic approach to develop a sustainable system that supports, treats, and vocationally rehabilitates Soldiers to prepare them for successful return to duty or transition to active citizenship. AMAP will ensure that the needs of the Army, the Soldier, and their Families are jointly met. Its mission is to support the Army's Warrior Ethos of "I will never leave a fallen comrade" by identifying and implementing improvements in the Army's system of caring, supporting and providing benefits for Warriors in Transition, and to establish long term solutions for a lifetime of support.

When will the Army complete the "fixes" of those items identified in AMAP as needing attention?

The Army has already implemented many of the recommendations contained within the AMAP such as the stand-up of the "Warrior Transition Units." Some recommendations will take longer as they require legislative changes or coordination with all the services and Departments of Defense and Veterans Affairs.

Do the Navy and the Air Force also have a similar "action plan"?

The other services, as well as the Army, are participating with the Department of Defense's Senior Oversight Committee – "Support and Care for the Wounded" which is focusing on issues concerning wounded service members. The AMAP will integrate its efforts into the overall DOD/DVA efforts; however, it is a holistic initiative focusing on care, support and benefits for all Soldiers and their Families.

Is the Army working with the Department of Veteran's Affairs (DVA) to resolve many of these issues?

DVA is an active partner with the Army on the AMAP initiative.

Why is it important to the Army to make these "fixes"?

Our Soldiers and their Families remain a top priority for the Army.

What is the definition of a "Warrior in Transition"?

Any wounded, injured, or ill Soldier with complex medical needs requiring greater than six months medical treatment and/or requires a Medical Evaluation Board. This includes Soldiers previously assigned to medical hold and medical hold over units or on

Active Duty Medical Extension (ADME). All Warriors in Transition will be assigned to a Warrior Transition Unit at an Army Medical Treatment Facility or Medical Center. There are four types of patients to consider for re-assignment to the WTU.

1. Active Duty Soldiers in Medical hold status. These are Soldiers who are temporarily unable to perform their normal duties due to a medical condition or injury.

2. Reserve Component Soldiers in Medical holdover status. These are Soldiers called to Active duty (AD) who need medical evaluation, treatment and disposition including definitive health care for medical conditions identified, incurred, or aggravated while in an AD status.

3. Soldier on Active Duty Medical Extension (ADME): Public Laws 105-85 and 106-65, and the National Defense Authorization Acts of 1998 and 2000, authorizes Reserve members who incur an injury or aggravate a previous illness or injury in the line of duty, to submit a written request for extension on active duty.

4. Soldiers with P3/P4 profiles that do not meet AR 40-501 retention standards and have a referral for a MEB. Soldiers that require complex care for greater than 6 months and cannot contribute to the mission of their unit.

Why do WTUs exist?

The Army stood up WTUs to provide high quality living conditions, prevent unnecessary procedural delays, and establish conditions that facilitate their healing processes physically, mentally, and spiritually. WTUs provide command, control, and medical management while treating all Warriors in Transition with dignity and respect. WTUs, ensure the comprehensive treatment of line of duty medical conditions to the point it can be determined that Warriors in Transition meet or will meet Army retention standards for medical fitness in accordance with AR 40-501. WTUs also assist Warriors with the transition to civilian life with dignity and compassion.

If I am assigned to a WTU, where will I live?

Soldiers assigned to a WTU will stay at their home stations. Soldiers may be moved to a Military Treatment Facility only when it is medically necessary. For example: a Soldier who requires greater than 6 months of care (i.e. mild traumatic brain injury) that requires daily appointments at Landstuhl, may be moved to Landstuhl Regional Medical Center to facilitate their care plan.

What do Soldiers do when they are in a WTU?

While assigned to a WTU, a Soldier's priorities are to heal and to attend all medical appointments. When not at a medical appointment, the WTU Squad leader will find the WTU Soldier an appropriate work assignment either at the MTF/clinic or within the

community that is commensurate with the Soldier's medical condition, skill set, rank, and takes into consideration the Soldier's family issues/needs.

