

Commander's Medical Readiness and Deployment Guide



MEDPROS
FORCE HEALTH PROTECTION

Home SRP Processing Data Entry **Medical Readiness** MWDE Reports

SRP-Heidelberg Type SSN or Scan ID Card Enter SSN SSN: 6789 Name: LUCIEN ADAM Rank: PV2 DOB: 1986/05

MWDE UPDATES

Latest Message - 2011/05/26
[New Commander's Profile Report Available in Web Reporting](#)

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- PULHES History
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Introduction

This MEDPROS Handbook provides a brief synopsis of MODS, MEDPROS, MEDPROS Web Data Entry (MWDE) and e-Profile and is designed to help Commanders ensure mission-capable units and deployment-ready Soldiers.

1. *What are MODS, MEDPROS, MWDE, and e-Profile?*

- a. Providers, non-providers, and MEDPROS clerks use several applications within the Medical Operational Data System (MODS) suite to capture individual Soldier medical readiness requirements; MWDE, Medical Health Assessment (MHA), e-SRP and e-Profile.
- b. Within MODS is the Medical Protection System (MEDPROS). Commanders and leaders at various echelons are responsible for the use and monitoring of MEDPROS to measure their unit/individual medical readiness status. It is a powerful tool allowing the chain of command to look at data and generate reports to determine the medical and dental readiness of individuals, units, and task forces. The individual elements include immunizations, physical profiles/duty limitations, vision, hearing, labs, dental, personal deployment meds, physical health assessment (PHA), individual medical equipment (IME), and pregnancy screening.



- c. The MEDPROS Web Data Entry (MWDE) is the data entry point for Health Care Providers (HCPs) and medical clerks to document all immunization, medical readiness, and deployability data.
- d. e-Profile is a software application within MODS that allows global tracking of Army Soldiers who have a temporary or permanent medical condition that may render them medically not ready to deploy. This application automates the production, approval, and routing of the Physical Profile (DA 3349) from the profiling officer, approving authority, and unit leaders. It auto-updates profile codes, PULHES, MND data and TAPDB.

**Figure 1: Roles and Responsibilities for Medical Readiness / Deployability –
Commanders thru Individual Soldiers**

Role	Task
Medical Treatment Facility (MTF) Commander	<ul style="list-style-type: none"> • Identifies authorized users to input IMR data (Appendix A) into MEDPROS. MTF Commanders or designated representatives can coordinate training for data entry personnel through a MEDPROS Readiness Coordinator (MRC). • Ensures sustainment of Soldiers' IMR records by entering Medical Readiness data into MEDPROS (e.g., Soldier receives a permanent profile / board pending).
Commander	<ul style="list-style-type: none"> • Maintains overarching responsibility for unit readiness to include: medical, personnel, logistics and training. • Ensures unit status rosters are accurate in MEDPROS, and electronic Military Personnel Office (eMILPO) arrival and departure transactions are processed in a timely manner. Use the Commander's Fully Medically Ready (FMR) exemptions as appropriate. • Tracks a unit's readiness through the Unit Status Reporting (USR) Module of MEDPROS Web Reporting. • Identifies current and projected IMR shortfalls and coordinate with appropriate clinics in a health care facility for Soldiers to take corrective action to update prior to the requirement expiring when possible (not possible for immunizations). • Monitors Soldiers to ensure completion of Pre-Deployment Health Assessment (within 30 days of deployment) and Post-Deployment Health Assessment (within 30 days of redeployment) and the Post-Deployment Health Reassessment (90-180 days after redeployment). • Assigns a Unit MEDPROS Clerk.
S1	<ul style="list-style-type: none"> • Serves as principle advisor to the commander on all personnel readiness areas. • Tracks all personnel readiness indicators and coordinate all personnel and medical activities to ensure optimum levels of unit operational readiness. • Synchronizes DHA activities during SRP operations.
S3	<ul style="list-style-type: none"> • Serves as principle advisor to the commander on operational readiness. • Works with the S1 to synchronize the unit training schedule to ensure time is allotted to perform critical deployment health activities.
Unit Surgeon	<ul style="list-style-type: none"> • Serve as principle advisor on health-related issues affecting the command. • Work directly with the S1 and S3 to ensure they have situational awareness on critical medical readiness inhibitors. • Coordinate activities with the local MTF.
Unit MEDPROS Clerk	<ul style="list-style-type: none"> • Monitor Soldier medical readiness; provide this information to Soldiers and leaders for action. • Enter accurate and timely Commander's FMR exemptions as appropriate. • Perform quality control checks to ensure valid data. • Inform the Commander of any pending or current delinquencies. • Monitor MEDPROS for any changes in business logic or enhancements.

MEDPROS Readiness Coordinator (MRC)	<ul style="list-style-type: none"> • Be responsive to Commander’s schedule. • Provide coordinated training within USAREUR / ERMC. • Provide feedback on unit readiness to installation leaders. • Communicate with the MTF leaders on data entry errors from MTF points of service.
Individual Soldier	<ul style="list-style-type: none"> • Maintain IMR record by monitoring AKO Medical Readiness alerts. • Monitor IMR record, immunization record, and when required, complete the Soldier section of Pre-Deployment Health Assessment, Post-Deployment Health Assessment, and Post-Deployment Health Reassessment. • Address data entry errors with unit MEDPROS Clerk.

