

SOLDIER FAMILY ASSISTANCE HANDBOOK



A Guide for Families of Wounded Soldiers

OPERATION IRAQI FREEDOM

OPERATION ENDURING FREEDOM

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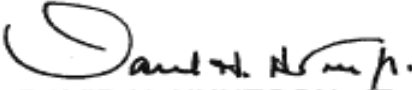
FOREWORD

We serve in the U.S. military that serves a nation at war. Our Hero Handbook is an excellent resource designed to help the family members of our wounded Soldiers. That very special population includes many family members who have little or no prior experience with the U.S. military, and who need support and guidance as they directly help our wounded Soldiers.

This handbook evolved from the experiences of 1LT D. J. Skelton, a wounded Soldier who expressed the need for a comprehensive guide to assist families in understanding and navigating the military medical system. Aided by spouses of Soldiers from 1LT Skelton's unit still serving in Iraq, the initial handbook was produced. This year, spouses of the U.S. Army War College Class of 2006, continued the work by updating and enhancing the contents of this handbook.

Those dedicated spouses spent the academic year collecting and editing information from the field, from Walter Reed, and from agencies responsible for family health and well-being. In doing so, they have demonstrated their capacity for self reliance and the Army's tradition of supporting and helping one another. The U.S. Army War College extends to them its sincere appreciation and gratitude for a job well done.

This handbook offers many ways to deal with the often long road to recovery of our Soldiers—from all Services—who will need the loving and informed support of their families. We are confident that you will find it useful in your own units as you do the fundamental work of taking care of our Soldiers and their families.



DAVID H. HUNTOON, JR.
Major General, U.S. Army
Commandant

INTRODUCTION

Each year at the United States Army War College (USAWC) spouses of students complete a class project done with the ageless spirit of spouses supporting one another. For the past years, they have written or revised handbooks with information regarding military families. In 2006, the tradition of offering help and encouraging self-reliance was accomplished in the opportunity of further developing OUR HERO HANDBOOK, first organized in 2004, at Ft. Lewis, Washington.

Inspired by a wounded Soldier, 1LT DJ Skelton, three wives from the 1-25 SBCT worked with this Soldier in compiling information that would be helpful for family members of a severely injured Soldier, especially family members unfamiliar with the military. Led by Lisa McCaffrey, with assistance from Andrea Schaille and Sherri Becker, and with encouragement from Sharon Basso, this small group quickly wrote a first handbook that could be given to parents or a spouse first learning the military medical system after a serious injury. As a few copies of this handbook ended up at Walter Reed, two other volunteer military spouses there were trying to organize information helpful for family members. Ginny Rodriguez and Carla Bergner took ideas gained from their experience of spending many hours privately assisting mothers and spouses of injured Soldiers, and brought their experience and notes to the attention of a spouse at USAWC. Coincidentally, Andrea Schaille arrived at the USAWC in the autumn of 2005, as her spouse was a student in the Class of 2006. LT Skelton resumed his active duty career in the Washington, D.C. area, and all came together to write a more thorough handbook using the quick printing resources of the USAWC. Spending many hours at Walter Reed interviewing medical staff personnel to gain accurate information, Andrea Schaille, and committee members Barbara Brinkley, Suzy Hurtado, Jeanette Locke, and Mona Hain, have organized a handbook that can be handed out or read on the internet by a family member after first learning of a serious injury. This handbook is that guide military medical centers. It is sometimes reassuring to have something physical in one's hands to refer to, as well as a booklet to collect information notes, as the long-term process of medical care for recovery starts.

The information in this handbook will be changing periodically as the military medical establishment adapts to the challenges and new conditions that will arise in providing the best medical care for injured Soldiers in the world.

How to Use this Book

This handbook is intended for family members of seriously wounded soldiers. It is not meant to be a complete resource in and of itself, but rather a guide for families to follow when navigating the complex system of care. The handbook does not represent itself as “expert” advice as it was written by Army families for Army families with the support and help of many individuals, agencies, and organizations who provide our wounded soldiers with an unparalleled level of care. Thus throughout this book, reference to the “experts” has been included to direct families to the appropriate resource which can provide “expert” guidance.

For those family members who have not had experience dealing with the military system, the use of abbreviations known as acronyms is common practice. Throughout this handbook, explanations will include the complete name and then the appropriate acronym. At any time, please refer to the acronym section if reading a narrative which includes an acronym that is not familiar.

It is our hope that families receive this handbook before traveling to the military treatment facility. Information is included that may not pertain to those families already at the soldier’s bedside when receiving the handbook. All information is offered in a general format since every case is unique and may deviate from what is represented. All wounded soldiers, whether Active, Guard or Reserve are represented in this handbook.

Regulations, policies, procedures, supporting agencies and legislation regarding wounded soldiers are continuously changing. Continue to seek the most current information from the Department of the Army and the Department of Defense to ensure the most complete support for your soldier. **If you have received this book through your unit, please make sure it is the most current version by checking the following website; www.carlisle.army.mil and click on Military Family Program. This website also allows you to send your ideas and suggestions in to improve this book. Just go to the above website and click on email the Program Director.**

Keep in mind that throughout this arduous journey from injury to recovery, your loved one is still a soldier subject to Army rules and regulations. While some Army rules and regulations may seem foreign to you, they exist to provide structure and protection to both the organization and the people within it.

This handbook has been organized into chapters that reflect the chain of events that began with notification of your loved one’s injury. The amount of information may seem overwhelming. But, taken one step at a time, it will provide information for each stage of the journey. As with any journey, each person’s experience will be different. The chapters include some narrative and then will have articles, resources, and other material pertinent to the stage of the recovery process.

UNIT CONTACT INFORMATION

Your soldier is a part of: _____

Your Unit Contact is: _____

Your Platoon Sergeant is: _____

Your First Sergeant is: _____

Your Primary Care Manager is: _____

Your Case Manager is: _____

Commercial Phone: _____

Cell Phone: _____

Department of the Army Wounded In Action (DA WIA): 1-888-331-9369.

It is important for you as a family member to be aware of your soldier's military unit information. This military unit can be useful in supporting you and your soldier during your time at the Military Treatment Facility (MTF). Your DA WIA point of contact can provide you with this information. If you have been contacted by the Rear Detachment of your soldier's unit, they can supply you with this information as well. Remember to check at the Unit Liaison office at the MTF to see if your soldier's unit has a representative there.

SECTION 2

Notification and Travel to Hospital

- a. Notification and Travel and Transportation Orders (T&TOs).
- b. Travel Preparations.
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 1. Lodging
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- h. Family and Medical Leave Act.

Notification

The process begins for the family with notification of the injury. Families are notified in a number of ways. Some families receive phone calls from their soldier who then tells them of their injury. Often another military member present may speak to the family to provide additional information. “Official” notification occurs when either the rear detachment (military member of the soldier’s unit left behind at the home station to take care of families) or the Department of the Army Wounded in Action Branch (DA WIA) call to notify the family. During “official” notification the family is told the status of the soldier to include the most recent assessment of the injuries, and is given a phone number for the DA WIA to call with questions or update requests. The service member who does the “official” notification is not a health care professional, and they cannot offer explanations of injury or medical terms. The number to DA WIA is 1-888-331-9369. The DA WIA will initiate phone calls to the family for updates on the movement of the soldier and changes in medical condition. A “Needs Assessment” checklist is done within hours of official notification so that the DA WIA is able to coordinate travel quickly for the family if necessary. It takes an average of 4 to 5 days to move the soldier from the battlefield to most major Army Medical Centers, although a longer delay could occur. This means that there will be time between the notification of the family and actual travel.

Travel and Transportation Orders (T&TOs)

What are T&TO’s and how do you get them?

Family members of wounded soldiers may be invited to travel to the soldier’s bedside at the Army’s expense if a medical officer determines that it is in the patient’s best interest to have family members present to aid in the recovery process. The physician fills out form DA 2984 requesting the family to travel to the soldier’s bedside. This begins the process of obtaining official government travel orders by the DA WIA. If the physician’s request is approved, the DA WIA will contact the family and may offer up to three family members the opportunity to travel to the military treatment facility (MTF) at government expense. Army regulations determine which family members are offered government paid travel. Travel and Transportation Orders (T&TOs) are prepared for the family members and flight reservations are made by the DA WIA. Please note there must be approved travel orders issued BEFORE departing to the designated MTF for the government to pay for the airline tickets, per diem (allowance for food) and lodging. When traveling with T&TOs the DA WIA coordinates airline travel, passports if necessary, lodging and limousine service from the airport to the MTF. Each family member’s T&TOs include only one round trip ticket from the home of that family member to the military treatment facility and back to the home. If traveling by car, the government reimburses the mileage from the family member’s home to the MTF and back home. T&TOs do not cover mileage incurred while at the designated MTF.

How long do T&TOs last?

T&TOs for family members of patients will cover the cost of travel, lodging (see section on lodging), and per diem for a pre-determined period of time, usually 30 days. Occasionally, in the case of a non-serious injury, the time could be 15 days. The dates of coverage are listed on the orders. *It is important to note that the period of time the orders are issued for may change. **Minor children are put on orders for a period of five days only (see section on children).*** If children stay past the five day period, the cost is the responsibility of the family.

What happens when the orders expire and my soldier is still in the hospital?

If the soldier is still an inpatient at the hospital at the end of the orders, the attending physician can request an extension which must be approved. If approval is given, another set of orders is then issued by DA WIA for a set amount of days, again usually 15 or 30 days. This process occurs repeatedly while the soldier is an inpatient at the MTF. While the soldier is an inpatient, the DA WIA is the issuing authority on the T&TOs. The DA WIA liaison at the local MTF will automatically work the extension for the family and will obtain the new set of orders. ***ONLY THE ATTENDING PHYSICIAN CAN REQUEST EXTENSIONS.*** Family members should be aware of the end date on the travel orders and contact the DA WIA liaison to ensure the extension and new orders have been received. Make sure you get a copy of each set of new orders and keep them in a safe place. *Remember that expenses incurred during a lapse in orders will be paid for by you.*

Can orders be terminated?

Orders can be terminated if it is determined that the soldier no longer requires the family's assistance, or if the presence of the family is negatively impacting the soldier; the soldier is discharged from the hospital; or the soldier is transferred to another treatment facility. Remember, traveling on orders is a privilege, and should not be abused.

What happens when my soldier is discharged?

T&TOs are terminated when the soldier is discharged from the hospital. At the time of discharge, if the soldier needs to receive further treatment as an outpatient and is unable to function independently, a competent medical authority will make a determination if the soldier needs a non medical attendant (**NMA**) for assistance with daily living. If an attendant is needed and the request is approved, orders will be issued at the MTF and are for one person requested by the soldier. See more on NMA's in section 4. If this determination is made, then the T&TOs are closed out and the NMA orders are issued with no lapse in per diem. Discharge planning begins the day your soldier arrives at MTF. The care team assigned to your soldier will keep you informed of any upcoming change in status such as moving to another treatment facility or moving from an inpatient to an outpatient status. When the time has come to return home, the Tactical Surgeon's Liaison

Office will arrange travel.

YOU MUST CLOSE OUT YOUR LAST SET OF TRAVEL ORDERS BEFORE LEAVING THE MTF.

How does reimbursement occur?

Each set of travel orders must be closed out and the travel voucher for reimbursement submitted to the Finance Office. There is a liaison from the DA WIA located at the hospital to assist with all questions about T&TO's and this liaison will assist the family with the forms necessary to submit travel vouchers as will the Finance Office. **The Finance Office where the travel vouchers must be submitted for reimbursement is located in the SFAC. The hours of operation are 7:00 a.m. to 4:00 p.m.** You will need your bank account number and the bank routing number for reimbursement of the T&TO's which is done by direct deposit. This information is usually found on a check. Bring your receipt for lodging if staying at a local hotel. The receipt must show a zero balance.

How often do I receive reimbursement?

Each set of travel orders will be reimbursed. For example if the first set of orders is from June 1 to June 30, on July 1st you submit your voucher for reimbursement. If the next set of orders is for July 1 to July 30, then on July 31st you submit another voucher for reimbursement. One reimbursement payment is made per month. This cycle will eventually end and **YOU MUST CLOSE OUT YOUR LAST SET OF TRAVEL ORDERS BEFORE LEAVING THE MTF.**

How much will I be reimbursed?

The current reimbursement rate is \$64 per day (per diem) plus the cost of lodging, up to the allowable government nightly rate. For family members staying in on-post lodging on T&TO's, the cost of lodging is billed directly to the government. There is no reimbursement for telephone calls (see SFAC and Red Cross for phone cards), taxis in and around the area, rental cars, or mileage in and around the area.

Can I get a cash travel advance to support my travel?

Advances or travel advances are allowed on the first set of travel orders. Once you arrive at the MT, tell the DA WIA liaison that an advance is needed. A finance representative will come to you. You will need a copy of your orders and a picture ID. Advances are given in cash. They must be repaid either by being deducted from the travel voucher reimbursement at the end of the travel orders **or** taken from your bank account if the advance is greater than the amount to be reimbursed. Before getting an advance, make sure your soldier is going to remain at the MTF for the period of time you are receiving the advance. The advance should be budgeted for the length of the orders. For example, you can request a 15 day advance against a set of 30 day travel orders. The amount

received will need to last until the end of the 30 day period and for the amount of time it takes to receive reimbursement once the voucher is filed. In the above example, if receiving a 15-day travel advance against a 30-day set of travel orders, the reimbursement for that 30-day period would be the 30-day amount *minus* the 15-day travel advance.

