



DEPARTMENT OF THE ARMY
WARRIOR TRANSITION COMMAND
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08 NOV 2013

MCWT-OPT-P

WCTP Policy Memo 13-009

Expires: 08 NOV 2015

MEMORANDUM FOR Commanders, US Army Regional Medical Commands

SUBJECT: Policy Memorandum – Warrior Transition Unit (WTU)/Community Based Warrior Transition Unit (CBWTU) Soldiers Medical and Military Responsibilities

1. References:

- a. Manual for Courts-Martial, United States (2012 Edition).
- b. AR 600-8-2, Suspension of Favorable Personnel Actions (Flag), 23 October 2012.
- c. AR 600-8-24, Officer Transfers and Discharges, 12 April 2006, RAR, 13 September 2011.
- d. AR 600-9, The Army Body Composition Program, 28 July 2013.
- e. AR 600-20, Army Command Policy, 18 March 2008, RAR, 20 September 2012.
- f. AR 600-85, The Army Substance Abuse Program, 28 December 2012.
- g. AR 635-200, Active Duty Enlisted Administrative Separations, 6 June 2005, RAR, 6 September 2011.
- h. Field Manual 6-22, Army Leadership, October 2006.
- i. ALARACT 159/2012, Enlisted Administrative Separation processing – Final Medical disposition, 13 June 2012.
- j. OTSG/MEDCOM Comprehensive Transition Plan (CTP) Policy 11-098, 29 November 2011.

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k. OTSG/MEDCOM, Comprehensive Transition Plan Guidance (CTPG),
1 December 2011.

l. OTSG/MEDCOM, Army Medicine 2020 Campaign Plan, version 2, 4 March 2013.

2. PURPOSE: Provide clear guidance regarding expectations for the personal conduct of Soldiers and outline Soldier and cadre responsibilities in supporting the Comprehensive Transition Plan (CTP), including all clinical and non-clinical care.

3. PROPONENT: The Proponent for this policy is the Warrior Transition Command, G-3/5/7, Plans, Policy, and Procedures (P3) Branch.

4. APPLICABILITY: This policy is applicable to all personnel assigned or attached to a WTU or CBWTU.

5. POLICY: Soldiers assigned to the Warrior Care and Transition Program (WCTP) have a mission to heal and transition. As part of their mission, Soldiers will incorporate the Surgeon General's Performance Triad. The components of the Performance Triad include activity, nutrition, and sleep. Soldiers are encouraged to get at least 150 minutes of moderate intensity exercise per week, strive to improve their sleep and their nutrition. All WTUs and CBWTUs will continue to provide a compassionate healing environment, while holding Soldiers to the highest standards expected of every Soldier in the United States Army. Soldiers are expected to be accountable and actively participate in meeting the goals outlined in their individual CTP. Below are areas of special emphasis:

a. Comprehensive Transition Plan. Soldiers are accountable for establishing and meeting their goals. They will complete all the requirements related to their CTP such as goal setting, scrimmages, focused transition reviews (FTR), and self-assessments as directed by their command teams (commanders and senior enlisted advisors). The chain of command and health care providers will provide the support and counseling to assist Soldiers. The Army Warrior Care and Transition System (AWCTS), Armed Forces Health Longitudinal Technology Application (AHLTA), and Army counseling forms will be used to document all Soldiers progress through their CTP.

b. Conduct. Despite individual illnesses or injuries, Soldiers remain subject to Army regulations, customs and courtesies, administrative policies, and the Uniform Code of Military Justice (UCMJ). Soldiers must comply with policies and regulations to the fullest extent possible within the limits of their medical profiles. AR 600-20 states that Commanders are responsible for establishing leadership climate of the unit and

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developing disciplined and cohesive units. Commanders should consult with their servicing Judge Advocates as part of the disciplinary process.

(1) Soldiers are responsible for attending formations, Town Halls, and unit activities as directed by their command teams. As Soldiers progress through their recovery, they will actively engage with transition activities to include education programs, internships, and adaptive reconditioning programs. Participation in recreational trips will not conflict with a Soldier's medical plan. Therapeutic trips are considered part of the medical plan.