2. Monitoring Individual Medical Readiness (IMR).

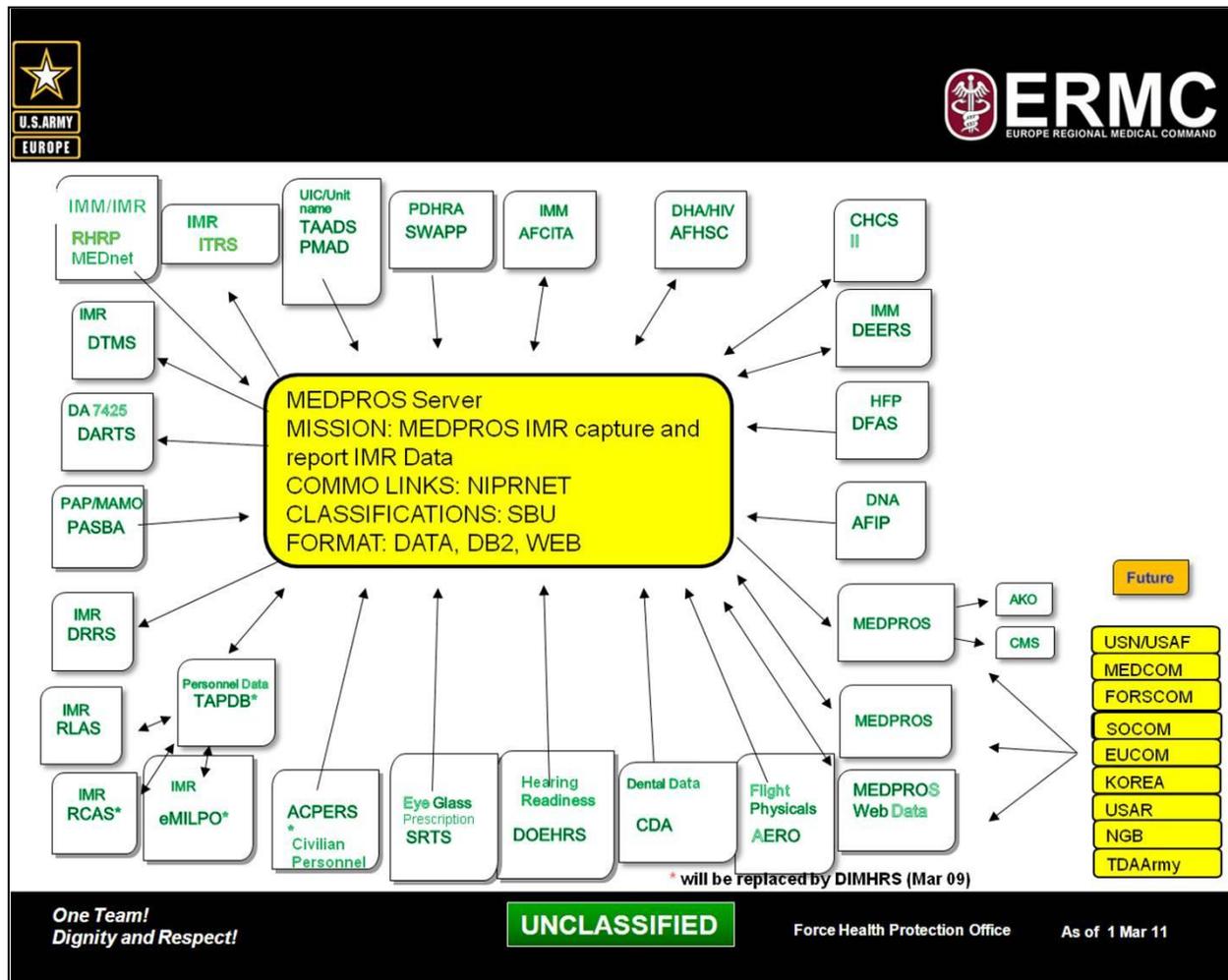
- a. Unit commanders are responsible for monitoring their Soldiers’ Individual Medical Readiness (IMR) and ensuring compliance with all the combined elements of medical readiness. Data entry is an important element in the Unit Status Report (USR) and can give the Army either an inaccurate or accurate picture of a unit’s readiness. The better a unit can monitor and resolve medical discrepancies in MEDPROS, the sooner a Soldier can resolve their problems and the less time they’ll spend in Soldier Readiness Program (SRP) and mobilization processing.
- b. The primary responsibility for data entry is the Medical Treatment Facility (MTF) at point of service.