What if I need to make a trip home to take care of business? Will I lose my T&TOs?

You may return to your home for a period of up to 7 to 10 days to take care of business without losing your travel orders. You will not receive the \$64 per diem for the days you are at home nor will the government pay for your travel home. Go to the Casualty Affairs Office located in the SFAC, and they will assist you with a form granting you permission to leave and retain orders. Get a copy of that form when it is signed. Check with the SFAC *before booking your flight* to see if you qualify for Hero Miles, a program that offers free airline travel. You will have to check out of your local hotel if you are being reimbursed for the room, then check back in when returning for your trip home.

The bottom line

Travel orders may be issued if a physician determines that it is in the best interest of the soldier to have family present during the recovery process. You must be patient as it takes an average of 4 to 5 days to get a soldier from the battlefield to the MTF. An additional couple of days delay may occur if the soldier arrives at the MTF on the weekend or on a holiday. Forms will be filled out, approvals obtained, and orders issued through an official process that ensures families will be taken care of during their journey. Use your DA WIA phone number to verify all travel information.

Summary for Government Sponsored Travel

1. Notification Occurs.
2. DA WIA Needs Assessment Checklist Complete.
3. DA Form 2984 Completed by Physician.
4. Approval for family travel granted.
5. Travel and Transportation Orders (T&TOs) Issued.
 - Roundtrip airline ticket or approved auto travel round trip mileage.
 - Per Diem (daily allowance for meals) \$64 per day.
 - Lodging up to allowable government nightly rate.
 - Issuing authority: Department of the Army Wounded In Action (DA WIA) 1-888-331-9369.
 - Advances allowed with Department of the Army (DA) approval.
 - 5 day orders only for minor children.
 - Issued for specified time periods; normally 30 day increments for seriously wounded.

- Extension requests through physician and if approved, DA WIA (see liaison).
- At end of each set of orders, travel voucher submitted for reimbursement.
- Copies of all receipts and orders kept by family.

DA WIA Contacts family and begins travel coordination.

DA escort picks family up at airport, or family taken by limousine to the MTF.

I was not offered travel by the DA WIA and have decided to go to the MTF. What can I do?

If you travel without T&TO's, you are responsible for your own lodging, food, and transportation. When T&TO's are not authorized, there are other avenues of receiving free airline tickets to visit your soldier. The nonprofit Fisher House Foundation has teamed up with "Operation Hero Miles" to provide eligible soldiers undergoing treatment at a military medical center incident to their service in Iraq, Afghanistan, or the surrounding areas with a complimentary, round-trip airline ticket. The tickets are available to *eligible family and friends as well*. Please note that the Hero Miles are not subject to the same regulations on who may travel as the T&TO's. The request form is available for pick up at the Soldier Family Assistance Center (SFAC). *The request must come from the patient.* Ticket eligibility is determined by the Fisher House Foundation. There are multiple ticket restrictions. Restrictions may differ based on your MTF location. In addition, if you are going to try to use "Operation Hero Miles", get approval through the Fisher House Foundation first. Don't pay for the tickets using your credit card. The Foundation will provide you with the information on how to make reservations.

If you are a military family member with an ID card, check the surrounding area for all nearby military installations that might have lodging. On-post lodging at the MTF is obviously a first choice. However, be aware that families traveling on T&TO's will have priority as will wounded soldiers on outpatient status. Make contact with the Soldier Family Assistance Center (SFAC) for information about availability of lodging and suggestions for local hotels. Also, make use of your own sources for discounts, such as motor clubs, retirement associations, non-profits, etc. Utilize every resource that you can to avoid incurring a financial burden at an already stressful time.

Once you are at the MTF, immediately check in with the SFAC so that they can assist you. There are resources available for all families, not just those who travel on orders. The SFAC has access to various resources. Army Community Service has a welcome packet that can orient you to the area. If you choose to travel on your own, without orders from DA WIA, then understand that you will not have the same privileges as those who have traveled under orders. The military operates under laws and regulations, and organizations associated with the military are bound to follow those laws and regulations.

FISHER HOUSE FOUNDATION AND HERO MILES

Fisher House Foundation is best known for the network of 34 comfort homes on the grounds of military and VA major medical centers. The houses are 18,000 to 20,000 square foot homes, with up to 20 suites, donated to the military and VA by the Fisher family of New York through the Fisher House Foundation. The Foundation provides support to families of patients receiving care at the nearby medical center and has ensured that families of service men and women wounded or injured in Operation Iraqi Freedom and Operation Enduring Freedom do not pay for their stay at a Fisher House or other base facility if they are on a wait list.

NOTE: As of Oct 06 all stays at all Fischer House are free

Hero Miles Program

This program has provided more than 10,000 tickets to Iraqi Freedom and Enduring Freedom hospitalized service members and their families, worth more than \$12 million.

Fisher House™ is proud to partner with Hero Miles in support of our wounded and injured service men and women and their families. Hero Miles has partnerships with the following airlines:

- AirTran Airways
- Alaska Airlines
- American Airlines
- Continental Airlines
- Delta Air Lines
- Frontier Airlines
- Midwest Airlines
- Northwest Airlines
- United Airlines
- US Airways

Please note program agreements with individual airlines only permit airline tickets for military hospitalized as a result of their service in Iraq, Afghanistan, or surrounding areas, and their families. These tickets can not be used for R&R travel, emergency leave. Tickets will be issued to Soldiers with ordinary leave for five or more days.

Travel Preparation Considerations

Documents:

- Copies of your T&TOs (keep one with you at all times).
- Military ID or government issued ID such as Driver's License.
- Power of Attorney (If your soldier left you one).
- Living Will (If your soldier has one, many do not).
- Immunization records for children in need of child care services (This is a MUST!).
- Name and phone number of Point of Contact for the soldier's unit (The DA WIA is able to tell you what the unit is if you do not know).
- Valid Passport if overseas travel is involved.
- Original prescription for any medications that you may need.
- Health insurance information for traveling family members.*
- This Handbook.

Travel Money:

- Major Credit Card (maintain copy of front and back of card in case of loss).
- Cash or Traveler's Checks.
- Checkbook and/or account number and bank routing number.**

* For military dependents: If staying out of the TRICARE region for longer than 30 days, consider changing your TRICARE area.

** If staying at the MTF for an extended period of time, consider opening an account at a bank there to avoid ATM charges.

Household Considerations:

- Stop the mail, or arrange for someone to pick up and forward mail to you.
- Arrange for pet care.
- Schedule bill payment.
- Consider changing cell phone plan to include extra minutes or unlimited long distance as needed.
- Inform trusted friend or family of travel plans and leave spare key to access house.
- Stop newspaper delivery.
- Empty all trash cans and refrigerator of perishable foods.
- Set thermostat to cost saving level.
- Arrange lawn care if necessary.
- Coordinate time off from work.*
- Inform Rear Detachment Command of travel.
- Ensure car is locked and windows rolled up.

*See section titled "Family Leave Act."

Things to pack for yourself

- Glasses/contacts/associated supplies.
- Prescription medication for up to 30 days plus refill information.
- Toiletries (if you forget something, check with American Red Cross or SFAC at the MTF).
- Comfortable clothing/sleepwear/shoes/socks/belt.
- Light sweater or jacket for use in hospital.
- Cell phone/charger.
- Seasonally appropriate outerwear/umbrella.
- Book/journal.
- Phone numbers of key people (family, friends, creditors, employer, school, etc.).
- Comfort items (pillow, blanket, whatever provides you with special comfort).
- Hand sanitizer/disinfecting wipes.

Things to pack for your soldier:

Bring clothes for your Soldier from home, if possible. It is a good idea to pack a pair of sweat pants and shirt (can be cut for casts, etc.), underwear, shoes/sneakers, and jacket/hat if weather is cold. If you do not have clothes for your soldier, ask the Red Cross or SFAC at the MTF for assistance. Soldiers are allowed a \$200 one-time Army Emergency Relief (AER) clothing payment while on inpatient status. Ask the SFAC for assistance. Also, see information on Sew Much Comfort in the resources section of this book for specialized adaptive clothing. Most MTFs will have a donation center which provides comfort items. Contact you local SFAC for more information.

Special Considerations for Children of Wounded Soldiers:

When deciding whether or not to take your children to the MTF, there are special considerations. Depending on your soldier's medical status, children may not be allowed in the room, such as in the case of Intensive Care patients. Child care is very limited. Minor children are only covered by T&TOs for a period of five days, and then the cost is on the family. Children will be exposed to a wide variety of traumatic injuries, many of which are visible, though it may not be their soldier who is affected. The purpose of bringing the family to the soldier's bedside is to support the soldier during the healing

process. The focus is being available to that soldier at the bedside. The ultimate decision rests with the family. This handbook has included information that should be helpful whatever decision is made. You may wish to share some of the information with extended family and friends whose children will interact with your soldier and your family.

Keep in mind that not all children respond positively to group child care settings. Child care is not available inside the hospital proper. Additionally, all children must be supervised in the waiting areas within all MTFs. Once the service member is considered an outpatient, pending out processing, the families are encouraged to go home. Families traveling on T&TOs have priority. Childcare Services are available at most military installations. Parents must have their child's current shot record and complete some paperwork. Please check with the Child Development Center as more childcare sites may be forthcoming.

Packing for Your Child:

- Clothing/shoes/outerwear.
- Diapers/Wipes/Diaper Ointment.
- Bottles/Sippy Cups/Formula.
- Toys/Activities.
- Comfort Item (favorite stuffed animal or blanket).
- Immunization Records (military dependents intending to use the Child Development Center).
- Medications (prescriptions as well), thermometer.
- Toothbrush/paste/special bath items.
- Car seat/Stroller.
- Review information on preparing child to see injured service member.

Considerations for Children not traveling with parent:

- Arrange transportation for children to/from school/activities.
- Give Medical Power of Attorney to children's caregiver.
- If moving child out of normal TRICARE Region, call TRICARE to change Region.

- Give TRICARE Card (or medical insurance information) to caregiver with instructions on how to procure medical appointments for child.
- Inform school and other activities about who will be acting as caregiver.
- If living on post, procure gate pass for caregiver.
- Coordinate financial support for children's necessities.
- Make list of scheduled activities for caregiver.
- Make list of allergies, medications, likes and dislikes, bedtimes, routines, etc., for caregiver.
- Leave caregiver with contact information for you and another support person in the area.
- Consider who needs to know about this injury to better support your child during this stressful time (teacher, minister, scout leader, counselor, etc.).
- Review information on talking to child about wartime injury.

Lodging

For those traveling on T&TOs, upon arriving at the airport, a Department of the Army escort with a limousine service or van will meet the family and take the family to either the MT or a local hotel. In some cases the family will have to arrange transportation from the airport. Taxis are the most direct route to most MTFs. Keep the taxi receipt to file for reimbursement.

If lodging on the installation is filled to capacity, then the T&TO's will be stamped by the on post lodging office and you will be referred to a local hotel (referred to as "off campus" lodging) and placed on a waiting list for on-post lodging. Family members on T&TO's will be able to submit off campus hotel receipts, up to the allowable government nightly rate, for reimbursement at the end of each set of their travel orders. Direct billing is only available for on post lodging, so you will be required to pay your bill at the off campus hotel in full prior to reimbursement. Travel advances are allowed if paying the hotel bill will be a financial burden. See the DA WIA liaison for assistance. Family members who are NOT traveling on T&TOs will be responsible for paying all room charges accrued.

If you have been placed on the waiting list for on post lodging, you will be notified when a room becomes available. **IMPORTANT:** If you do not accept the room, your per diem will be terminated that day.

The Fisher House has lodging facilities at most MTF installations. Reservations for the Fisher House are for a minimum of 5 days, and must be coordinated through the Department of Social Work. The ongoing presence of a waiting list prevents Fisher House arrangements from being made prior to arrival at the MTF. Please see the Fisher House information pages below.

This information may be found on the Fisher House website www.fisherhouse.org:

WELCOME TO THE FISHER HOUSE

The Manager and any of our volunteer staff will be happy to answer any questions you may have about the House, and will try to make your stay as comfortable as possible.

Note that each family is entitled to ONE bedroom, and most of our bedrooms hold a maximum of 3 people. You must keep us informed of who is staying with you, or if there are any changes following your check-in. Fisher Houses have a 30-day maximum length of stay, and 5 day minimum stay. The maximum stay is subject to re-evaluation for medical reasons and space availability.

Grandparents and other relatives are welcome, provided space is available. If space is especially limited, the room must be vacated each morning with key returned to Guest House. Reservations for non-immediate family members will be handled on a day-by-day basis.

If you plan to be away from the Fisher House for more than four nights, you must check out completely so that your room is available to other families. Please keep us informed of your plans every two-three days so that we may better accommodate others.

Note that the management reserves the right to enter your room for maintenance work or for other reasons. Although we will try to give adequate notice, this is not always possible.

No medical services or procedures of any type are provided by Fisher House staff.

Most importantly, you should be aware that Fisher House is a volunteer operation, and while you are here, you are one of the volunteers! We appreciate your cooperation and any extra help you can give.

GENERAL LIVING: Linens are provided in your room. Free washers, dryers, and other cleaning supplies are in the laundry room. You will also find cleaning supplies under your sink in your bathroom. Rollaway beds and portable cribs/playpens may be checked out from the manager.