Who is in charge of the WTU?

The WTU Commander and 1SG are located at a Military Treatment Facility in Landstuhl, Heidelberg, or Vilseck. Platoon sergeants and squad leaders are located throughout Europe so they can have daily contact and interaction with their Warriors in Transition at various Army installations in Europe.

Who will help me while I am in a WTU?

The Vice Chief of Staff of the Army's intent for the WTU leadership is to have combat Veterans taking care of wounded warriors. The leaders chosen for command positions in the WTU will have combat experience; prior successful command positions (i.e. 1SG, PSG, SL successful leadership positions before assignment to the WTU Cadre; combat arms background preferred; possess Army Leadership values. A robust team of dedicated Soldiers will oversee the health, welfare, and morale of Warriors in Transition. The unit cadre focuses on all command and control functions, so that the doctors and nurses can focus on medical care, and the case managers can manage the medical care plan for the Soldiers. Cadre includes:

- Combat Arms Company Commander
- 11Z5M 1SG
- 11B40 Platoon SGT 1 per 36 Soldiers
- 11B30 Squad Leader 1 per 12 Soldiers
- Nurse case manager 1 per 18 Soldiers
- Primary care manager 1 per 200 Soldiers
- MEB physician 1 per 200 Soldiers
- A 68W20 medical NCO
- Other civilian healthcare and administrative staff

Where are WTUs and cadre staff located in Europe?

Locations within Europe are:

WTU Landstuhl Regional Medical Center

- Commander, 1SG: LRMC
- Platoon Sergeant: Baumholder, Wiesbaden
- Squad Leader: Baumholder, Wiesbaden, LRMC, Vicenza, Shape

WTU Heidelberg Medical Department Activity (MEDDAC)

- Commander, 1SG: Heidelberg
- Platoon Sergeant: Heidelberg, Mannheim
- Squad Leader: Heidelberg, Mannheim, Darmstadt, Hanau, Stuttgart

WTU Bavaria Medical Department Activity (MEDDAC)

- Commander, 1SG: Vilseck
- Platoon Sergeant: Vilseck

- Squad Leader: Schweinfurt, Vilseck, Bamberg, Katterbach; Grafenwoehr and Hohenfels SL at Vilseck; Illesheim and Ansbach SL at Katterbach

As a commander, how do I get a Soldier assigned to a WTU?

Soldiers, either in-patient or out-patient, are assigned to a WTU at any time, providing they are eligible. Commanders should base the decision to assign a Soldier to a WTU on input from the treating provider and the Soldier's desire to remain in his/her parent unit.

Steps for commander to have Soldiers receiving outpatient health care re-assigned from their unit to a WTU:

