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WARRIOR TRANSITION COMMAND (PROVISIONAL)
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MCWT-CG

17 August 2009

MEMORANDUM FOR WARRIOR TRANSITION UNIT STAFF AND SOLDIERS

SUBJECT: Policy Memorandum - Warrior in Transition (WT) Medical and Military Responsibilities.

1. REFERENCES:

a. OTSG/MEDCOM Comprehensive Transition Plan Policy 09-011, 10 MAR 09.

b. WTC Memorandum for The Surgeon General, SUBJECT: Report of Functional Assessment Team Review of Non-Judicial Punishment in Select Warrior Transition Units, 29 MAY 09.

2. PURPOSE: To provide clear guidance regarding expectations for the personal conduct of Warriors in Transition (WTs), and WT and WTU cadre responsibilities in supporting the Comprehensive Transition Plan (CTP), including all clinical and non-clinical care. Responsibilities include, but are not limited to, keeping all scheduled clinical and non-clinical appointments, following medical instructions, using prescription medication as directed, adhering to physical profiles, and following the chain of command directives, rehabilitative therapists' and medical providers' orders.

3. APPLICABILITY: This policy is applicable to all personnel assigned / attached to a Warrior Transition Unit (WTU) or Community Based Warrior Transition Unit (CBWTU).

4. POLICY: All Warriors in Transition will focus on their mission to heal and transition. WTs are expected to be active, aggressive and accountable in meeting their goals outlined in the Comprehensive Transition Plan (CTP). Below are areas of special emphasis:

a. Comprehensive Transition Plan. All WTs assigned or attached to a WTU will begin their CTP within the first 30 days of assignment. This plan will focus on the WT's future and will include all applicable dimensions of a WT's life: health, professional, military, educational, personal, spiritual and family. This plan is the WT's plan; it does not belong to the chain of command or the health care providers. WTs are accountable for establishing and meeting their goals; chain of command and health care providers will provide the support and counseling to assist the WT. It is the WT's responsibility to provide a complete and honest assessment of his/her transition status. In the end, only the WT's personal efforts, in concert with the Army Values and Warrior Ethos, will determine success.

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b. Conduct. Despite their individual illnesses or injuries, WT's remain subject to Army regulations, customs and courtesies, administrative policies, and the Uniformed Code of Military Justice (UCMJ). Commanders are responsible for good order and discipline in WTUs, and will enforce all applicable Army regulations and policies.

c. Factors for Consideration. Every WT's case is unique. In determining whether to punish a Soldier for misconduct, Commanders will seek Triad of Care input on the impact of prescribed medications and each WT's medical condition on soldier performance.

d. Medical Instructions. WT's adherence to all medical instructions from providers and nurse case managers is essential to healing and transition. WT's are required to comply with appointments, therapies, etc. A WT's failure to keep scheduled appointments or follow medical instructions demonstrates a lack of compliance and mission failure and may result in removal from the program.

e. Medication Use. The WT will only use prescription medication as directed and will report any side effects to the Triad of Care and Chain of Command immediately. Abuse and misuse of prescription medication are not only violations of MEDCOM policy and the UCMJ, but have resulted in the accidental deaths of a number of WT's. Additionally, a medical authority must approve the use of all over the counter medications, as these drugs may have adverse effects and/or reactions based on prescribed medications. WT's who have questions or concerns with medication should contact their Triad of Care.

f. Illegal Drugs. Use, possession, and distribution of illegal drugs are violations of the UCMJ. Additionally, distribution of one's own prescription drugs and use of another's prescription drugs are also illegal. Illegal drugs are prejudicial to good order and discipline and are inconsistent with healing. Commanders will conduct routine urinalysis testing. Use of illegal drugs will result in mandatory separation processing in accordance with AR 635-200 and/or UCMJ action. In accordance with AR 635-200, para 14-12c(2)(b), "processed for separation" means that separation action will be initiated and processed through the chain of command to the separation authority for appropriate action.

g. Army Weight Standards. Like all Soldiers, WT's are required to meet Army height/weight standards. Weight gain is inconsistent with healing. Overweight WT's will be expected to make satisfactory progress in a Weight Control Program. Units must ensure WT's not meeting height/weight standards are enrolled in nutrition counseling and that weight standards and goals are annotated in the CTP. WT's who fail to show progress are subject to separation action in accordance with AR 635-200. Soldiers who have been diagnosed with a medical condition that precludes participation in the Army body fat reduction program will not be separated under this chapter IAW AR 635-200, para 18-2a(1). Medical conditions that preclude participation include disease processes

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that affect metabolism, directly resulting in weight gain which only represents a very small percentage of Soldiers. A WT with orthopedic conditions would not be precluded and will still be required to meet height/weight standards and is encouraged to participate in adaptive physical training to remain fit.

h. Profiles. WTs will adhere to and the chain of command will enforce all medical profiles, to include no-alcohol profiles. Profiles are designed to ensure a positive rehabilitative process and healing. If unsure, Soldiers should seek guidance on what actions are permissible and non-permissible within the parameters of the profile. The chain of command, as well as the WT, should emphasize capabilities vice disabilities. Adaptive physical activity is critical to overall successful healing and transition.

i. Role of the WTU/CBWTU in incidents of misconduct. Commanders will do everything possible to assist and enable WTs to heal and transition successfully. Commanders will use their experience and discretion to assess incidents of non-compliance and misconduct on a case-by-case basis. Available Commander options include: counseling, return to unit (Active Duty) or REFRAD (Reserve Component) from the WTU/CBWTU program, non-judicial punishment, administrative separation under provisions of Chapter 9 (Drug and Alcohol Rehabilitation Failure) and 14 (Misconduct), and courts-martial. The return to unit or REFRAD authority for a non-compliant WT from a WTU/CBWTU is the MTF Commander.

5. The goal of the Warrior Care and Transition Program is to successfully transition Soldiers and their Families back to the Army, or to civilian life, through a comprehensive program of medical care, rehabilitation, professional development, and achievement of personal goals. The WT's own commitment to heal and transition, through adherence to medical instructions and command directives, is the centerpiece of the Warrior Care and Transition Program. At the same time, the WTU chain of command must provide accessible, responsive, and compassionate leadership, and serve as the avenue of choice for Soldiers seeking assistance. Through sustained interaction, commanders at all levels build confidence among WTs that the chain of command is committed to each Soldier's success.

6. The chain of command will counsel all Soldiers (Cadre and WTs) on this policy within 30 days of arrival to the unit.

7. Point of Contact for this policy is LTC Michael K. Mixen, WTC/Policy, Plans, and Procedures (P3), phone: 703-681-6479.



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