KITCHEN: Prompt and thorough clean-ups of the kitchen and dining area are vital, in fairness to those who use these areas after you. Mark your own food with your name and date, and store in your assigned food locker and a designated area in the refrigerator.

Cooking MUST occur in the kitchen.

Please eat food in the dining room and kitchen ONLY. All children who are eating or drinking should be closely attended by a parent, so that thorough cleanups can be made.

NO FOOD OR DRINK IS TO BE CARRIED TO BEDROOMS OR OTHER ROOMS EXCEPT TO A BEDRIDDEN FAMILY MEMBER.

MESSAGES: We will place messages on our in/out board in the kitchen. Please check each time you come back to the Fisher House.

MEDICATIONS: All medications requiring refrigeration must be kept in a separate refrigerator. Please see the manager.

SAFETY AND SECURITY: Exterior doors are kept locked at all times. We depend upon you to make certain the door locks properly each time you enter/exit. Unlike a hotel, there is not always someone available to let you in if you forget the key. Note that rear doors are on an active alarm system (approximately 9 P.M. to 7 A.M.).

The House is equipped with extremely sensitive smoke detectors and fire alarm system. Should the smoke detector go off and there is a fire, please call 911 immediately.

SMOKING & ALCOHOL: Absolutely no smoking or consumption of alcohol is permitted inside the Fisher House; however, we do have smoking urns in front, and in back of the building.

Letter from the FISHER HOUSE FOUNDATION, INC.

"Dedicated to our greatest national treasure...
our military service men and women and their loved ones. "

Dear Service Member,

On behalf of Fisher House Foundation, thank you for your service to our nation. You are truly one of America's heroes.

If you are undergoing treatment at a military medical center incident to your service in Iraq, Afghanistan, or the surrounding areas, you and your family members may be eligible for complimentary airline tickets that have been donated to our Foundation. We would be honored to provide these tickets to you and your loved ones under the following conditions:

For you: We are prepared to provide you with a round trip airline ticket for a trip from the medical center to your home and return if you are not eligible for government funded airfare.

For your family and friends: In medically serious cases, the government provides a transportation entitlement for up to three family members for travel to the medical center where you are hospitalized. If you do not qualify for that government funded travel, we may be able to provide your family or a friend with round trip airline tickets to visit you. Please bear in mind that we are providing only airline tickets. There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses. As long as Fisher House Foundation has tickets available, there is no restriction on the number you can request or how often you request them.

The tickets that we have for this purpose are on American Airlines and Northwest Airlines. The American Airlines tickets were donated by Anheuser-Busch, and the Northwest Airlines® tickets are from WorldPerks® frequent flyer miles donated by the public through the Northwest Airlines AirCares® program. The attached information sheets contain the terms and conditions for their use. It is important that you understand that you must comply with all terms and conditions, to include payment of the September 11th security fee (normally not to exceed \$10 per round trip). Reservation and ticket agents are not authorized to make exceptions to the stated terms and conditions.

Because the Northwest Airlines ticket program depends on the generosity of the public, we encourage you to tell your family and friends who are WorldPerks members to donate Northwest Airlines frequent flyer miles for this program. To make a donation, call (800) 327-2881.

If you or your loved ones can meet all the criteria, please complete the attached request form and submit it to the family assistance center or other designated office that will forward the request to us. Incomplete forms will not be accepted.

Thank you. These tickets are an expression of our appreciation for your service and sacrifice.

This following article is provided to service members and their families as part of the Army OneSource program, which offers information and support on a wide range of family and personal issues. To access the program just go to www.militaryonesource.com or call Army OneSource today. From the United States call 800-464-8107. From overseas, call toll free 800-4648-1077, or collect 484-530-5889.

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Preparing a Child to See an Injured Family Member for the First Time

You've spoken with your child about your service member's severe injury and now it's time for the first visit. Whether your child will be seeing your loved one at home or in the hospital, the experience will go more smoothly if you make some preparations ahead of time. You can rehearse the visit by describing what your child will see, hear, and smell. It's also important to reassure your child that it's OK to feel frightened or sad and allow him or her to act on these emotions at home, where children feel safest.

Although no one can predict how your child will react when first seeing a severely injured family member, planning ahead and supporting your child before, during, and after the visit will set the tone for visits to come.

What your child may be concerned about

Children often have fears that parents may not be aware of. It's possible that your child may have concerns such as these:

- That the family member will no longer be able to care for or play with the child, especially if it's a parent who was injured. It's a good idea to talk about what the family member can still do, such as read books out loud and play board games. You can also come up with specific ways the injured parent can participate in your child's activities, routines, and accomplishments. The parent might call every night at bedtime to say goodnight or read a story. Or maybe the parent can help coach next season's softball team.

- That the injury is punishment for being bad. Explain that the family member was not doing anything wrong, but that sometimes in times of war, bad things happen to good people.

- That he or she will "catch" the family member's injury. Younger children especially may need to be reassured that the injury is not contagious.

Before the visit

There are concrete steps you can take to help your child prepare for the first visit to an injured family member. It can be a good idea to:

Explain in age-appropriate language what to expect during the visit. If the family member is in the hospital, describe the scene for your child ahead of time. Be sure to talk about the medical apparatus and what everything does ("There will be a tube in Daddy's arm so his body gets plenty of fluids."). For very young children, you might demonstrate with a doll or draw a sketch showing the placement of IVs and other equipment.

Use accurate language when describing the family member's injury. This is especially important with young children, who tend to take things literally. If you say the loved one "lost a limb," the child may think it was simply misplaced.

Describe how the family member looks. This is especially important if his or her appearance has changed -- for instance, a shaved head, a lost limb, or severe burns. Try to use simple, age-appropriate language when discussing the changes.

Reassure your child that the family member is still the same person, even though he or she may look different. Again, it's important to use simple, age-appropriate language. ("Daddy's face looks different now. But he is still your same Daddy, and he still loves you very much, and he likes to hear you sing.")

Prepare your child for how he or she may feel upon seeing the family member. Your child may be frightened, sad, or angry. Let your child know that all of these feelings are perfectly acceptable. Tell your child that it's OK to leave the room if she becomes too upset, and that you'll be right there for extra hugs. Be sure to prepare the injured service member for strong emotions from your child, as well.

Teach your child the vocabulary of the injury. Knowing words such as "prosthesis," "rehabilitation," and "physical therapy" can help take the mystery out of the experience for your child, and help him feel more in control.

Arrange for your child to meet with the family member's medical team. This can happen either just before or after the visit. Your child may have questions about the injury or rehabilitation process that the team can answer in age-appropriate ways.

During the visit

Here are some steps you can take during the visit to help ease the stress for your child:

- Schedule the visit for a time when there is no other business to take care of.
- That way, if your child becomes frightened or bored, you can cut the visit short.
- Let your child know that it's OK to touch or hug the family member (assuming that it is).
- Take your cues from your child. If your child doesn't want to go near the

- family member, don't force her to. Depending on your child's age and personality, it could take a while for her to adjust to the change.
- Give your child something to bring. A drawing to tape to the wall, a photograph to keep next to the bedside, or flowers for the bedside table can help your child feel as though he's doing something to make the loved one feel better.
- Fill the time as much as possible. It will be easier for the family to relax during the visit if you bring a book for you or your child to read out loud; a board game, such as checkers; completed schoolwork; or a photo album to look through. Doing these activities together and with the injured service member can help everyone feel more comfortable and reinforce the relationships among family members.
- Keep the visit short. Younger children may become bored and older children may feel uncomfortable if the visit seems to go on too long.
- Give your child a way to opt out of a visit. Your child may not be ready for the visit, but feel guilty saying so. Tell your child that it's OK not to go just yet, but suggest that she make a special drawing or write a letter for you to bring. The gesture will help your child feel better about staying home. Find ways to keep the connection between your child and the family member alive -- through e-mail, telephone calls, and letters. It's important for the service member to stay involved in the child's routines as much as possible.

After the visit

Even if you prepare your child thoroughly beforehand, she may still react intensely to the visit. Often these reactions are unpredictable and changeable. After the visit, make sure to:

- Keep an eye on your child for signs that she was overly disturbed by the experience and is not coping well.
- Watch out for behavior changes. Keep in mind that younger children may become clingy and return to old habits and behaviors, such as bed-wetting or thumb-sucking. Older children may suffer physical symptoms, including headaches and stomachaches; becoming irritable or aggressive; doing poorly in school; and engaging in risk-taking behaviors. If any of these behaviors continue for several weeks, seek out the advice of a professional who can help your child cope with the changes in your child's life.

- Let your child know that it's OK to talk about his feelings. Do this by talking about your own feelings. If you notice behavioral changes, be sure to encourage younger children to draw pictures of how they feel inside, and reassure your child that you are there to provide help and support.

This article was written with the help of Ryo Sook Chun, M.D., COL, Medical Corps, U.S. Army Chief, Child and Adolescent Psychiatry Service, Walter Reed Army Medical Center; and Patricia Lester, M.D., Medical Director, Child and Family Trauma Clinic, UCLA Neuropsychiatry Institute © 2005 Ceridian Corporation. All rights reserved.

Talking to Your Children about Wartime Injury

By: Walter Reed Army Medical Center Child and Adolescent Psychiatry Service

Preparing the Child for a Hospital Visit

- Be sure hospital allows “underage” visitors.
- Don’t force the child to go to the hospital; be sure to ask them if they want to go.
- Try to do a dress rehearsal before actually going, so that the child is familiar with what they may see, hear, smell, feel.
- Make the first visit brief, and be sure to ask them if they want a 2nd visit.
- Prepare for varied emotional reactions, and involve the child in conversation and interaction; don’t let them feel unimportant or excluded.
- Let the child know that the medical staff is doing all they can do to help their injured loved one.
- If the child asks questions, parent should be honest, and let them know they’ll try to find the answer.

How to Help at Home

- Very young children need a lot of cuddling and verbal support.
- Answer questions honestly, but don’t dwell on frightening details or allow the subject to dominate family time indefinitely.
- Encourage children of all ages to express emotions through conversation, drawing, or painting, but allow silences.
- Limit viewing of TV and paper news coverage.

- Listen attentively; provide reassurance without minimizing their fears.
- Maintain a normal household and encourage children to participate in recreational activity.

Common Reactions to Learning about Parent's Injury

Infants/Toddlers (before age 3)

- Crying, clinging.
- Searching for parents/caregivers.
- Change in sleep and eating habits.
- Regression to earlier behavior (e.g. bedwetting, thumb sucking).
- Repetitive play or talk.

Preschoolers/Young Children (3-5 yrs)

- Separation fears, clinging.
- Fighting, crying, tantrums, irritable outbursts.
- Withdrawal, regression to earlier behaviors.
- Sleep difficulty.
- Acting/talking as if the person is not injured.
- Increased usual fears (the dark, monsters).

Early School-Age Children (6-9 yrs)

- Anger, fighting, bullying.
- Denial, irritability, self-blame.
- Fluctuating moods, withdrawal.
- Regression to earlier behavior.
- Fear of separation and being alone.

- Physical complaints (stomach/headaches).
- School problems (avoidance, academic difficulty, difficulty concentrating).

Middle School-Age Children (9-12 yrs)

- Crying, sadness, isolation, withdrawal.
- Aggression, irritability, bullying.
- Resentment, fears, anxiety, panic.
- Suppressed emotions, denial, avoidance.
- Self-blame, guilt, sleep disturbance.
- Physical health symptoms and complaints.
- Academic problems or decline, school refusal, memory problems.
- Repetitive thoughts or talks with peers.
- “Hysterical” expressions of concern and need for help.

Early Teens/Adolescents (13-18 yrs)

- Numbing, avoidance of feelings.
- Resentment, loss of trust, guilt, shame.
- Depression, suicidal thoughts.
- Distancing, withdrawal, panic, anxiety.
- Mood swings, irritability, anger.
- Acting out (engaging in risky, antisocial, or illegal behavior), substance abuse.
- Appetite and/or sleep changes.
- Physical complaints or changes.
- Academic decline, school refusal.

- Fear or similar events/illness/death/future.

When to Talk to Your Child

- The sooner, the better.
- When the panic subsides and you can talk about it more calmly.
- When you know more about the nature and the extent of the injury.
- When you can deliver the news rather than someone else.

How to Talk to Your Child

(Be prepared to repeat information to the child).

- Explain the injury based on the child's age and using the child's language (e.g., boo boo, broken leg, etc.).
- Speak calmly and as truthfully as possible.
- Keep it short/brief and simple.
- Talk Face-to-face is better than phone.
- Select an uninterrupted, non-distracting, private, quiet environment; keep eye contact.

What to Tell Your Child

- Who has been injured.
- The nature/type of injury.
- What is being done to help the injured parent/guardian.
- The child is NOT the cause of it.
- The child is safe and will receive care.
- Reassurance is the key.

Internet Resources:

American Academy of Child/Adolescent Psychiatry
www.aacap.org

American Academy of Pediatrics
www.aap.org/terrorism/index.html
National Child Care Information Center
www.nccic.org/poptopics/cope.html

NYU Child Study Center
www.aboutourkids.org/aboutour/articles/crisis_index.html

Parent's Guide to the Military Child During Deployment and Reunion
www.southcom.mil/QOL/JS_Parent_Handbook_10_29_03.pdf

Blanketing Military Children With Security

By Stephen J. Cozza, M.D.