1. A Military Treatment Facility Physical Evaluation Board Liaison (PEBLO) notifies the Soldier's unit Commander when the Soldier starts the MEB process. The PEBLO also notifies the unit commander that the Soldier is eligible for reassignment to the WTU. The commander receives sample formats from the PEBLO for the three required documents. The commander submits these documents to request the Soldier be reassigned to the WTU. The Unit Commander may also identify a Soldier who is receiving complex medical care for a period longer than six months.
2. Unit Commander completes the following three forms and submits them to the Military Treatment Facility Commander:
 - a. DA Form 4187, Personnel Action, requesting reassignment.
 - b. A letter that includes a justification for the reassignment; an explanation of the reason for the Soldier's profile or injury; and information on previous rehabilitative measures. The commander's letter also certifies that the Soldier has no UCMJ actions, legal actions, investigations, or property/hand receipt issues. Transferable flags will move with the Soldier and will be coordinated with the gaining commander.
 - c. PEBLO Checklist (for Soldiers referred by MEB ONLY):
3. Unit commander emails the forms to the appropriate WTU.
 - a. WTU.Heidelberg@amedd.army.mil (for Heidelberg, Mannheim, Darmstadt, Hanau, Stuttgart, and remaining Soldiers in Friedberg, Giessen, Buedigen, Butzbach). For information, call 371-2367.
 - b. WTU.Landstuhl@amedd.army.mil (for Kaiserslautern, Baumholder, Wiesbaden, Dexheim, Italy, Belgium, and all other countries). For information, call 486-8224
 - c. WTU.Bavaria@amedd.army.mil (for Vilseck, Grafenwoehr, Hohenfels, Wurzburg, Bamberg, Schweinfurt, Illesheim, Katterbach, and Ansbach). For information, call 476-2533.
4. The WTU commander, Military Treatment Facility commander, the physician, and nurse case manager determine eligibility and the ability of the WTU to accept Soldier.
- 5: The Military Treatment Facility notifies Soldier's unit of the approval or disapproval of the request to transfer to WTU. If approved, the WTU assigns the Soldier a Primary Care Manager, a Case Manager, a Squad Leader, and develops care plan. If disapproved, the unit commander ensures the Soldier makes all medical appointments.

6. When the Military Treatment Facility receives the paperwork from the unit commander and the WTU accepts the Soldier, the MTF prepares orders reassigning the Soldier to the WTU.
7. The losing unit ensures the Soldier out-processes completely; the WTU cadre insures the Soldier fully in-processes in accordance with the published Standard Operating Procedure (SOP). For Soldiers living in barracks, the WTU NCO leadership coordinates with the losing unit to move the Soldier into the WTU barracks.
8. If upon completion of care/MEB, the Soldier is determined fit for duty, the WTU coordinates with PERSCOM for assignment instructions. The WTU leadership, in conjunction with the Garrison support staff; assists Soldiers determined unfit for duty with their transition to civilian life.
9. For questions about WTUs, contact the Europe Regional Medical Command Patient Administration Division, 371-3383/2529/2380/2987.

My USAREUR Soldier was injured during deployment and evacuated back to Landstuhl Regional Medical Center. Does my Soldier qualify for a WTU?

Landstuhl assesses the Soldier's health care needs and determines whether to medevac the Soldier to CONUS for further care or if the care is available within Europe. Soldiers transferred to CONUS by medevac are re-assigned to a CONUS WTU. Soldiers go to a location where care is available and that is closest to the Soldiers preferences (i.e. location of family or support system). The treating provider considers a Soldier's desire to remain in his/her parent unit instead of reassignment to a CONUS WTU. If the care is available within USAREUR, the Soldier may remain in Europe and be reassigned to the WTU as applicable.

Who is eligible for assignment to a WTU?

A Commander, in coordination with the Military Treatment Facility Commander, can assign/attach a Soldier to the WTU when they meet the following criteria:

Active Duty Soldiers:

- Who have complex care issues that require care longer than 6 months duration, and
 - (a) whose duty limitations preclude the Soldier from contributing to the unit's mission,
 - (b) Or whose treatment plan requires the Soldier to spend most of his/her time receiving (and/or traveling to and from) medical treatment
- Who require an MEB (and therefore requires a permanent profile) and whose duty limitations preclude the SM from contributing to the parent unit's mission.

Who is not eligible for assignment to a WTU?

Under usual circumstances, the personnel in paragraphs a thru g below are not eligible for attachment / assignment to the WTU. Military Treatment Facility Commanders may

make exceptions for valid clinical reasons after consultation with the Soldier's treating provider and unit commander.