(2) Developmental counseling, whether event or performance oriented, will be used to review a Soldier's demonstrated performance and potential. Reception and integration counseling familiarizes the Soldiers with the unit's standards and clarifies requirements and expectations.

c. Incidents of Misconduct. Commanders will do everything possible to assist and enable Soldiers 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 from the WTU/CBWTU program, non-judicial punishment, administrative separation under the provisions of AR 635-200, AR 600-20, AR 600-8-24 (consistent with the guidance in paragraph j (1) below), and courts-martial. Nothing in this paragraph is intended to mandate that certain action be taken when dealing with misconduct except as is required by regulation (e.g., mandatory processing for administrative separation for wrongful use of drugs). Commanders are reminded that the decision to take punitive action in a particular case rests with that commander. The return to unit authority for a non-compliant Soldier (Compo 1) from a WTU/CBWTU is the MTF Commander. Normally, commanders may not separate or Release from Active Duty Soldiers who are currently in Medical Evaluation Board (MEB) processing. However, this does not preclude commanders from administering UCMJ action, initiating separation action, or conducting counseling with corrective training. Administrative separation during the MEB process will be as followed:

(1) For enlisted Soldiers, IAW AR 635-200, para 1-33a, "disposition through medical channels takes precedence over administrative separation processing," except in separation actions under Chapter 10 (Discharge in Lieu of Trial by Court-Martial). Furthermore, a Soldier in the MEB process is not exempt from administrative separation processing under Chapters 7 and 14. The final decision is suspended pending the MEB results. When MEB results indicate a referral to a Physical Evaluation Board (PEB) for disability processing, the MTF commander will forward the MEB results to the Soldier's

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General Court Martial Convening Authority (GCMCA), who will determine if the Soldier will continue with disability processing or administrative processing under Chapters 7 (Defective Enlistments/Re-enlistments) or 14 (Misconduct). Soldiers must understand that the MEB process does not preclude administrative separation processing under those chapters of AR 635-200; it delays the decision until completion of the MEB.

(2) Refer to AR 600-8-24, para 1-24 for separation processing of commissioned and warrant officers.

e. Medical Instructions. A medical appointment is a Soldier's appointed place of duty. Soldiers are expected to keep all scheduled clinical and non-clinical appointments, follow medical instructions, use prescription medications as directed, and adhere to physical profiles. A Soldier's adherence to all medical instructions from providers, social workers, and nurse case managers is essential to healing and transition. A Soldier's failure to keep scheduled appointments or follow medical instructions may constitute a failure to obey lawful orders and may result in UCMJ action, adverse administrative action, or removal from the WCTP. Soldiers will not make initial or specialty medical or surgical appointments without a referral or approval from their Primary Care Manager (PCM). Additionally, Soldiers will not cancel appointments without approval of their Nurse Case manager (NCM).

f. Medication Use. Soldiers will use prescription and over the counter medication only as directed and will report any side effects to the PCM or Nurse Case Manager (NCM) and chain of command immediately. For the Soldier's well being and safety, the following guidance is strictly enforced:

(1) Prescriptions are valid only for the duration and purpose prescribed. Prescription drugs are inappropriately used when they are taken outside their intended purpose, beyond their prescribed dates, in excess of the prescribed dosing regimen or when a Soldier uses another individual's prescribed medication.

(2) Soldiers must report the use of all non-prescription medications and substances, including herbals, supplements, and energy drinks to their NCM and PCM.

(3) A PCM must approve the use of all over the counter medications, as these medications may have adverse effects and/or reactions when taken in conjunction with prescribed medications.

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(4) Distributing or sharing one's own prescription drugs and use of another's prescription drugs are illegal. Soldiers who do so may be subject to UCMJ or adverse administrative action.

g. **Illegal Drugs.** Use, possession, and distribution of illegal drugs are violations of the UCMJ. Illegal drugs are prejudicial to good order and discipline and their use is inconsistent with healing. Commanders will conduct random urinalysis testing IAW AR 600-85. Use of illegal drugs may result in mandatory separation processing in accordance with AR 635-200. It may also result in UCMJ action if deemed appropriate by the Soldier's commander. In accordance with AR 635-200, paragraph 14-12c(2)(b)1, "processed for separation" means that separation action will be initiated and processed through the chain of command to the separation authority for appropriate action.

h. **Army Weight Standards.** In accordance with AR 600-9, paragraph 3-3, Soldiers assigned/attached to a WTU/CBWTU must meet the body fat standard. Weight gain that results in body fat content that exceeds the Army standards is inconsistent with successful recovery. Soldiers in non-compliance with AR 600-9 will be flagged IAW AR 600-8-2 and enrolled in the Army Body Composition Program (ABCP). These Soldiers will be expected to make satisfactory progress in the ABCP. Units must ensure Soldiers not meeting height/weight standards are enrolled in nutrition counseling and that weight standards and goals are annotated in the CTP. Soldiers who fail to make satisfactory progress in the ABCP will remain flagged, and subject to involuntary separation in accordance with AR 635-200 (Enlisted) and AR 600-8-24 (Officers).