COL, U.S. Army, Chief Department of Psychiatry, WRAMC

Military life is inherently one of great accomplishments and benefits, but it also presents significant risks and dangers to active duty personnel. Injury or death are possibilities that can be faced by military personnel and their families at any time. If something does happen to a military service member, it affects everyone in his or her family; no family member is immune to the impact of such an incident. Even when children are too young to be able to speak and clearly reveal their thoughts and feelings, research and experience reveals that they are profoundly influenced by these significant events. Some experts refer to these as “transforming” experiences. While powerless to protect military children from difficult life experiences, there are many ways we can work together to help children through these challenges and make transformations as positive as possible. Below are some simple steps that might be taken by families facing uncertainty or grief:

- Keep lines of communication open. Parents and educators are both members of the child’s support team. Since teamwork is more effective when communication is direct, talk and keeping talking about what is happening in the child’s life. Every team member is responsible for this activity. Parents need to let educators know about changes that may affect their child. Teachers need to ask about any changes they observe in a child’s understanding. Parents may be so overwhelmed by the events and critical decisions they have to make that they may forget to communicate important information to the school in a timely manner.
- Limit disruption to routines as much as possible. Continuity represents stability. A predictable schedule can be extremely comforting. Children know what to expect at school, making it a potential haven for children who feel that their life has been turned upside-down. Keeping to a routine can also help adults see how a child is doing since they know how the child used to behave in the same situation.
- Talk about changes in the way that works best for your child. Children of different ages and abilities will require different amounts of information, explained in various ways. A thirteen year old will have more questions and want more information than a three year old. A child who has special needs may need to discuss or express his or her reactions to the changes in a different way. A verbal child may want to talk about what has happened more than a visual child, who would be better served by drawing pictures. Tailor your reactions and responses to the needs of that individual child.
- Discuss feelings. Just as children have to learn the names of colors and shapes, they also have to learn the names of feelings. They need to understand that everyone has all kinds of feelings, and that even grown-ups feel scared or alone at times. Children are also

incredibly perceptive. If they think an adult is sad or worried, it can be confusing if the adult denies those emotions and says that he/she is not. Talk about how they feel, how you feel, and what you can each do to cope with those feelings. Show children that all feelings are OK; it is what you do about them that is most important.

- Tap into existing resources. The military has a host of resources to help military members and their spouses. Communities also have sources of support for families. Schools are a great place to learn about community resources. Remember that the Internet can link you to supportive people no matter where you live.

- Engage children in creating coping mechanisms. The most effective ways to support children are the ones that they take part of creating. Rather than pitying children, honor their sacrifices and their courage in expressing their feelings, and involve them in creating coping mechanisms that work for them. In this way, you will be supporting their strength and encouraging their courage, while helping them feel more in control.

- Provide extra time and support whenever possible. Children, just like adults, may not react to changes in the way that those around them may expect. Special events, such as Father's Day and Mother's Day, may reveal grief that had been hidden from view. Day to day activities may be abandoned because they are difficult to face at first- for example, the book that was always shared at bedtime may be shelved for awhile. Since grief is such an intensely personal experience, make sure that those grieving have access to support for a while instead of confining your support to the period just after the change. Knowing that someone else is thinking of their mother on her birthday may be just what a family needs. Support should be there any time grieving is detected or suspected.

Common Reactions to Trauma

A National Center for PTSD Fact Sheet

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A traumatic experience produces emotional shock and may cause many emotional problems. This handout describes some of the common reactions people have after a trauma. Because everyone responds differently to traumatic events, you may have some of these reactions more than others, and some you may not have at all.

Remember, many changes after a trauma are normal. In fact, most people who directly experience a major trauma have severe problems in the immediate aftermath. Many people then feel much better within three months after the event, but others recover more slowly, and some do not recover enough without help. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described below.

1. **Fear and anxiety.** Anxiety is a common and natural response to a dangerous situation. For many it lasts long after the trauma ended. This happens when views of the world and a sense of safety have changed. You may become anxious when you remember the trauma. But sometimes anxiety may come from out of the blue. Triggers or cues that can cause anxiety may include places, times of day, certain smells or noises, or any situation that reminds you of the trauma. As you begin to pay more attention to the times you feel afraid, you can discover the triggers for your anxiety. In this way, you may learn that some of the out-of-the-blue anxiety is really triggered by things that remind you of your trauma.
2. **Re-experiencing of the trauma.** People who have been traumatized often re-experience the traumatic event. For example, you may have unwanted thoughts of the trauma, and find yourself unable to get rid of them. Some people have flashbacks, or very vivid images, as if the trauma is occurring again. Nightmares are also common. These symptoms occur because a traumatic experience is so shocking and so different from everyday experiences that you can't fit it into what you know about the world. So in order to understand what happened, your mind keeps bringing the memory back, as if to better digest it and fit it in.
3. **Increased arousal** is also a common response to trauma. This includes feeling jumpy, jittery, shaky, being easily startled, and having trouble concentrating or sleeping. Continuous arousal can lead to impatience and irritability, especially if you're not getting enough sleep. The arousal reactions are due to the fight or flight response in your body.

The fight or flight response is the way we protect ourselves against danger, and it occurs also in animals. When we protect ourselves from danger by fighting or running away, we need a lot more energy than usual, so our bodies pump out extra adrenaline to help us get the extra energy we need to survive. People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack. The problem is that increased arousal is useful in truly dangerous situations, such as if we find ourselves facing a tiger. But alertness becomes very uncomfortable when it continues for a long time even in safe situations. Another reaction to danger is to freeze, like the deer in the headlights, and this reaction can also occur during a trauma.

4. Avoidance is a common way of managing trauma-related pain. The most common is avoiding situations that remind you of the trauma, such as the place where it happened. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way to reduce discomfort is trying to push away painful thoughts and feelings. This can lead to feelings of numbness, where you find it difficult to have both fearful and pleasant or loving feelings. Sometimes the painful thoughts or feelings may be so intense that your mind just blocks them out altogether, and you may not remember parts of the trauma.

5. Many people who have been traumatized feel angry and irritable. If you are not used to feeling angry this may seem scary as well. It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair.

6. Trauma often leads to feelings of guilt and shame. Many people blame themselves for things they did or didn't do to survive. For example, some assault survivors believe that they should have fought off an assailant, and blame themselves for the attack. Others feel that if they had not fought back they wouldn't have gotten hurt. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. Sometimes, other people may blame you for the trauma. Feeling guilty about the trauma means that you are taking responsibility for what occurred. While this may make you feel somewhat more in control, it can also lead to feelings of helplessness and depression.

7. Grief and depression are also common reactions to trauma. This can include feeling down, sad, hopeless or despairing. You may cry more often. You may lose interest in people and activities you used to enjoy. You may also feel that plans you had for the future don't seem to matter anymore, or that life isn't worth living. These feelings can lead to thoughts of wishing you were dead, or doing something to hurt or kill yourself. Because the trauma has changed so much of how you see the world and yourself, it makes sense to feel sad and to grieve for what you lost because of the trauma.

8. Self-image and views of the world often become more negative after a trauma. You may tell yourself, "If I hadn't been so weak or stupid this wouldn't have happened to me." Many people see themselves as more negative overall after the trauma ("I am a bad

person and deserved this.").

It is also very common to see others more negatively, and to feel that you can't trust anyone. If you used to think about the world as a safe place, the trauma may suddenly make you think that the world is very dangerous. If you had previous bad experiences, the trauma convinces you that the world is dangerous and others aren't to be trusted. These negative thoughts often make people feel they have been changed completely by the trauma. Relationships with others can become tense and it is difficult to become intimate with people as your trust decreases.

9. Sexual relationships may also suffer after a traumatic experience. Many people find it difficult to feel sexual or have sexual relationships. This is especially true for those who have been sexually assaulted, since, in addition to the lack of trust, sex itself is a reminder of the assault.

10. Some people increase their use of alcohol or other substances after a trauma. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs changed as a result of your traumatic experience, it can slow down your recovery and cause problems of its own.

Many of the reactions to trauma are connected to one another. For example, a flashback may make you feel out of control, and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful. Again, as you become aware of the changes you have gone through since the trauma, and as you process these experiences during treatment, the symptoms should become less distressing.

Stress

Have you ever:

- felt so tense, discouraged, or angry that you were afraid you just couldn't cope?
- had an extremely stressful experience that you try not to think about, but it still continues to bother you or is repeated in nightmares?
- felt constantly on guard or watchful, or been on edge or jumpy more than you really need to be?
- had a family member who seemed troubled in these ways?

If so, this information is for you.

Everyone Experiences Stress

Stress is a normal response of the body and mind. Everyone feels stress when gearing up to deal with major life events (such as marriage, divorce, births, deaths, or starting or ending a job) or handling everyday hassles like arguments, financial headaches, deadlines, or traffic jams.

Physical signs of a stress response include:

- Rapid heartbeat
- Headaches
- Stomach aches
- Muscle tension

Emotional signs of stress can be both positive and upsetting:

- Excitement, Frustration, Anxiety
- Exhilaration, Nervousness, Anger
- Joy, Discouragement

Stress Can Become a Problem

Repeated stress drains and wears down your body and mind. Stress is like starting a car engine or pushing the accelerator pedal to speed up. If you keep revving up the car, you'll burn out the starter and wear out both the brakes and the engine. Burnout occurs when repeated stress is not balanced by healthy time outs for genuine relaxation. Stress need not be a problem if you manage it by smoothly and calmly entering or leaving life's fast lane.

Managing Stress

Stress Management involves responding to major life events and everyday hassles by relaxing as well as tensing up. Relaxation actually is a part of the normal stress response.

When faced with life's challenges, people not only tense up to react rapidly and forcefully, but they also become calm in order to think clearly and act with control.

Techniques for managing stress include:

- Body and mental relaxation
- Positive thinking
- Problem solving
- Anger control
- Time management
- Exercise
- Responsible assertiveness
- Interpersonal communication

Physical benefits of managing stress include:

- Better sleep, energy, strength, and mobility
- Reduced tension, pain, blood pressure, heart problems, and infectious illnesses

Emotional benefits of managing stress include:

- Increased quality of life and well-being
- Reduced anxiety, depression, and irritability

Tips for Dealing with Others and the Media

Here are some tips from those who have had dealings with the media and well wishers.

- It is your choice to respond to the media. You have the right to say “No, thank you”, “I don’t know”, or “No comment” if approached by a reporter. You have no obligation to explain yourself or why you prefer not to talk to the media.
- If you are considering talking to the media or have been approached, utilize the Public Affairs Office (PAO) at the MTF to help you. As a family member, you are not required to report to the PAO, but as they deal with the media on a regular basis, they can offer valuable support and advice.
- When you put information out in public domain, there is no calling it back. Whatever you say can and will be repeated. Consider carefully what details you may want to reveal to well wishers or the media.
- No matter what you say, understand that rumors will circulate about your soldier’s injury, progress, and circumstances surrounding the injury.

- You may wish to designate a family “spokesperson” who will update others on your soldier’s progress. (See “Caring Bridge” in section 3 for more information about creating a web site for your soldier)
- Don’t feel you have to respond to all phone calls, emails or cards from well wishers. You and your soldier decide when visitors are welcome.
- Everyone responds differently to crisis. Some feel an intense desire to help and others may stay away because they don’t know what to say and are uncomfortable. Just because you don’t hear from someone doesn’t mean that they don’t care. Keep expectations realistic.
- Keep a list of “needs” and when approached with offers of help give specific suggestions (i.e. mow the yard, get the mail, walk the dog, help with meals).
- If you are feeling emotionally overwrought, count to 10 before replying to someone. Believe that everyone is genuinely trying to help, even if you feel they have said the “wrong” thing. Watch for questions designed to provoke an emotional response.
- Try to maintain a positive attitude when people approach.
- Keep the unit apprised of your soldier’s condition. Other soldiers still deployed will want to know how your soldier is doing.

Family and Medical Leave Act

Entitlement

Under the Family and Medical Leave Act of 1993 (FMLA), most Federal employees are entitled to a total of up to 12 workweeks of unpaid leave during any 12-month period for the following purposes:

- the birth of a son or daughter of the employee and the care of such son or daughter;
- the placement of a son or daughter with the employee for adoption or foster care;
- the care of spouse, son, daughter, or parent of the employee who has a serious health condition; or
- a serious health condition of the employee that makes the employee unable to perform the essential functions of his or her positions.

Under certain conditions, an employee may use the 12 weeks of FMLA leave intermittently. An employee may elect to substitute annual leave and/or sick leave, consistent with current laws and OPM's regulations for using annual and sick leave, for any unpaid leave under the FMLA. (The amount of sick leave that may be used to care for a family member is limited. FMLA leave is in addition to other paid time off available to an employee.)

Job Benefits and Protection

- Upon return from FMLA leave, an employee must be returned to the same position or to an "equivalent position with equivalent benefits, pay, status, and other terms and conditions of employment."
- An employee who takes FMLA leave is entitled to maintain health benefits coverage. An employee on unpaid FMLA leave may pay the employee share of the premiums on a current basis or pay upon return to work.

Advance Notice and Medical Certification

- An employee must provide notice of his or her intent to take family and medical leave not less than 30 days before leave is to begin or, in emergencies, as soon as is practicable.
- An agency may request medical certification for FMLA leave taken to care for an employee's spouse, son, daughter, or parent who has a serious health condition or for the serious health condition of the employee.