- a. Military personnel who are under investigation, courts-martial charges or sentence, non-judicial punishment, or administrative separation proceedings except delineated in AR 635-40. Such personnel will not be reassigned from a local unit without concurrence of the WTU commander.
- b. Soldiers with normal, uncomplicated pregnancy
- c. Soldiers whose permanent profiles require an MMRB. If the MMRB refers the Soldier to the MEB, the Soldier would then be eligible for the WTU.
- d. A mobilized Soldier whose condition existed prior to mobilization, was not aggravated by the current mobilization, and was discovered prior to Day 25 of the current mobilization. When identified, such Soldiers are immediately released from Active Duty (REFRAD) and sent back to their parent RC in accordance with current PPG.
- e. Soldiers who are in Initial Entry Training, Advanced Individual Training, or One Station Unit Training.
- f. Soldiers in TDRL status who are anticipated to stay at the Military Treatment Facility for less than 30 days.
- g. General officers will not be relieved from duty assignment and assigned to a WTU without approval of the Army G-1.

I have a complex medical problem but my commander doesn't want me to go to a WTU.

It is the parent unit commander's discretion to assign Soldiers to a WTU. Soldiers include those undergoing an MEB or Soldiers who require complex medical care for more six months. The unit commander has the option to retain the MEB Soldier or the Soldier requiring complex care in the unit or to reassign to the WTU. If the unit retains the MEB/Complex care Soldier in the unit, the leadership is responsible for ensuring that the Soldier makes all medical appointments and that healing is the Soldier's first priority. Units will complete the required paperwork and coordinate with the WTU Commander to get the MEB/Complex care Soldier reassigned to the WTU.

What is the Army's plan place to address medical hold and holdover issues?

The MEDCOM Medical Holdover Program Office provides oversight across all MTFs and community based health care organizations (CBHCO) that provide services for Medical Holdover (MHO) Soldiers. Regional Medical Commanders are responsible for MHO operations within their respective regions. Officers from the Medical Holdover Program Office conduct periodic visits to review and assess the program, talk with Soldiers, and address identified concerns with the leadership at the installations and CBHCO locations. Regional commanders and MTF commanders are responsible for Medical Hold operations within each region and at each MTF respectively. The two programs are not yet combined under a single responsible activity to monitor and manage.

What kind of support can a Soldier and his or her Family member expect when in the medical hold or medical holdover status?

Each Warrior in Transition has an assigned a case manager (inpatient/outpatient) to assist with appointments. The medical hold and medical holdover company commander or 1SG arranges for transport to lodging and to medical appointments and pharmacy pick up. Soldiers who are authorized non-medical attends receive lodging, transportation and per diem for those family members. The Soldier Family Assistance Program provides recreation and social activities for Soldiers and Family members.

What is MEB or PEB and why does it take so long? How long should it take?

The Medical Evaluation Board (MEB) evaluates the Soldier's medical condition to determine if they do or do not meet the medical retention standards IAW AR 40-501, Chapter 3. The Physical Evaluation Board (PEB) is the only board in the military that can determine whether a Soldier is considered fit or unfit for continued military service. The PEB determines the disability rating and compensation a Soldier receives. The entire MEB and PEB process should take 4 to 5 months; however, depending on the nature or complexity of the injuries or illnesses there are clinical and administrative issues which can extend the process.

How long does it take for a medical hold or medical holdover patient to go through the MEB process? The PEB process?

After one year of treatment or rehabilitation, any Soldier (regardless whether they are medical hold/medical holdover or not) must be evaluated for the medical evaluation board (MEB). This does not automatically mean an MEB will begin, only that an evaluation will take place. There is a significant misperception among the medical holdover Soldiers that they will automatically REFRAD (released from active duty) after one year regardless of where they are in their treatment or rehabilitation. Once referred to the MEB by a physician, the MEDCOM goal is to complete the MEB phase within 90-days. The Physical Disability Agency's goal is to complete the Physical Evaluation Board process in 40 days.

What is a PEBLO?