(1) Exemptions to AR 600-9. The following Soldiers are exempt from the requirements of AR 600-9; however, they must maintain a Soldierly appearance.

(a) Soldiers with major limb loss. Major limb loss is defined as an amputation above the ankle or above the wrist which includes full hand and/or full foot loss. It does not include partial hand, foot, or toes.

(b) Soldiers in continued on active duty and/or continued on active reserve status.

(c) Pregnant and postpartum Soldiers.

(2) Soldiers diagnosed with a temporary medical condition, by a medical provider, that directly causes weight gain or body fat loss may have up to 6 months to undergo treatment to resolve the medical issues under the guidance of the PCM. This may be extended up to 12 months if the PCM determines the medical condition dictates.

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If the Soldier does not exhibit satisfactory progress, the Soldier will be subject to separation.

(3) Soldiers that do not meet the criteria above, have the option to request a temporary exception to policy. However, Soldiers may be granted temporary exemptions because of chronic medical conditions or orthopedic conditions that preclude them from participating in the ABCP. They will still be required to meet height/weight standards. If a Soldier believes their medical condition(s) prevents them from meeting the requirements of AR 600-9, he/she can request an exception to policy (ETP) to be temporarily exempt from meeting the requirements of AR 600-9. See AR 600-9, paragraph 3-17. The exemption paperwork must be endorsed by the PCM and processed through the Soldier's Chain of Command, reviewed by the servicing staff judge advocate, and submitted directly to the DCS, G-1, who is the sole approval authority.

(4) Soldiers who have been diagnosed with a medical condition that precludes participation in the ABCP will not be administratively separated IAW AR 635-200, paragraph 18-2a(1). To remain fit, all Soldiers will participate in adaptive physical training within the limitations of their profile. The use of certain medication to treat an underlying medical disorder or the inability to perform all aerobic events may contribute to weight gain but are not considered sufficient justification for noncompliance with AR 600-9 and the Soldier will be flagged.

i. Profiles. Soldiers will adhere to all medical profiles, to include no-alcohol profiles. Profiles are designed to ensure a positive rehabilitative process and healing. The chain of command will enforce all medical profiles. Adaptive physical activity is critical to overall successful healing and transition. Soldiers will receive guidance from a WTU physical therapist or physical therapist assistant on what actions are permissible and non-permissible within the parameters of their profile. Soldiers will carry a copy of their individual profile at all times.

j. Adaptive Reconditioning Participation. Every Soldier must participate in Adaptive Reconditioning activities as directed by their local command and their interdisciplinary team. In addition, the Soldiers will incorporate the Performance Triad recommendations for physical activity into their medical recovery plan.

k. Soldiers considered Career, and Education Readiness (CER) eligible will be assigned to a worksite, educational program, or internship and will treat these locations as a duty site. Eligibility for CER activity is based on two distinct evaluations made by the M2 team and the MC team. The M2 evaluation must conclude that the WT is

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medically, emotionally and physically ready to participate in a CER activity while continuing medical treatment. The NCM, in collaboration with the interdisciplinary team, is responsible for coordinating the M2 evaluation of CER eligibility with all members of M2; the NCM is also responsible for documentation. The MC evaluation must conclude that the WT demonstrates the initiative and self-discipline required to participate in a CER activity. The commander is responsible for the MC evaluation of CER eligibility and the SL is responsible for documentation. A Soldier's failure to be at their assigned location demonstrates a lack of compliance and mission failure, and may result in removal from the program, UCMJ or adverse administrative action.

l. WTU Cadre Collateral Duty Exemption. Non WTU Commanders at any level will not task WTU cadre for collateral duties such as Staff Duty Officer, Staff Duty Noncommissioned Officer, Charge of Quarters, Financial Liability Investigations of Property Loss, etc. Cadre are a critical link for Soldiers and their Families as they heal to return-to-duty (RTD) or transition into the civilian life. Interference with the cadre and Soldier's primary mission could seriously erode the trust and confidence in accomplishing the goals of the CTP.

m. WTU Commander may utilize Soldiers in the WCTP for unit level taskings (i.e. Charge of Quarters) only when this duty does not interfere with the Soldier's medical recovery plan (as validated by the PCM). The PCM must provide written concurrence if the Soldier is taking narcotics, psychotropic medications, or sleep aids prior to assuming duties that include driving, providing supervision over other WTU Soldiers, and utilizing heavy machinery.

6. The chain of command will counsel all Soldiers on this policy within 5 days of arrival.



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