3. MEDPROS Data Entry and Interfaces.

- a. It is the responsibility of the Medical Treatment Facility (MTF) to identify providers and medical personnel to input Individual Medically Ready (IMR) data into MEDPROS. Unit MEDPROS clerks are also capable of entering data, after training and authorization. AR 40-501 specifies data entry time requirements; once the data is entered in MEDPROS it takes 24-48 hours to be registered in MEDPROS reports.
- b. MEDPROS interfaces/communicates with a number of Army, sister services, and DOD agencies to include: TAPDB, PASBA, AFCITA, DFAS, DEERS, CHCS, DARTS, eMILPO, etc.

Figure 2: MEDPROS Interfaces



- c. MEDPROS Data Entry for Dental, Hearing, HIV, Profiles, PHAs, Labs, and Immunizations are accomplished according to the agency, the facility, and the operators.
- Dental command makes their own updates to MEDPROS – dependent on the facility and the operators (should be within 24-48 hours).
 - Hearing – DOEHRS makes a weekly update to MEDPROS.
 - Vision data is at Point of Service and ASAP.
 - Labs (DNA/HIV, etc.) are done at Point of Service on date drawn, updated in MEDPROS reports (however, there are extenuating factors with these: If an HIV is not resulted at AFHSA in a six week time frame by that entity, the drawn date will fall off of MEDPROS and the service member's readiness data in HIV will be a no-go/amber again).
 - Deployment Limiting (DL) categories, Pregnancy, Temporary Medical Profiles, and PULHES are entered into MEDPROS by Providers using the eProfile system to interface.
 - Immunizations are done at Point of Service or at SRP in mass updates and are (usually) rapidly entered in the system (of course, many things are personally and organizationally driven).
 - PHAs have a member-portion and Provider portion and are updated in MEDPROS MWDE within 24-48 hours after the Provider submits the data to the PHA module.

Figure 3: Sample MWDE PHA (Physical Exam) Web Page

The screenshot displays the 'Medical Readiness' web interface for a 'PHYSICAL EXAMINATION'. The page has a yellow header with the title 'Medical Readiness' and a sub-header 'PHYSICAL EXAMINATION' with a note 'New MWDE Functionality 26 April 2007'. A dashed box highlights the 'CURRENT PULHES' section with fields for 'PULHES Date', 'PULHES', 'PULHES Source', and 'Profile Codes'. Below this, there is a link: 'Click here to access the E-Profile application'. The main form area contains several sections:

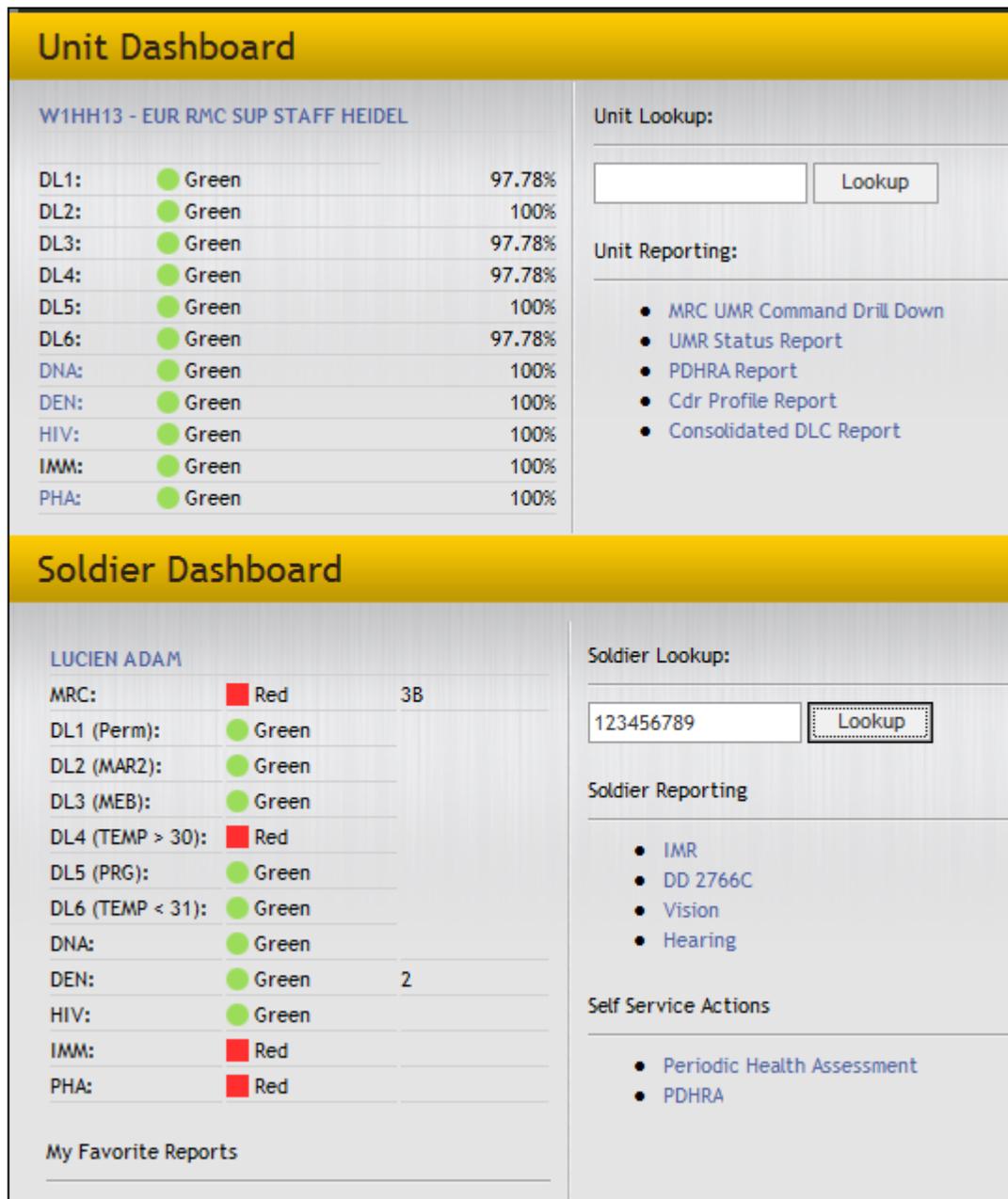
- On the left, a vertical list of dropdown menus: 'Physical Capacity or Stamina', 'Upper Extremities', 'Lower Extremities', 'Hearing and Ears', 'Eyes', and 'Psychiatric'.
- In the center, there are 'Profile Codes' dropdowns, a checkbox for 'Add additional sources (for General Officers, Aviators, and Rangers/SF/Diver/SERE/HALO)', a 'Physical Exam Source' dropdown, a 'Physical Exam Date' text field, a 'Deployable to austere environment w/in next 6 months' dropdown, and input fields for 'Height' and 'Weight'.
- At the bottom center, there are 'FLT Status' and 'MFF/SF/DIVER' dropdowns, and 'Save' and 'Cancel' buttons.
- On the right side, there is a reference to 'AR 40-501, Table 7-2' and 'ALARACT 185, Automated MND Status', and a note about 'ALARACT 1856 Mandatory Use of DA Form 3349 for Changes to PULHES'.