The Physical Evaluation Board Liaison Officer (PEBLO) is an individual responsible for counseling Soldiers referred into the Physical Disability Evaluation System (PDES). There is one PEBLO for up to 24 cases. PEBLOs explain the Medical Evaluation Board process to Soldiers. They will assist Soldiers with the paperwork, explain what to expect, discuss potential MEB outcomes and answer questions the Soldier may have about the MEB process. PEBLOs receive initial on the job training for 45 to 90 days from their senior PEBLO. It includes mentoring and shadowing senior PEBLOs for six months. They also attend PEBLO training conferences and participate in web-based

training. There are plans to develop a more comprehensive orientation and training program.

What does the case manager do?

The case manager facilitates scheduling appointments and coordinates results of specialty care consultations for the patient. They also consult with PEBLOs on required clinical evaluations, necessary documentation, and patient accountability reporting for those Soldiers undergoing an MEB; the ratio for case managers is one case manager for up to 35 patients. Case managers create a treatment plan in consultation with providers and coordinate Soldier care, tests, and appointments.

Whom can I call if I need assistance? Is there a way to do this anonymously?

Soldiers have access to Commanders and First Sergeants (Open Door Policy) for assistance with both medical and quality of life issues without fear of reprisal or loss of privacy/confidentiality. Community support agencies staff such as; Chaplains, Inspector Generals (IG) and Equal Opportunity Advisors (EO) provide Soldiers with anonymous and whistleblower protection when solicited for assistance. The Wounded Soldiers and Family Hotline available from Europe is DSN 312- 328-0002. There are also multiple Army Family Advocacy Programs available to Soldiers and families at military installations world-wide. These programs include but are not limited to Army Community Services, Red Cross, Army Wounded Warriors (AW2), Army Emergency Relief, and Fisher Houses.

Can the Army make the MEB/PEB process easier for Soldiers and family members?

The Army has designated that injured Soldiers receive priority care for appointments while undergoing a MEB (MEDCOM). Every Soldier with complex medical conditions and undergoing an MEB has a nurse case manager (MEDCOM). Nurse case managers facilitate getting timely MEB appointments and coordinate the results of specialty consults. Case Managers assist PEBLOs with tracking the status of required clinical evaluations and documentation. They also assist medical officers with execution of the individual Soldier Plan of Care. Soldiers and Family members receive an initial briefing from PEBLOs that outlines their rights, benefits, and requirements. After the Physical Evaluation Board (PEB) (G1) receives the MEB for adjudication, the PEBLO counsels Soldiers within a timely manner on their findings, disability rating, appeals, and benefits.

Some say that National Guard and Reserve Soldiers treated differently as outpatients than active-duty Soldiers. Is this true?

No, all Soldiers are treated the same. All Soldiers and their family members, whether in medical hold (active component) or medical holdover (Reserve Component), or any other status, receive the same care and attention they deserve and have earned.

I'm afraid I will get lost in the system when I get out of the hospital and have to go into medical hold as an outpatient.

All inpatient Soldiers in military medical facilities who have received their course of treatment are discharged from the hospital when medically appropriate. Regardless of the reason for hospitalization, Soldiers receive an evaluation to determine placement in medical hold upon discharge from the hospital. Not all injured or ill Soldiers will go into medical hold after discharge from the hospital. Many will not become medical hold but will return to their unit. Following discharge, Reserve Component Soldiers are assigned to a Medical Readiness Processing Unit (medical holdover) at the current location or a location closer to home. Once Soldiers' injuries are stabilized, Commanders and First Sergeants arrange transportation to outpatient care and provide accountability and lodging. Updates are made daily to the TDA Accountability database which list all Soldiers that are assigned/attached. Commanders and First Sergeants conduct a face to face visit for all Soldiers living in personal quarters due to physical limitations that prevent them from attending the daily formations. Commanders and First Sergeants make daily calls to Soldiers and Family Members who reside off-post and cannot attend daily formations.

Will anything happen to me if my family members or I report deficiencies or problems to leadership or media?

Soldiers can use their chain of command to report problems and for assistance. There will be no reprisals for Soldiers who talk with media.