Frequently Asked Questions and Answers

Q: How much leave am I entitled to under FMLA?

If you are an "eligible" employee, you are entitled to 12 weeks of leave for certain family and medical reasons during a 12-month period.

Q: How is the 12-month period calculated under FMLA?

Employers may select one of four options for determining the 12-month period:

- the calendar year;
- any fixed 12-month "leave year" such as a fiscal year, a year required by state law, or a year starting on the employee's "anniversary" date;
- the 12-month period measured forward from the date any employee's first FMLA leave begins; or
- a "rolling" 12-month period measured backward from the date an employee uses FMLA leave.

Q: Does the law guarantee paid time off?

No. The FMLA only requires unpaid leave. However, the law permits an employee to elect, or the employer to require the employee, to use accrued paid leave, such as vacation or sick leave, for some or all of the FMLA leave period. When paid leave is substituted for unpaid FMLA leave, it may be counted against the 12-week FMLA leave entitlement if the employee is properly notified of the designation when the leave begins.

Q: Does workers' compensation leave count against an employee's FMLA leave entitlement?

It can. FMLA leave and workers' compensation leave can run together, provided the reason for the absence is due to a qualifying serious illness or injury and the employer properly notifies the employee in writing that the leave will be counted as FMLA leave.

Q: Can the employer count leave taken due to pregnancy complications against the 12 weeks of FMLA leave for the birth and care of my child?

Yes. An eligible employee is entitled to a total of 12 weeks of FMLA leave in a 12-month period. If the employee has to use some of that leave for another reason, including a difficult pregnancy, it may be counted as part of the 12-week FMLA leave entitlement.

Q: Can the employer count time on maternity leave or pregnancy disability as FMLA leave?

Yes. Pregnancy disability leave or maternity leave for the birth of a child would be considered qualifying FMLA leave for a serious health condition and may be counted in

the 12 weeks of leave, so long as the employer properly notifies the employee in writing of the designation.

Q: If an employer fails to tell employees that the leave is FMLA leave, can the employer count the time they have already been off against the 12 weeks of FMLA leave?

In most situations, the employer cannot count leave as FMLA leave retroactively. Remember, the employee must be notified in writing that an absence is being designated as FMLA leave. If the employer was not aware of the reason for the leave, leave may be designated as FMLA leave retroactively only while the leave is in progress or within two business days of the employee's return to work.

Q: Who is considered an immediate "family member" for purposes of taking FMLA leave?

An employee's spouse, children (son or daughter), and parents are immediate family members for purposes of FMLA. The term "parent" does not include a parent "in-law". The terms son or daughter do not include individuals age 18 or over unless they are "incapable of self-care" because of mental or physical disability that limits one or more of the "major life activities" as those terms are defined in regulations issued by the Equal Employment Opportunity Commission (EEOC) under the Americans With Disabilities Act (ADA).

Q: May I take FMLA leave for visits to a physical therapist, if my doctor prescribes the therapy?

Yes. FMLA permits you to take leave to receive "continuing treatment by a health care provider," which can include recurring absences for therapy treatments such as those ordered by a doctor for physical therapy after a hospital stay or for treatment of severe arthritis.

Q: Which employees are eligible to take FMLA leave?

Employees are eligible to take FMLA leave if they have worked for their employer for at least 12 months, and have worked for at least 1,250 hours over the previous 12 months, and work at a location where at least 50 employees are employed by the employer within 75 miles.

Q: Do the 12 months of service with the employer have to be continuous or consecutive?

No. The 12 months do not have to be continuous or consecutive; all time worked for the employer is counted.

Q: Do the 1,250 hours include paid leave time or other absences from work?

No. The 1,250 hours include only those hours actually worked for the employer. Paid leave and unpaid leave, including FMLA leave, are not included.

Q: How do I determine if I have worked 1,250 hours in a 12-month period?

Your individual record of hours worked would be used to determine whether 1,250 hours had been worked in the 12 months prior to the commencement of FMLA leave. As a rule of thumb, the following may be helpful for estimating whether this test for eligibility has been met:

24 hours worked in each of the 52 weeks of the year; or
over 104 hours worked in each of the 12 months of the year; or
40 hours worked per week for more than 31 weeks (over seven months) of the year.

Q: Do I have to give my employer my medical records for leave due to a serious health condition?

No. You do not have to provide medical records. The employer may, however, request that, for any leave taken due to a serious health condition, you provide a medical certification confirming that a serious health condition exists.

Q: Can my employer require me to return to work before I exhaust my leave?

Subject to certain limitations, your employer may deny the continuation of FMLA leave due to a serious health condition if you fail to fulfill any obligations to provide supporting medical certification. The employer may not, however, require you to return to work early by offering you a light duty assignment.

Q: Are there any restrictions on how I spend my time while on leave?

Employers with established policies regarding outside employment while on paid or unpaid leave may uniformly apply those policies to employees on FMLA leave. Otherwise, the employer may not restrict your activities. The protections of FMLA will not, however, cover situations where the reason for leave no longer exists, where the employee has not provided required notices or certifications, or where the employee has misrepresented the reason for leave.

Q: Can my employer make inquiries about my leave during my absence?

Yes, but only to you. Your employer may ask you questions to confirm whether the leave needed or being taken qualifies for FMLA purposes, and may require periodic reports on your status and intent to return to work after leave. Also, if the employer wishes to obtain another opinion, you may be required to obtain additional medical certification at the employer's expense or rectifications during a period of FMLA leave. The employer may have a health care provider representing the employer contact your health care provider,

with your permission, to clarify information in the medical certification or to confirm that it was provided by the health care provider. The inquiry may not seek additional information regarding your health condition or that of a family member.

Q: Can my employer refuse to grant me FMLA leave?

If you are an "eligible" employee who has met FMLA's notice and certification requirements (and you have not exhausted your FMLA leave entitlement for the year), you may not be denied FMLA leave.

Q: Will I lose my job if I take FMLA leave?

Generally, no. It is unlawful for any employer to interfere with or restrain or deny the exercise of any right provided under this law. Employers cannot use the taking of FMLA leave as a negative factor in employment actions, such as hiring, promotions or disciplinary actions; nor can FMLA leave be counted under "no fault" attendance policies. Under limited circumstances, an employer may deny reinstatement to work - but not the use of FMLA leave - to certain highly-paid, salaried ("key") employees.

Q: Are there other circumstances in which my employer can deny me FMLA leave or reinstatement to my job?

In addition to denying reinstatement in certain circumstances to "key" employees, employers are not required to continue FMLA benefits or reinstate employees who would have been laid off or otherwise had their employment terminated had they continued to work during the FMLA leave period as, for example, due to a general layoff.

Employees who give unequivocal notice that they do not intend to return to work lose their entitlement to FMLA leave.

Employees who are unable to return to work and have exhausted their 12 weeks of FMLA leave in the designated "12 month period" no longer have FMLA protections of leave or job restoration.

Under certain circumstances, employers who advise employees experiencing a serious health condition that they will require a medical certificate of fitness for duty to return to work may deny reinstatement to an employee who fails to provide the certification, or may delay reinstatement until the certification is submitted.

Q: Can my employer fire me for complaining about a violation of FMLA?

No. Nor can the employer take any other adverse employment action on this basis. It is unlawful for any employer to discharge or otherwise discriminate against an employee for opposing a practice made unlawful under FMLA.

Q: Does an employer have to pay bonuses to employees who have been on FMLA leave?

The FMLA requires that employees be restored to the same or an equivalent position. If an employee was eligible for a bonus before taking FMLA leave, the employee would be eligible for the bonus upon returning to work. The FMLA leave may not be counted against the employee. For example, if an employer offers a perfect attendance bonus, and the employee has not missed any time prior to taking FMLA leave, the employee would still be eligible for the bonus upon returning from FMLA leave.

On the other hand, FMLA does not require that employees on FMLA leave be allowed to accrue benefits or seniority. For example, an employee on FMLA leave might not have sufficient sales to qualify for a bonus. The employer is not required to make any special accommodation for this employee because of FMLA. The employer must, of course, treat an employee who has used FMLA leave at least as well as other employees on paid and unpaid leave (as appropriate) are treated.

Q: Under what circumstances is leave designated as FMLA leave and counted against the employee's total entitlement?

In all circumstances, it is the employer's responsibility to designate leave taken for an FMLA reason as FMLA leave. The designation must be based upon information furnished by the employee. Leave may not be designated as FMLA leave after the leave has been completed and the employee has returned to work, except if:

- the employer is awaiting receipt of the medical certification to confirm the existence of a serious health condition; or,
- the employer was unaware that leave was for an FMLA reason, and subsequently acquires information from the employee such as when the employee requests additional or extensions of leave; or,
- the employer was unaware that the leave was for an FMLA reason, and the employee notifies the employer within two days after return to work that the leave was FMLA leave.

Q: Can my employer count FMLA leave I take against a no fault absentee policy?

No.

SECTION 3

INPATIENT

- a. Medical Care Team: Role and definitions
- b. You as Your Soldier's Advocate
- c. Patient Bill of Rights
- d. A Soldier's Viewpoint
- e. War Zone Related Stress- What Families Need to Know
- f. Taking Care of Yourself (not just your soldier)
- g. Reunion Information
- h. Learning to Use the Internet
- i. Caring Bridge- a way to keep other's informed of progress

Care Team Roles and Definitions

While your soldier is on inpatient status, meaning they are occupying a bed within the hospital, there is a multidisciplinary team which cares for them and oversees their recovery. Membership of this team is determined based on the injuries received and needs of the individual soldier. There are some common components on these teams. This overview is provided as more of an example than as a template of care. Regardless of who comprises the team, the quality of care provided at Walter Reed Army Medical Care is unparalleled.

To ensure that medical treatment is continuing as smoothly as possible, a “case manager” will be assigned to your Soldier. Given the large numbers of providers and support personnel who may be caring for a patient, the composition of the medical team can be confusing for family members (and patients!). The case manager “directs traffic” and is a valuable resource for family members who may have questions about their loved one’s medical care.

A licensed professional social worker is assigned to all soldiers when they arrive at the MTF. They act as a liaison between the medical treatment team and the soldier and family. The social worker provides psychosocial assessment and intervention for both the soldier and family. The social worker can provide medical crisis counseling and supportive counseling. They will assist meeting the needs of the family, whatever they may be, by linking the family with the appropriate agencies and resources. The social worker is a linchpin in the system of wounded care as they provide a continuity factor for the soldier/family from arrival at the MTF until discharge. While other members of the team will change, the social worker normally remains throughout the inpatient process. The social worker is an integral part of discharge planning which begins the moment the soldier arrives at the MTF. The social worker ensures a smooth transition to the next level of care. The next level of care could be the VA, another military treatment facility, a treatment facility near the soldier’s family, out patient status at the MTF, or a complete discharge from medical care. The social worker incorporates the needs of the family during this transition, to include coordinating for home health care, equipment, etc. If the soldier returns at some point in the future to inpatient status at the MTF, Department of Social Work Services will try to assign the same social worker to the soldier and family. Be actively involved with the social worker and establish contact when you arrive. Ask for what you need.

The medical team often includes doctors, nurses, social workers, various therapists, technicians, and numerous other supporting staff members. When a patient is treated by several different medical services (or specialties), the number of “team members” can increase dramatically.

The following is a partial listing (and brief description) of the various personnel who may comprise a multidisciplinary medical team. Families will encounter many of these health care professionals during your Soldier’s hospital stay:

Attending physician/surgeon: The senior doctor directing medical care.

Resident or resident physician: A doctor at any level in a graduate medical education program, including subspecialty programs. Other terms used to refer to these individuals include interns, house officers, house staff, trainees or fellows.

The term "fellow" is sometimes used to denote physicians in subspecialty programs (versus residents in specialty programs) or in graduate medical education programs that are beyond the requirements for eligibility for first board certification in the discipline.

The term "intern" is sometimes used to denote physicians in their first year of training.

Staff physician: A fully-trained doctor who is a member of the medical/surgical staff.

Staff nurse: A fully-trained registered nurse (RN) assigned to a particular service or ward. RNs care for patients at the hospital bedside, in private clinics, and in the patient's home. Nurses may also work to help prevent disease, to educate the public about health issues, to enhance public health, and to support ill patients both physically and mentally. A nurse may also be the Case Manager for your Soldier.

Nurse Practitioner: A nurse practitioner (NP) is a registered nurse (RN) who has completed advanced education and training in the diagnosis and management of common medical conditions, including chronic illnesses. Nurse practitioners provide a broad range of health care services.

Licensed Practical Nurse/Licensed Vocational Nurse: LPNs/LVNs perform duties that may include giving injections, taking vital signs, performing basic diagnostic tests, observing patients, dressing wounds, and administering medication. They also assist patients in daily living activities such as eating, dressing, exercising, and bathing.

Physician Assistant: Physician Assistants (PAs) practice medicine under the supervision of physicians and surgeons. They should not be confused with medical assistants, who perform routine clinical and clerical tasks. PAs are trained to provide diagnostic, therapeutic, and preventive health care services, as delegated by a physician.

Social Worker: Social Workers help people function the best way they can in their environment and solve personal and family problems. Social workers often see clients who face a life-threatening medical conditions or social problems. Social Workers often serve as Case Managers.