4. MEDPROS Medical Readiness Status.

The MEDPROS Dashboard (Figure 4) provides a view of both the unit's (Unit Dashboard) and the Soldier's (Soldier Dashboard) medical readiness status of the Soldier accessing MEDPROS. On the right of each dashboard, there are Unit and Soldier lookup capabilities and quick links to commonly used reports. The drop-down menus at the top provide access to all the MEDPROS reports. Selecting the question mark on the unit dashboard banner or on any page provides links to quick help related to the content on the page. This page assists your Unit MEDPROS clerk in maintaining currency with regularly posted MEDPROS updates.

Note: Limited Duty Profile (LDP) and Medically Non-Deployable (MND) will be supplanted with Deployment Limiting (DL) Categories 1-6.

Figure 4: MEDPROS Dashboard



5. MEDPROS USR Status Report.

- a. The MEDPROS USR Status Report tool assists commanders in completing the USR. The report identifies all medical non-availability codes assigned to Soldiers of a particular UIC using the latest available Individual Medical Readiness data.
- b. For the USR Status Report (Figure 5) to be effective, Commanders ensure their Soldiers' current medical data is posted in MEDPROS, and also that the personnel data is updated in the electronic Military Personnel Office (eMILPO). The USR allows users to add or remove Soldiers – including recently PCSed Soldiers who are still carried against the UIC by Human Resources – from the USR roster.
- c. The MEDPROS USR Non-Availability codes describe why a Soldier or part of unit is not available. The medical readiness codes describe the time-frame needed to make the Soldiers ready, with the order (longest to shortest time to fix) as follows: MR3B, MR3A, MR4, MR2, MR1.

Figure 5: MEDPROS USR Status Report Tool and Sample Report

The screenshot shows the MEDPROS USR Report tool interface. At the top, there is a navigation bar with the MEDPROS logo and several menu items: Home, Medical Readiness, Immunizations, DHA, MRC Alerts, Referral Reports, and Executive Reports. The 'Medical Readiness' menu is expanded, showing options for Individual Medical Readiness, Unit Medical Readiness, Readiness Reporting Options, and the selected 'USR Status Report (USR) Tool'. Below the navigation bar, the main header reads 'MEDPROS USR Report' with a yellow background. Underneath, there are buttons for 'Delete Selected', 'Refresh Roster From TAPDB', and 'Add to Roster'. The main content area is a table with the following columns: Delete, Name, SSN, Compo, Rank, MOS, and MRC. The table contains ten rows of data for soldiers named 'JOHNSON DON' with various SSNs, Compo codes, Ranks, and MOS codes.