Respiratory therapist: evaluate, treat, and care for patients with breathing or other cardiopulmonary disorders. Practicing under the direction of a physician, respiratory therapists assume primary responsibility for all respiratory care therapeutic treatments and diagnostic procedures, including the supervision of respiratory therapy technicians.

Occupational therapist: Occupational therapists (OTs) help people improve their ability to perform tasks in their daily living and working environments. They work with individuals who have conditions that are mentally, physically, developmentally, or emotionally disabling. They also help them to develop, recover, or maintain daily living and work skills.

Physical therapist: Physical therapists (PTs) provide services that help restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities of patients suffering from injuries or disease. They restore, maintain, and promote overall fitness and health.

Variety of essential supportive personnel: Clergy, medical assistants, laboratory, dietary/nutrition, clerical staff, etc.

Variety of students: Medical, nursing, dental, physical therapy, etc.

Other non-medical personnel interacting with the family during the inpatient stay may include Soldier Family Management Specialist (SFMS) from the Army Wounded Warrior Program (AW2), Soldier Family Assistance Center (or SFAC), Soldier Family Liaison, Chaplains, representatives from the Medical Hold/Holdover Company, and unit liaisons. Please see a full write up on these organizations in the resource section, but a brief description is included here.

The SFMS from AW2 can work many issues for the severely wounded soldier and family. They can assist with awards (Purple Heart), pay issues (such as receiving the full measure of hostile fire pay), employment, legal issues and issues dealing with the Medical and Physical Evaluation Boards. These SFMS can continue to interact with the soldier and family for up to five years after leaving MTF.

The SFAC is a valuable resource for families. They can provide shuttle and public transportation schedules, as well as emergency taxi vouchers. The SFAC can assist with obtaining a letter granting permission to use the commissary (Army grocery store) and PX (Army department store).

Chaplains provide spiritual support for the soldier and the family. There are chapels located within the hospital.

Representatives from the Medical Hold and Holdover Companies usually make contact with the soldier and family within five days of the soldier's arrival at the MTF. These companies are military units that the soldiers are often assigned to or attached to while at the MTF. More information about the role of these companies can be found in the outpatient section.

Unit liaisons are representatives from the military unit that your soldier belonged to while in theatre (Iraq or Afghanistan). These liaisons are there to support the soldier and can help with issues regarding locating possessions left in theatre, unit awards, and other administrative issues as well as assisting in any way that they can. Check to see if your

soldier's unit has a liaison at the MTF. If there is no unit liaison at the MTF, stay in touch with the Rear Detachment Commander (member of your Soldier's unit left behind to care for families). Not only can they provide you with information and support, they can also update the members of your Soldier's unit still deployed and keep them current on your Soldier's condition.

Your soldier may be transferred to the VA system as an inpatient. There is a VA liaison inside the MTF to facilitate this transfer. Please confer with the liaison and remember that your T&TOs at the MTF will have to be closed out, and the travel voucher filed, before leaving.

Your soldier may also be transferred to another military treatment facility, usually in an effort to either get the soldier closer to home, or to connect the soldier to a specific type of care. Work with the DA WIA liaison to determine if someone can travel with the soldier and how the T&TOs will change during this time.

You as Your Soldier's Advocate

If you have traveled to the MTF on travel and transportation orders (T&TOs), then the medical team has determined it is in your soldier's best interest to have you by their side during this initial phase of the recovery process. You may have made the trip to the MTF without T&TOs at your soldier's request. Everyone involved in this recovery effort, from the medical staff to supporting agencies, has the soldier's best interest at heart and yours as well.

Your soldier came to be at the MTF as a result of sustaining an injury that requires medical treatment that may tax the limits of their physical and emotional resources. During this time, you can choose to be a valuable advocate for your soldier. No one knows your soldier as you do. Now that you are here at the MTF, the reality of the injuries sustained by your soldier may seem overwhelming. With all the excellent and complex medical care that your soldier is receiving, what can you do to enhance the recovery process? How can you advocate for your soldier with the professional teams already in place? Below are some suggestions on how to be an advocate for your soldier during this time. It's your choice on how involved you want to be. Depending on the severity of your soldier's injury, they may not be able to speak up for themselves. If you feel more comfortable being an emotional supporter for your soldier, allow another family member to be the advocate.

Engage the care team from the beginning and establish a relationship that is both open and honest to best benefit your soldier. Make sure that you thoroughly understand both the diagnosis (what medically has occurred and is occurring) and the prognosis (the impact this will have on your soldier, the outcome) so that you are aware of the optimal outcome and the plan to achieve that outcome. Be aware that your soldier's condition can change and both the diagnosis and prognosis may change accordingly. There are no certainties or absolutes in making predictions.

Maintain harmony with the care team, especially during the difficult times. Expect that some information may be unpleasant to hear. Remind yourself that everyone is focused on the same thing, working toward the best outcome for your soldier. When things get tough, your soldier needs the unified support the most. Be a positive team member.

Know when the daily rounds are made and be there to take notes each time the care team assesses the status of your soldier. Write down the terms used (spelling counts) and what those terms mean. Write down the treatment plan, and update it when necessary. Become familiar with the daily routine of care for your soldier. Be aware of shift changes and times when the staff is less available. The medical team takes care of many patients, but you are there to take care of one: your soldier.

Ask questions and identify who your primary point of contact is. Write down questions as they occur to you between rounds, so that you remember them for the next time. The focus of the health care team is on the soldier during these visits. Being organized and prepared by having your questions written and taking notes will maximize the exchange of information. Remember, the care team has other patients to see and time is limited, so prepare beforehand.

Keep a written copy of the treatment plan and daily routine with you at the hospital. Know when your soldier is scheduled to undergo medical procedures such as diagnostic testing, procedures, or therapies. Be aware of any requirements that must be met before a test such as no eating or drinking for a certain number of hours before the test and make sure your soldier sticks to it. If the schedule changes or a test does not occur, check in with the care team to find out why.

Know what medications are given, when, and possible side effects. If a medication is missed, ask about it. If you notice a possible side effect, bring it to the attention of the medical staff.

Your observations of your soldier's overall level of comfort and behaviors are important to enhancing the care received. You may notice your soldier having side effects from medication, showing discomfort before pain medication is due, becoming restless while sleeping, not eating, having difficulty while eating, or other issues that concern you. Write down your observations that you would like to bring to the notice of the medical care team. Be specific about when the issue arose, how long it lasted, and the intensity of the event. This applies to the emotional state of your soldier as well. The healing process involves both the physical and emotional, so speak up about behavioral changes you notice. You will spend more time with your soldier than the health care team can, and your insight is valuable.

You can help protect your soldier from infection by being a vigilant hand washer as a first line of defense. Wash your hands throughout the day as you enter the room. Make sure visitors do the same, to include anyone who touches your soldier. Bring disinfecting wipes and wipe down the surfaces your soldier may come in contact with such as bed rails, TV remote, etc. The hospital does all it can to prevent infection and you should as

well. If you are not feeling well, let the staff know. They will give you a mask so that you do not spread your germs to your soldier or others at the hospital. If you have an open wound or rash, keep it covered. Not only are you protecting your soldier and the other patients, you are protecting yourself as well.

Be patient with your soldier and with yourself. This is a stressful time for you both, and the bottom line is to get your soldier to the best possible outcome. It will take time to adjust to the situation. Expect some peaks and valleys to occur. Reunions are stressful under the best of circumstances. Crisis can play havoc with family relationships. Stay positive to benefit you both.

Utilize all support services so that you can then support your soldier to the best of your abilities. You can not help your soldier if you don't take care of yourself. There are many resources available to you. Please see the section "Taking Care of You".

Patient's Bill of Rights

Rights

Quality Care: You have the right to quality care based on your health care needs regardless of race, creed, sex, national origin or religion.

Respect and Dignity: You have the right to considerate and respectful care, with recognition of your family's religious and cultural preferences.

Privacy and Confidentiality:

You have the right to privacy and confidentiality concerning medical care. This included expecting any discussion or consultation about your care to be conducted discreetly and privately.

You have the right to expect that only people involved in your care or the monitoring of its quality will read your medical record. Other individuals can read your record only when authorized by you and your legally authorized representative.

You have the right to wear appropriate personal religious or symbolic clothing as long as it does not interfere with treatment or procedures.

You have the right to consent prior to any recording or filming for teaching or research purposes.

You have the right to designate family members or loved ones to be informed of your condition.

Photographing and recording (including digital telephones and PDAs) are not permitted without your permission.

You have the right to a chaperone upon request.

Personal Safety and Security: You have the right to a safe, secure environment while in the hospital.

You have the right to access protective and advocacy services. Contact numbers and/or points of contact are available upon request.

Identity: You have the right to complete and current information about your diagnosis, treatment, medications, and the expected outcomes in terms that you can understand.

Consent: You have the right to be informed and to consent to all procedures, treatments and admissions.

Communication: You have the right to expect that your needs will be communicated to the health care team, including access to an interpreter when language barriers are a problem.

Pain Management: You have the right to have a complete evaluation of any pain you may have, as well as the right to be treated appropriately for that pain.

Refusal of Treatment: You have the right to refuse care, treatment, and services in accordance with applicable law and regulations.

Advance Directive: You have the right to formulate an advance directive (living will and/or medical durable power of attorney), and to take part in ethical issues pertinent to your care.

An advanced directive from another facility will be honored if you provide a copy to the treatment team.

Transfer and Continuity of Care: You have the right to information if you are transferred to another facility. Discharge information about your condition and ongoing health care needs will be provided to you when you are discharged from the hospital.

Hospital Rules and Regulations: You have the right to information about hospital rules and regulations that apply to you.

You and Your Child: You have the right to know the treatment plan for your child and to have answers to all your questions and concerns about your child's treatment.

Research: You have the right to a second opinion with a specialist at your own request and expense.

Responsibilities

Providing Information: You are responsible for providing accurate and complete information about present complaints, illnesses, hospitalizations, medications, and other matters relating to your health.

You should report unexpected changes in your condition to your doctor.

You must tell your health care team if you do not clearly understand the plan of care and what is expected of you.

You must tell your health care team if you have any concern over the safety and care you are receiving.

Compliance with Instructions: You should follow the treatment plan given to you by your doctor, nurses or other health care workers. This includes keeping your appointments, and notifying the clinic when you are unable to do so.

Maintain Positive Health Practices: You have the responsibility to develop and maintain healthy habits including good nutrition and adequate sleep and rest, and routine exercise.

Refusal of Treatment: You are responsible for you own actions when you refuse treatment or do not follow the doctor's or other health care worker's instructions.

Hospital Rules: You are responsible for following hospital rules and regulations affecting patient care and conduct. Any suspicious activity should be reported to the hospital staff.

Hospital Charges: You are responsible for paying hospital bills as soon as possible.

Respect and Consideration: You are responsible for treating our staff and other patients with respect and consideration.

Protecting Others From Illness or Infection: Do not let friends or family visit if they are sick, or have been exposed to a communicable disease, such as chicken pox. You and your visitors should wash your hands frequently.

Smoking Policy: You may not smoke while in the facility. You may smoke only in the designated smoking areas located outside the buildings.

Medical Records: You must return your outpatient medical records to your assigned medical treatment facility after all medical consultation or other appointments are finished.

All medical records are the property of the U.S. Government and must be returned to the appropriate Military Treatment Facility so that a complete record of your care can be maintained.

Reporting of Patient Complaints: Any concerns, questions, and complaints should be given to the SFAC. This will help the Commander provide the best possible care for all patients. After duty hours, the Administrative Officer of the Day will receive calls and refer them to the appropriate office.

Patient Safety“Speak Up”

Speak up if you have questions or concerns.

Pay attention to the care you are receiving.

Educate yourself about your health conditions.

Ask a family member or friend to be your advocate.

Know what medications you take and why you take them.

Use a health care organization that is certified by JCAHO.

Participate in all decisions about your care.

The proponent agency of this pamphlet is the Patient Representative Office. Users are invited to send comments suggested improvements on DA Form.

A Soldier's Viewpoint

From the point of injury on the battlefield, the soldier has been moved quickly through an array of treatment facilities based on the geographic location where the soldier was injured and the type of injury sustained. Most soldiers are treated at the scene of injury by a combat life saver or field medic, moved to an aid station awaiting evacuation to a Combat Support Hospital (CSH). Once at the CSH, stabilizing measures were taken and the soldier given medical treatment based on the injury. The doctors at the CSH determined what the extent of injury was and began the procedure to evacuate the soldier to the United States. From the CSH the soldier was transported to the aircraft and began the journey back to the US with a stopover in Germany. At each point along the way the soldier is re-evaluated. Sometimes a delay occurs in Germany if the soldier required further stabilization before travel. After days of travel and transport, the soldier arrived at the MTF

Throughout this evacuation process the soldier may have been heavily medicated or unconscious. The speed of transition from the battlefield to safety in the US is disorienting for anyone, but with the addition of injury and medication, it can take on a surreal quality for the soldier. For those who were unconscious, their last recollection is from the point of injury or before and they awaken to find themselves in unfamiliar surroundings and seriously wounded. At times, communication is hampered by the injury itself, pain medications, or attached medical equipment. The soldier who was just days before performing their duties in a hostile environment is now a patient in a hospital bed awaiting an uncertain fate. Ever the unit the Soldier belongs to may change if the Soldier is assigned to the Medical Holding Company at the MTF. Soldiers strongly identify with their unit and may feel abandoned by their unit or in turn may feel they, even though injured, have abandoned the unit.

The soldier has received both a physical trauma and a psychological/emotional trauma. As with any serious injury, there lies ahead a road to recovery that is full of challenge and uncertainty that taxes both the body and the spirit. The soldier may be facing a changed physical appearance, changed physical abilities, damaged mental processes from traumatic brain injury, and the resulting emotional trauma. In addition, the soldier is undergoing the readjustment from the battlefield to home.

The battlefield in Iraq is not a clearly defined area. Soldiers that are normally considered "non combatants" are being wounded alongside the combatants from IEDs (improvised explosive devices), mortars, and snipers. The "enemy" is not wearing a particular uniform and is not easily identifiable. This makes for an environment of uncertainty. Readjustment and reunion with family and friends may be complicated by more than just the trauma from the injury. Information is included from the National Center for Post Traumatic Stress Disorder (PTSD) for your benefit. Research into PTSD and related issues is ongoing. Ask your medical care team about PTSD.

War-Zone-Related Stress Reactions: What Families Need to Know

A National Center for PTSD Fact Sheet

Military personnel in war zones frequently have serious reactions to their traumatic war experiences. Sometimes the reactions continue after they return home. Ongoing reactions to war-zone fear, horror, or helplessness are connected to posttraumatic stress and can include:

- Nightmares or difficulty sleeping
- Unwanted distressing memories or thoughts
- Anxiety and panic
- Irritability and anger
- Emotional numbing or loss of interest in activities or people
- Problem alcohol or drug use to cope with stress reactions

How Traumatic Stress Reactions Can Affect Families

- Stress reactions may interfere with a service member's ability to trust and be emotionally close to others. As a result, families may feel emotionally cut off from the service member.
- A returning war veteran may feel irritable and have difficulty communicating, which may make it hard to get along with him or her.
- A returning veteran may experience a loss of interest in family social activities.
- Veterans with PTSD may lose interest in sex and feel distant from their spouses.
- Traumatized war veterans often feel that something terrible may happen "out of the blue" and can become preoccupied with trying to keep themselves and family members safe.
- Just as war veterans are often afraid to address what happened to them, family members are frequently fearful of examining the traumatic events as well. Family members may want to avoid talking about the trauma or related problems. They may avoid talking because they want to spare the survivor further pain or because they are afraid of his or her reaction.
- Family members may feel hurt, alienated, or discouraged because the veteran has not been able to overcome the effects of the trauma. Family members may become angry or feel distant from the veteran.

The Important Role of Families in Recovery

The primary source of support for the returning soldier is likely to be his or her family. Families can help the veteran not withdraw from others. Families can provide companionship and a sense of belonging, which can help counter the veteran's feeling of separateness because of his or her experiences. Families can provide practical and emotional support for coping with life stressors.

If the veteran agrees, it is important for family members to participate in treatment. It is also important to talk about how the post trauma stress is affecting the family and what the family can do about it. Adult family members should also let their loved ones know that they are willing to listen if the service member would like to talk about war experiences. Family members should talk with treatment providers about how they can help in the recovery effort.

What Happens in Treatment for PTSD?

Treatment for PTSD focuses on helping the trauma survivor reduce fear and anxiety, gain control over traumatic stress reactions, make sense of war experiences, and function better at work and in the family. A standard course of treatment usually includes:

- Assessment and development of an individual treatment plan.
- Education of veterans and their families about posttraumatic stress and its effects.
- Training in relaxation methods, to help reduce physical arousal/tension.
- Practical instruction in skills for coping with anger, stress, and ongoing problems.
- Detailed discussion of feelings of anger or guilt, which are very common among survivors of war trauma.
- Detailed discussions to help change distressing beliefs about self and others (e.g., self-blame).
- If appropriate, careful, repeated discussions of the trauma (exposure therapy) to help the service member reduce the fear associated with trauma memories.
- Medication to reduce anxiety, depression, or insomnia.
- Group support from other veterans often felt to be the most valuable treatment experience.

Mental health professionals in VA medical centers, community clinics, and Readjustment Counseling Service Vet Centers have a long tradition of working with family members of veterans with PTSD. Couples counseling and educational classes for families may be available. Family members can encourage the survivor to seek education and counseling, but should not try to force their loved one to get help. Family members should consider getting help for themselves, whether or not their loved one is getting treatment.

Self-Care Suggestions for Families

- Become educated about PTSD.
- Take time to listen to all family members and show them that you care.
- Spend time with other people. Coping is easier with support from others, including extended family, friends, church groups, or other community groups.
- Join or develop a support group.
- Take care of yourself. Family members frequently devote themselves totally to those they care for and, in the process, neglect their own needs. Pay attention to yourself. Watch your diet and exercise, and get plenty of rest. Take time to do things that feel good to you.
- Try to maintain family routines, such as dinner together, church, or sports outings.
- If needed, get professional help as early as possible, and get back in touch with treatment providers if things worsen after treatment has ended.

For more information about PTSD please visit the VA website at www.va.gov

A PTSD guide for families can be found at the following web address:
www.ncptd.va.gov/war/guide/GuideforFamilie.pdf

TAKING CARE OF YOU

A Family Member's Trauma

From the moment you were informed that your soldier was deploying into a combat zone, your life altered. The normal routine shifted to include the underlying concern felt when a loved one is in harm's way. The day you received notification that your soldier was wounded, you were wounded as well. Families are connected: what happens to one member affects all the other members of the family. While attention is focused on supporting your soldier, time needs to be spent as well acknowledging your own traumatic experience, and the ongoing effects this experience will have on you and your life.

Notification can be a traumatic experience in and of itself. Even when you know that your soldier is in a combat zone and anything can happen, it is still a shock when you receive a phone call stating that something has. That phone call triggered a series of events that eventually led you to travel from the comfort of your home to the unfamiliar hospital bedside of your soldier. Travel, even under the best of circumstances, is a stressful event. When combined with reuniting with your seriously wounded soldier it becomes even more so. All these experiences in such a short amount of time can be overwhelming, and then you begin to factor in the reality of the injuries and condition of your soldier. Life can suddenly feel out of control.

Whether you are a spouse, parent, child or other relative of the soldier, your life has been irrevocably changed by the events that brought you here. Change is a challenging thing and often uncomfortable while you adapt to the new reality the change has brought to your life. With change, something of the old way of life is lost, and as with all loss, there is a normal period where grieving occurs. No one can know what your loss is. Each of us is unique, and what may be significant to one person may not be to another. Your grieving process is personal. Take some time to think about what you have lost. Acknowledge your own loss and grieve for it. Understand that the extent of your own loss is not fully apparent now. It will take time to realize how much your life will be changed by this experience. Be patient with yourself while you come to grips with the shift in your life.

Your trauma is real. While you might tell yourself it is nothing compared to what your soldier is enduring, it will have an effect on you. Being aware of that gives you some measure of control to lessen that effect. You have the right to feel pain and sorrow. Take care of yourself. Focus on what you have the power to do: that is, to change your own actions or reactions. Actively pursue stress management. Utilize the resources available to you. Seek out and utilize support services for yourself and your children. The social worker assigned to your soldier is there for you as well. Your entire family has been wounded along with your soldier, and it deserves the same care and concern as you are giving your soldier.

Support services available for patients and their family members:

Military Severely Injured Center 1-888-774-1361

The Military Severely Injured Center is available to soldiers and their families 24 hours a day seven days a week.

Military OneSource 1-800-342-9647

Representatives are available to soldiers and their families 24 hours a day seven days a week.

Army Wounded Warrior Program 1-800-337-1336

The Army's premier program takes care of wounded soldiers and their families.

Coming Home

A Guide for Spouses of Service Members Returning from Mobilization/Deployment

As a spouse or child of an active, Guard, or Reserve Service member who is just coming home (or is arriving soon), you are probably both excited and nervous about the homecoming. Even if you have been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service member's assignment, you will have a period of natural adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service Member Comes Home:

You have become more confident and independent and your spouse has changed too. Expect things to be different.

It is normal to feel nervous and anxious about the homecoming. You may wonder whether your spouse will: "Like the way I look?" "Like what I've done with the house?" "Be proud of me for how I've handled things?" "Still need me?" "Still love me?"

Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, parents, extended family members, or friends fit in?

Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.

Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time, and good communication—some people need to be courted again.

COMMUNICATE!! Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the re-

acquaintance jitters, regain closeness, and renegotiate your roles in the family, is by talking and actively listening.

You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.

Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.

You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.

Be calm and assertive, not defensive, when discussing decisions you have made, new family activities and customs, or methods of disciplining the children. Your spouse may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.

Reassure your spouse that they are needed, even though you've coped during the deployment. Talk about keeping some of the independence you've developed. It's best not to "dump" all the chores—or only the ones you dislike—back on your spouse.

Your spouse may have seen or experienced some things that were very upsetting. Some normal reactions to these stressful situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others and/or counselors trained in crisis stress reactions is very important.

Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your household budget. Show you care through your time and effort.

What to Expect from Your Children:

Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, and excitement. Depending on their age, they may not understand how your spouse could leave them if he/she really loved them.

They may be unsure of what to expect from your spouse. They may feel uncomfortable or think of him/her as a stranger.

It's hard for children to control their excitement. Let them give and get the attention they need from the returning parent before you try to have quiet time alone with your spouse.

Children's reactions to the returning parent will differ according to their ages. Some

normal reactions you can expect are:

- o Infants: Cry, fuss, pull away from the returning parent, cling to you or the caregiver.
- o Toddlers: Be shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained).
- o Preschoolers: Feel guilty for making parent go away, need time to warm-up to returning parent, intense anger, act out to get attention, be demanding.
- o School Age: Excitement, joy, talk constantly to bring the returning parent up to date, boast about the returning parent, guilt about not doing enough or being good enough.
- o Teenagers: Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet or spend extended time with the returning parent.

Prepare children for homecoming with activities, photographs, participating in preparations, talking about dad or mom.

Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, and emotional changes. Plan time as a couple and as a family with the children.

Stay involved with your children's school and social activities.

Take Time for Yourself:

Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!

Make time to rest. Negotiate the number of social events you and your family attend.

Limit your use of alcohol. Remember, alcohol was restricted during your spouse's deployment, and tolerance is lowered.

Go slowly in getting back into the swing of things. Depend on family, your spouse's unit, and friends for support.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your partner may be different.

Take time to get reacquainted.

Seek help for family members, if needed.

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their

lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

Reunion Resources at the MTF:

Soldier Family Assistance Center
Army Community Service Chaplains
Department of Social Work Services
American Red Cross
Behavioral Health Services
Social Worker

More reunion resources can be found on line at:

My Army Life Too www.myarmylifetoo.com

Army Families Online www.armyfamiliesonline.org

Military OneSource www.militaryonesource.com

Military Homefront
www.militaryhomefront.dod.mil

National Military Family Association www.nmfa.org

Learning to Use the Internet

Get computer savvy. You do not need to own a computer to reap the benefits of information available on the internet (aka web, World Wide Web, net). If you never expected to, and don't want to become familiar with the computer, now is the time to conquer your fears and jump into the world of information mining on the "net"—commonly know as "surfing the net".

Most of the resources listed in this handbook come with a web address and include a phone number, but not all. It is great to talk to a person, but it isn't always convenient to call for information, depending on time differences and other activities in your life that take away from the time you can dedicate to talking on the phone. If you don't own a computer, you can find internet access at most libraries. If you wish to print something out, you may need to take paper, so check with the library before you go.

Computer Access at the MTF campus:

Post Library: most MTFs have best sellers, books-on-tape, VHS movies, and magazines. Internet access is also available for use. If you are printing out documents more than ten

pages long, you may need to bring your own paper. Most locations are open 0800 - 1645, Monday - Friday.

Local Hotels

Most hotels have computers and internet access in the lobby area. Check with the front desk.

How to find a Web site when you know the Web address

[This article is provided to service members and their families as part of the Army OneSource program, which offers information and support on a wide range of family and personal issues. To access a program, just go to www.Militaryonesource.com or call Army OneSource today. From the United States call 800-464-8107. From overseas call toll free 800-4648-1077 or collect 484-530-5889.

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You may want to look up a "Web address" (also called a "URL") that someone has given you or that you have read about. For example, someone may suggest that you look at a Web site called <http://www.fisherhouse.org>. (This is the "address" for the Web site of a program that provides housing near military medical centers for family members of injured service members.)

Here is how to find a Web site by using the Web address:

1. "Click" on the picture or "icon" that lets you enter the Internet. It will probably have the word "Internet" on it.
2. Now you should see a narrow empty box with the word "address" next to it. This is the "search box." In the search box, type the Web address that you have. It is important to type it exactly.
3. Click on the word "go" or on the arrow next to the address box.
4. The Web site's "home page" should appear on the screen. Click on different pieces of information on the home page to get even more information.

You may not have a certain "Web address" to help you look up information on the Web. That's OK. You can do an Internet "search" that will find Web sites with information about a subject you want to know about.

For example, you may want to find out about organizations that have information about living with a spinal cord injury. Here is a way to do a basic search:

1. Go on the computer and "click" on the picture or "icon" that lets you enter the Internet. It will probably have the word "Internet" on it.

2. Choose a "search engine." A search engine is a software program that searches the Web to find sites that contain the "search term" that you type into the search box. Some of the best-known search engines are Google, Yahoo, and Ask.com.