Delete	Name	SSN	Compo	Rank	MOS	MRC
<input type="checkbox"/>	JOHNSON DON	0000	AR	COL	63A	
<input type="checkbox"/>	JOHNSON DON	0000	AA	COL	63H9C	
<input type="checkbox"/>	JOHNSON DON	0000	AA	LTC	67A9Z	
<input type="checkbox"/>	JOHNSON DON	0000	AA	SGM	68Z5M	
<input type="checkbox"/>	JOHNSON DON	0000	AR	LTC	70H	
<input type="checkbox"/>	JOHNSON DON	0000	AA	SFC	68E4M	
<input type="checkbox"/>	JOHNSON DON	0000	AA	COL	63B9A	
<input type="checkbox"/>	JOHNSON DON	0000	AR	COL	63A	
<input type="checkbox"/>	JOHNSON DON	0000	AA	SFC	68E4O	
<input type="checkbox"/>	JOHNSON DON	0000	AA	SFC	68W4Q	
<input type="checkbox"/>	JOHNSON DON	0000	AA	LTC/P	63M9B	

6. Medical Readiness Categories (MRC) Command Drill-Down Report.

- a. On the Unit Dashboard, there is a quick link to the MRC Command Drill Down report (Figure 6). Users can view the units within each Army Command by clicking on the UIC. In addition, users can view a graph of the UICs for their units by clicking on the chart icon. This breakdown continues to the final state: each individual Soldier.

Figure 6: MRC Command Drill-Down Report

Readiness Report for Taskforce: UR MED AL2
 Component: Compo All (AC, NG, USAR), Profile: ACTIVE, Deficiencies: Deficiencies
 Measure Date: 2012/03/28, Format: Name, Data Output by: data, WTU Personnel Included
 MRC Exemptions Included, Report Date: 2012/03/28 4:15 AM, Data as of Date: 2012/03/27

	SSN	Rank	Age	Sex	MOS	CMP	AGR	UIC	Location	MRC	DNA	HIV	IMM	IME	DRC3	MR2	MR2	MR2	MR2	MR3A	MR3A	MR3B	MR3B	MR3B	MR3B	MR3B	MR4	MR4
																TEMP-C31 (DL6)	PERM (DL1)	MAR2 (DL2)	MEB (DL3)	TEMP-30 (DL4)	MR3B (DL5)	DRC4	PHA					
EE	4661	PFC	19	F	68K10	AA	N	WBH580	MESAU AMMO DEPOT	3B																		
A JR	3232	SGT/P	39	M	68E20	AA	N	W32W21	VICENZA	2																		
BANG A	7174	CPT/P	26	M	67A92	AA	N	W1HJAA	HEIDELBERG	3A																		
MICHAEL	9422	MAJ	24	M	63E9C	AA	N	W32V18	PATCH BARRACKS	2																		
M	5716	1LT	24	F	88A	AA	N	W38322	WURZBURG	3B																		
IAN ADE	7066	SOT	38	M	68J20	AA	N	W383AA	VILSECK	3B																		
J P	1025	1LT	45	F	66H92	AA	N	W1HH1A	LANDSTUHL	3B																		
COLE	9589	SPC/P	27	F	91H10	AA	N	W1HH22	LANDSTUHL	3B																		
	4600	1LT	24	F	66H00	AA	N	W1HH1A	LANDSTUHL	2																		
MUL CEOL	6149	MAJ	47	M	67892	AA	N	W1HH1C	LANDSTUHL	2																		
SALVADOR	9206	SPC	39	M	11E40	AA	N	W1HH23	LANDSTUHL	4																		
A	4952	CPT	28	M	66H92	AA	N	WBH580	MESAU AMMO DEPOT	3B																		
S KARL	2998	SSG	40	M	12E30	AA	N	W38322	WURZBURG	3B																		
N JAMES	1656	SPC/P	22	M	68W10	AA	N	W1HH1C	LANDSTUHL	3B																		
SSA M	9003	1LT	28	F	66H92	AA	N	W1HH1A	LANDSTUHL	2																		
DAVID	6688	CPT	31	M	67A92	AA	N	W03H09	LANDSTUHL	4																		
	2823	SPC	23	F	68G10	AA	N	W1HJAA	HEIDELBERG	2																		
EL	0766	SPC	25	M	68J10	AA	N	W1HH1B	LANDSTUHL	2																		
LVONE	7404	SPC	40	F	42A46	AA	N	WBH580	MESAU AMMO DEPOT	2																		
JOSSE REINA	8549	PFC	26	M	68J10	AA	N	W1HH1B	LANDSTUHL	2																		
DR	8540	SPC	24	M	68R10	AA	N	W03H09	LANDSTUHL	2																		

- b. The Medical Readiness Categories that affect the MR (Medically-Ready) Percentages of the unit are as follows:

- Deployment Limiting (DL) Categories 1-6.
 1. All temporary profiles with PULHES of 3/4.
 2. All permanent profiles with PULHES of 3/4.
 3. Soldiers with PULHES 3/4 with no evidence of a board starting.
 4. Soldiers with Profile Code of F/U/V/X.
 5. Soldiers pending an MAR2 or MEB/PEB.
 6. Pregnant Soldiers.

- Dental Readiness Category 4/PHAs due (MR4).

- c. The Unit's Medical Ready Percentage is not currently affected by:

- DNA.
- Immunizations.
- Medical Warning Tags (MWT).
- Hearing.
- Vision.
- HIV.
- IME (Individual Medical Equipment).

7. Medical Readiness Categories.

The nine Individual Medical Readiness (IMR) elements, from AR 40-501, are grouped into four Medical Readiness Categories: MR 1, MR 2, MR 3, and MR 4 (Figure 7). The third category has two parts: A and B. The MRC code is displayed as the first entry on the IMR record. The reason for these categories is to provide the length of time it takes to get a Soldier medically ready. Therefore, these categories are based on the length of time it may take for the deficient IMR requirement to be resolved. For example, Soldiers will remain MR 2 for requirements that can be resolved within 72 hours at Soldier Readiness Processing (SRP) sites such as immunization and lab (DNA, HIV).

Figure 7: Medical Readiness Categories and Deficiencies

Medical Readiness Categories	Deficiencies	Availability
MR 1 – Meets all requirements	None Dental Class 2 condition	Available
MR 2 – IMR requirements that can be resolved within 72 hours	Immunizations Medical warning tags DNA (Deoxyribonucleic Acid) test HIV (Human Immunodeficiency Virus) test IME (Individual Medical Equipment)	Available
MR 3A - IMR requirements that can be resolved within 30 days. Includes deficiencies that would be resourced for correction for alerted RC Soldiers	Dental Class 3 condition Temporary Profile less than 30 days	Non-Available
MR 3B - IMR requirements that cannot be resolved in 30 days	Pregnancy Permanent profile and/or pending board action Temporary profile greater than 30 days	Non-Available
MR 4 – The current status is not known	Missing or incomplete current Periodic Health Assessment Missing or incomplete current dental screening	Available

8. New MEDPROS Deployment Limiting (DL) Categories:

- DL1: Identifies those with Permanent 3/4 PULHES factors and NO evidence of a board starting, or those soldiers with a Profile Code F/U/V/X (regardless of PULHES).
- DL2: Identifies those Soldiers pending an MAR2 (MOS Administrative Retention Review).
- DL3: Identifies those Soldiers pending an MEB/PEB (Medical Evaluation Board).
- DL4: Identifies those Soldiers with a Temporary 3/4 PULHES greater than 30 days. The DL4 will remain until the temporary profile expires.
- DL5: Identifies those Soldiers who are Pregnant (old PRG is gone).
- DL6: Identifies those Soldiers with a Temporary 3/4 PULHES less than 31 days.

Figure 8: Deployment Limitations

Deficiencies in the following Medical Readiness Classifications														
LOCATION	MR STATUS	MR 2			MR 3A			MR 3B			MR 4			
		DNA (On File)	HIV (Date Due)	IMM	IME	DENTAL Treatment DRC3	TEMP <30days (Exp Date) DL6	PERM (Prof Code) DL1	MAR2 DL2	MEB/PEB DL3	TEMP >30days (Exp Date) DL4	PRG (EDC Date) DL5	DENTAL Screen (Date Due) DRC4	PHA (Date Due)
katterbach	3A	N					20110815						20110630	
katterbach	3B			Inf	IMI, MWT					20110930				
Vilseck	4		20100415		HAB									20101209
Vilseck	2		20090516	Tet, HepB										
schweinfurt	3B								210					20100810
stuttgart	3B			Tet	2PrG, MCEP-I		20110829		60				20110801	
illiesheim	3B		20080630						95					
heidelberg	4												*20110724	
hohenfels	3B					Y						20011113		
hohenfels	3B			Inf, HepB				FUXV	14					
baumholder	3B													

Summary By Requirements													
	DNA	HIV	IMM	IME	DRC3	TEMP <31 days DL6	PERM (DL1)	MAR2 (DL2)	MEB/PEB (DL3)	TEMP >30 days (DL4)	PRG (DL5)	DRC4	PHA
●	1	3	4	3	1	2	1	1	3	1	1	2	2

MR Classification Summary			
MR2	MR3A	MR3B	MR4
1	1	7	2

*provide Time Frame 30/60/90/180 day filter
 * provide filter for user to select to view ALL assigned OR to view only those with deficiencies (Default Deficiencies)

- DL1 – DL5 equates to a MR3B rating.
- DL6 Category and Dental Readiness Category 3 equate to a MR3A rating.
- MR4 (Medical Readiness Category 4) continues to consist of PHAs due and Dental Readiness Category 4.
- Soldiers with a DRC2 are reflected as MR1 instead of MR2.
- Soldiers with a Temporary 3/4 Profile greater than 30 days remain in an MR3B status until the profile expires. (Previously the Soldier would be MR3A once the Temporary Profile was within 30 days of expiration.)
- LDP no longer exists; MND no longer exists as a generic term for different situations.



9. Commander's Profile Report

MEDCOM created the report to assist Commanders with their mission to identify and reduce the number of Medically Not Ready (MNR) Soldiers; the report will also give clarity on the extent to which eProfile is affecting the MND percentages. The report will not show all Soldiers assigned to a Unit/Task Force/Location, but only those who have other than a picket fence (11111) PULHES in either their last operative permanent PULHES or in a Temporary profile that has not yet expired. The report can also be limited to only those with a 3 and/or 4 in their PULHES serial and can be granulated according to temporary or permanent profiles.

Figure 9: MEDPROS Commander's Profile Report

Click this sequence to access the Menu for the new Cdr Profile Report...

Report Type	DNAs	Green	Percentage
Cdr Profile Report	DNAs:	Green	100%
	DEN:	Green	98.89%
			96.67%

10. E-Profile (Electronic Profiling System).

- a. Entry into the performance/disability system starts with a Soldier's Physical Profile generated in e-Profile. E-Profile is a MODS-based computer application that automates the production, approval, and routing of the DA Form 3349 (Physical Profile). E-Profile will provide visibility of the physical profile and functional limitations of the Soldiers. The application increases communication between Commanders and providers, helping to ensure Soldiers get appropriate work assignments to allow for their functional capacity and corrective intervention, either medical care or board process. A Permanent or Temporary profile with PULHES or 3/4 changes the DL field to "YES" and assigns a Medical Readiness Category (MRC) of 3A or 3B. However, this does not limit a commander's authority to deploy a Soldier as the mission warrants. The commander may change readiness reports (USR) to portray his/her assessment of the unit's readiness posture. In order to be medically ready to deploy, Soldiers who have a permanent 3 or 4 profile require either MAR2 or MEB/PEB completion with a profile code of W (MMRB return to duty) or Y (MEB fit for duty) without any deployment-limiting profile codes.
- b. Each Brigade has a designated eProfile unit administrator to validate and grant access requests. The Brigade unit administrator can designate eProfile unit managers at battalion-level and below to assist unit leaders in creating eProfile reports.

Figures 10: E-Profile (Electronic Profiling System)

The image displays two screenshots of the e-Profile (Electronic Profiling System) interface. The top screenshot shows the main dashboard with a red header containing the 'e-Profile' logo and 'ELECTRONIC PROFILING SYSTEM'. The user is identified as 'GEN, UCMDR, FT Bragg'. Navigation tabs include 'Profile', 'MEB', 'PEB', and 'My Account'. A search bar is present with options for 'Find Profile', 'View My Profiles', and 'View All Profiles' (circled in red). Below the search bar are links for 'Frequently Asked Questions', 'Commander User Guide', 'Provider User Guide', and 'Administrator User Guide'. There are sections for 'System Messages' and 'Action Items' (showing 'No items found').

The bottom screenshot shows the 'View All Profiles' search page. It features a search filter section with the following fields: SSN, First Name, Last Name, Submitted Date From (20100101), Submitted Date To (20100908), Profile Type, Location (dropdown), UIC, and PULHES (multiple dropdowns). There are 'Apply' and 'Reset' buttons at the bottom right of the search filter section. A 'Status' dropdown is set to 'All' at the bottom center.

11. IDES (Integrated Disability Evaluation System).

If a Soldier is given an approved P3/4 profile with referral to a MEB (IDES), ERMC will perform the health assessment and identify the need for the Soldier to PCS to CONUS to initiate and complete IDES.

USAREUR IDES website: <http://www.eur.army.mil/IDES/>

- a. The Integrated Disability Evaluation System (IDES), is a joint program between the Department of Defense (DoD) and the Department of Veterans Affairs (VA's) that allows the disability evaluation system of Army to run concurrently with the VA's. It retains many of the same components of the legacy system, but eliminates requirement for soldiers to navigate the VA system after they are medically separated or retired, and their VA benefits begin as soon as they become civilians, not many months later as under the legacy system.
- b. If a USAREUR Soldier becomes wounded, ill, or injured, treatment is provided by a medical facility in Europe. ERMC will perform the health assessment and identify the need for the Soldier to PCS to CONUS to initiate and complete IDES. The Soldier will be assigned to a CONUS MTF/VA and to a Warrior Transition Command for IDES. This assignment will be the product of an extensive study of Soldier Transfer and Regulating Tracking Center whom will measure and balance the capabilities and capacities of the MTFs and WTC and the medical needs of the Soldiers.
- c. Commanders must properly complete DA Form 7652 ((Physical Disability Evaluation System (PDES) Commander's Performance and Functional Statement). Describe what the Soldier's required duties are in his/her current grade, MOS and unit of assignment. Can the Soldier perform these duties and if not, why not? How does the Soldier's medical condition(s) impact his/her ability to perform daily MOS or Non-MOS duties? Commanders must recommend/not recommend retaining the Soldier.



12. Warrior Transition Units (WTUs).

- a. Warrior Transition Units are extensions/derivatives of MTFs, and provide critical support to wounded, ill, and injured Soldiers who are expected to require 6 months or more of rehabilitative care and need complex medical management. Closely resembling "line" Army units with a professional cadre and integrated Army processes, WTUs build on the

Army's strength of unit cohesion and teamwork so that wounded soldiers can focus on healing and subsequent transition back to the Army or to civilian status.

- b.** Leadership of a WTU relies on a Triad of Leadership that includes the Senior Mission Commander, the Medical Treatment Facility Commander, and the Warrior Transition Unit Commander to make decisions on assignments, reassignments, and react decisively to ensure that WTUs have what they need to successfully accomplish their mission. As a leader, you will be responsible for recommending assignment/attachment of the Soldier to return to active duty or assignment/attachment to the WTU.
- c.** The USAREUR Warrior Transition Battalion is currently headquartered at the Nachrichten Kaserne in Heidelberg with Warrior Transition Companies located in Kaiserslautern, Schweinfurt, and Vilseck/Grafenwoehr.

13. Line of Duty (LOD) Investigations.

- a.** Line of duty investigations are conducted in order to determine whether the Soldier was at fault at the time of an injury or death. A line of duty investigation is important to the Soldier if an injury occurs while the Soldier is on active duty in order for him/her to receive medical care upon departure from active duty. VA or other facilities will not treat Soldiers for injuries unless service connection is proven. This is done by the LOD investigation. In case of death, the family suffers when the line of duty is not completed on the Soldier. Effective 10 Sep 2001, Public Law 642, authorizes additional benefits for the dependent family members of the deceased Soldier if the Soldier is found to be IN LINE OF DUTY. These benefits cannot be paid until the completion of the investigation. Also, non-dependant family member(s)(mom/dad), will not be able to collect the Soldier's education benefits unless the Soldier's line of duty is completed and found to be IN LINE OF DUTY.
- b.** There are two types of LOD investigations: (1) Informal investigations are conducted by the Commander when no misconduct or negligence is indicated. (2) Formal investigations involve an impartial Investigation Officer appointed to examine/explore the possibility of suspected misconduct or negligence in the event of death or serious injury.
- c.** A line of duty determination is not a punishment tool. UCMJ and LOD investigation are completely separate issues. Because a Soldier violated a curfew does not constitute an adverse finding and not all injuries require LOD investigations. When an incident occurs on the installation, the line of duty investigation is initiated from the Army Community Hospital on DA Form 2173, Statement of Medical Examination and Duty Status. When the incident occurs off post, the receiving hospital contacts the Army Hospital. In both instances the Army hospital or medical facility initiates/relays the line of duty investigation to the USAREUR G1, Casualty Section. G1, Casualty Section notifies the Soldier's Commander/S1 (verbally and in writing) to provide an Investigating Officer (IO) for the case (when formal investigation is applicable).

Common Acronyms

- DL – Deployment Limitations.
- DRC – Dental Readiness Categories.
- DHA – Deployment Health Assessments.
- EFMP – Exceptional Family Member Program.
- IDES – Integrated Disability Evaluation System.
- IME – Individual Medical Equipment.
- IMR – Individual Medical Readiness.
- MAR2 – MODS Administrative Retention Review.
- MEB – Medical Evaluation Board / Physical Evaluation Board.
- MEDPROS – Medical Protection System.
- MODS – Medical Operational Data System.
- MRC – Medical Readiness Categories.
- MWDE – MEDPROS Web Data Entry.
- PDHA – Post Deployment Health Assessment, DD Form 2796.
- PDHRA – Post Deployment Health Reassessment, DD Form 2900.
- PHA – Periodic Health Assessment, DD Form 2766.
- PreDHA – Pre-Deployment Health Assessment, DD Form 2795.
- USR – Unit Status Report.

References

- All Army Activities (ALARACT), “Post-Deployment Health Reassessment (PDHRA) Screening Guidance for Commanders of Active Component (AC) Soldiers.”
- Assistant Secretary of Defense for Health Affairs [ASD (HA)] Memo. “Policy for Individual Medical Readiness Metric.”
- Department of the Army G-1 PDHRA home page:
www.armyg1.army.mil/hr/pdhra/.
- Department of the Army Instruction 6490.03. “Deployment Health.”
- Department of the Army Memorandum. “Post-Deployment Health Reassessment.”
- Department of the Army/G-1 PDHRA Memorandum. “Post-Deployment Health Reassessment (PDHRA) Compliance.”
- Department of the Army Regulation 40-501. “Standards of Medical Fitness.”
http://www.army.mil/usapa/epubs/pdf/r40_501.pdf
- Department of the Army Regulation 220-1. “Unit Status Reporting.”
http://www.army.mil/usapa/epubs/pdf/r220_1.pdf
- Department of the Army Regulation 600-8-4. "Line of Duty, Policy, Procedures, and Investigations." http://armypubs.army.mil/epubs/pdf/r600_8_4.pdf
- Department of the Army Regulation 600-20. “Army Command Policy.”
http://www.army.mil/usapa/epubs/pdf/r600_20.pdf
- Department of the Army Regulation 600-8-101. “Personnel Processing (In-, Out-, Soldier Readiness, Mobilization, and Deployment Processing.)”
http://www.army.mil/usapa/epubs/pdf/p600_8_101.pdf
- Department of Defense Instruction 6490.3. “Deployment Health.”
- Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees 6490.07