Google: <http://www.google.com>

Yahoo: <http://www.yahoo.com>

Ask.com: <http://www.ask.com>

3. Type a "search term" into the search box. For this search, a good search term might simply be "spinal cord injury."

4. Click on the word "search," which is next to or under the search box. A list of Web sites will appear on the screen.

5. Click on a Web site that looks useful -- for example, the search term "spinal cord injury" produces a list that includes "National Spinal Cord Injury Association" and "Spinal Cord Injury Resource Center."

6. Read the Web site by clicking on information that looks useful. If a site contains a box that says "resources" be sure to click on it. If a site contains a box that says "links" be sure to click on it, too. "Links" are connections to other Web sites that can be useful.

If a search is producing too many Web sites that aren't really related to what you're looking for, "narrow" your search. For example, if you typed in the search term "child care," you would get thousands of Web sites from all over the world. If you "narrow" the search by adding more specific terms -- for example, "child care San Diego" you will get better results.

- You don't have to use proper capitalization in your search term.
- You don't have to use common words such as "and" and "the."
- If your search isn't turning up information that is helpful, go to the search engine's "advanced search" page, which will show you how to narrow your search.
- When you find helpful sites, "bookmark" them so you can find them again easily.
- Know if a Web site is a commercial site or a noncommercial site. The owners of a commercial Web site may be trying to sell services or items to people who visit the site.
- You can tell something about a site by the last letters in the Web address:
 - .com usually means the site is commercial
 - .org means a nonprofit organization
 - .edu means an educational institution
 - .mil means a military site
 - .gov means a government site

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More information may be found at www.militaryonesource.com

Caring Bridge information is taken from the Fisher House Foundation website at:
<http://www.fisherhouse.org>

CARING BRIDGE

A free service for military families that helps them keeps family and friends up to date. Costs associated with this service are sponsored by Fisher House™ Foundation.

What is Caring Bridge?

It can be difficult to keep friends and family updated on your loved one's condition in the hospital. Caring Bridge is a service that helps you with this responsibility. It gives you the ability to create a web site in which you can quickly alert family and friends of the latest information regarding your loved one's well-being. This page will provide you with basic instructions to build a Web Page on the Internet. Included are simple step-by-step instruction for building and maintaining your free Caring Bridge Web Page. You are under no obligation once you build a web page. You can delete it immediately if you wish. This is an optional free service for you sponsored by Fisher House™ Foundation. Bridge the gap between you and friends and family. It's simple to set up, and it's easy to update. Caring Bridge provides you:

- A customized Web Page
- An online journal to inform others of changing conditions
- An online guestbook for others to sign
- An online photo album
- Plus more...

Frequently Asked Questions for Caring Bridge

1. What if I have problems or need help?

Caring Bridge is administered by the Caring Bridge nonprofit organization. To submit a question or problem, go to www.caringbridge.org and click on "Feedback/Questions" at the top of the page. You can also see additional help by clicking on "Help" at the top of that page.

2. How do other people see my Web Page?

You must provide them with your Web Page address. Viewers use the address (sometimes called location or URL) on the Internet to view your Web Page. Your Web Page is NOT available to search tools on the Internet.

3. Should I be concerned that strangers will be able to see our information?

Anyone who wants to see your Web Page needs to have the correct Web Page address and viewing user name and password (if used). However, the Internet is a public forum and access to your Web Page is deterred, but not totally secure.

4. How do I get a photo on the Web Page?

You must have a digital copy of a photograph to use this feature. To get a digital photo you must either scan an existing photo or use a digital camera. Scanning services are available from many copy centers. Some film development services also have a digital format option. Be sure to specify you want the GIF or JPEG format.

SECTION 4 OUTPATIENT

- a. Why T&TOs change
- b. Non-medical Attendant Orders
- c. Operation Warfighter
- d. Warrior Outreach Wellness Program
- e. When You Become Your Spouse's Caregiver
- f. When You Become Your Adult Child's Caregiver
- g. Traumatic Soldier group Insurance (TSGLI)
- h. PDHA/PDHNA
- i. CBHCO
- j. WTB

Why T&TO's Change

When a soldier reaches the point of no longer requiring inpatient hospital care but still requires treatment at the MTF, the soldier may be moved to the Post lodging and becomes an outpatient. At that point in time, a number of things happen. Most significantly to the family, the T&TOs that the family has been using will be terminated. Unless a physician determines that the soldier needs assistance with daily needs, the family will be encouraged to return home awaiting the return of their soldier. The T&TOs that the family had **MUST BE CLOSED OUT AND THE TRAVEL VOUCHER SUBMITTED BEFORE LEAVING THE MTF.**

Non Medical Attendant Orders

If a physician determines that the soldier needs a non-medical attendant (NMA), the soldier is allowed to designate one person to stay and help with daily needs. The request must be approved by the Deputy Commander of Clinical Services (DCCS) and orders will be issued by the military treatment facility (MTF). Non medical attendant orders (NMAs) cover per diem only. The family member shares a room with the soldier and thus would not require lodging.

If NMAs are requested and approved, the NMA order is then issued by the calendar month. This means that if your soldier becomes an outpatient on November 15th; the first set of NMA orders would expire on November 30th. Start working on the extension immediately with a new memorandum from your soldier's doctor. Submit the memorandum to the Casualty Affairs Office. NMAs are then issued for thirty day cycles until the doctor determines that assistance with daily living is no longer necessary. Each 30 day extension requires a new memorandum from the doctor, so pay close attention to the dates.

Just like T&TOs, you must file a travel voucher for NMAs to be reimbursed for per diem. The travel voucher should be filed the next business day after the NMA expires. In the above example, the first voucher would be filed December 1st. The next set of NMA orders would be issued for December 1st through December 31st and the voucher submitted on the next business day after the 31st. The Finance Office is the place to file the voucher; they will help you with the paper work. You will need a copy of the NMA orders and all extensions to file your voucher.

If you need to take a break and hand over the responsibilities of being the non-medical attendant to another person designated by your soldier, you can do that. As long as there is a memorandum requiring an attendant, the duties can be shifted. This means that new orders would have to be issued to the new designee, and your orders would need to be closed out and a travel voucher filed.

There is support available at all times for the soldier as well as the family. Reach out to the SFAC social worker, chaplain, AW2 Soldier Family Management Specialist or any of the other professionals there to answer the call. Your emotional well being is important, as is the emotional well being of your soldier. Most of us do not have experience dealing

with this level of trauma or a long recuperative process. The support community at MTF can provide insight and assistance in regaining or maintaining a positive mental outlook during this difficult time.

Operation War Fighter

The purpose of this program is to provide Service members with meaningful activity outside the hospital environment, and to offer them a formal means of transition back into the work force. This is a voluntary program and has orientation sessions at THE MTF. Call Military Severely Injured Center for details. 1-888-774-1361

Description

- o A voluntary program
- o Identifies recuperating military service members interested and medically cleared to work in the Pentagon
- o Matches their military and non-military skills/interests with the support needs of the various Pentagon offices – priority given to matching participants with parent military service, OSD, & Joint Staff offices
- o Provides the logistical support necessary for them to get to work and return to the medical center on a regularly scheduled basis
- o Provides a core project staff to coordinate the program and assist participants (military and employing offices) in resolving work-related issues
- o Provides recognition of participation (e.g. certificate) to each individual upon completion
- o The program is designed to provide temporary augmentation and assistance, not to fill permanent, continuing requirements
- o Focused primarily, but not exclusively, on administrative support functions

A danger during the outpatient phase is the amount of unscheduled time that a soldier has. If you are functioning as a NMA, then you are aware of this time. The Operation Warfighter Program helps provide structure and purpose to some of that time. There sometimes are barriers that can develop that inhibit the soldier from taking full advantage of programs offered. The next program can assist with encouraging the soldier to advocate on their own behalf and overcome barriers or behaviors that impede forward progress.

Warrior Outreach Wellness Program

This is a program offered by the Department of Psychiatry at the MTF. This program empowers service members to take responsibility for their own health and well being physically, emotionally, mentally, and spiritually. It educates them about the issues they face, and the impact these issues have on their functioning. It encourages service members to seek out services and appropriately advocate for their needs.

The program holds a weekly “orientation” group in collaboration with the Medical Holding Company. The program offers Lunch and Learn initiatives with series of groups and interactive discussions. The program assists with connections to services both on and off post, and meets soldiers where they live in on-post housing. It also assists service members with the management of medical treatment through education on “the system”. Some parts of this program are now offered to families.

When You Become Your Spouse's Caregiver

[This article is provided to service members and their families as part of the Army OneSource program, which offers information and support on a wide range of family and personal issues. To access the program, just go to www.Militaryonesource.com or call Army OneSource today. From the United States, call 800-464-8107. From overseas, call toll free 800-4648-1077 or collect 484-530-5889.

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When the reality of your spouse's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- a chapter that you hadn't expected. Becoming your spouse's caregiver will affect you both emotionally and physically. You may feel overwhelmed by all that is involved with caring for your spouse, and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the relationship that you and your spouse had. At this point, it's important for you and your spouse to accept that things have changed, and to surround yourselves with resources and support.

How you may be feeling

It's common to experience many different emotions when a loved one requires long-term care at home.

- **Grief.** It's natural to mourn the loss of your spouse's good health, as well as your own expectations of what the future might have been like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your spouse; that you and your spouse will lose your close, emotional bond; that you will not be able to keep up with your medical and household expenses.
- **Fear.** You may be afraid that this will not be a temporary situation and that you won't be able to cope or manage if this becomes a more permanent situation.
- **Anger.** You didn't choose to be your spouse's caregiver. It's not a position you asked for. It's normal to feel bitter about being handed a role you didn't expect or prepare for.
- **Isolation.** There may be times when you feel very much alone, and as though no one else could possibly understand what you're going through.
- **Guilt.** It's common to feel glad that you're OK but upset that your spouse isn't. It's also common to feel burdened by the role of caregiver even though you love your spouse and are compassionate.

When to seek help

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, talk to a health care professional about getting help.

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your spouse
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek help immediately if you or your spouse has thoughts of death or suicide.

Learning about your spouse's condition and available resources Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available to their spouses and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your spouse's condition and the resources that are available isn't just good for your spouse -- it's also good for you.

- Educate yourself about your spouse's condition. Become a knowledgeable member of your spouse's health care team by learning everything you can about your spouse's condition. This will enable you to ask health care providers the right questions, allow you to anticipate your spouse's needs, and help you to react appropriately when issues arise. It will also help you gain confidence and a sense of control.
- Learn to communicate with members of the health care profession.
- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your spouse's health care provider.
- If you have many things to talk about with the health care provider, schedule a consultation and be sure to take notes during the meeting.

- Think about having someone else -- a friend or family member -- go with you to meetings with your spouse's health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a little bit of shock at this time.)
- Learn the routines of your spouse's medical facilities. This will help you access the facilities more easily. Ask about office hours; the best time to reach your spouse's health care provider; what to do in the event of a medical emergency; and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mails of doctors and other care providers, information about special diets, and other pertinent information (for example, banking and insurance information, a living will, health care proxy). Bring copies of your spouse's health insurance card and the names and doses of you spouse's medications with you to health care appointments.
- Learn about assistive devices. Seek out information about devices and tools that will help make life easier for you and your spouse. There are many illness-specific resources available through the Internet and from various associations such as the Paralyzed Veterans of America at <http://www.pva.org>, and the Amputee Coalition of America at <http://www.amputee-coalition.org>. For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at 703-681-8813 (voice) or 703-681-0881 (TTY). Your MSI Center care manager (call 888-774-1361, 24 hours a day, 7 days a week), can help you find devices appropriate to your spouse's condition.
- Take advantage of supportive and skilled-care assistance. Different levels of assistance may be available to you and your spouse. For example, home health aides, home care aides, and nursing assistants can assist with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand what benefits and services your spouse is eligible for.

Taking care of yourself

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your spouse.

- Know your strengths and weaknesses. You may enjoy preparing your loved one's meals,

but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that chore for you if possible. There are also professionals who will make home visits to attend to your spouse's needs, such as beauticians, podiatrists, and therapists.

- Take breaks. Caregiving is all-consuming and demanding work. Give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies will take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted family members to take over care, or look into respite care (provided for a weekend, a week or even more). Your MSI Center care manager should be able to help you locate resources for respite care.
- Take care of your own health needs. Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs. If you become sick yourself, your situation can only become more complicated.
- Learn to lift properly. If lifting is part of your caregiving routine, have someone show you how to do it without damaging your back.
- Create a team of professionals to help you. To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, family, friends, and co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help reduce your own stress.
- Accept help. Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your spouse's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your spouse while you take a break.
- Hold a family meeting. Call together children and other family members, even if they live far away, to discuss your spouse's needs. Determine how each family member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. If someone lives far away, they can be given the task of making phone calls and following up so they can feel included in the process. They can also make tapes and send pictures if they can't visit.
- Set realistic expectations for your spouse and yourself. No one is able to do anything "perfectly" at all times, which is also true for care giving and recovery. When you realistically adjust to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.
- Subscribe to care giving newsletters and magazines. Two helpful magazines and Web sites are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>).

- Connect with other caregivers. Whether it's a formal support group or an informal network of other caregivers, having people to turn to will ease feelings of isolation and help you get through this challenging time. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn care giving tips, and gain insider's information about resources and services. Ask your MSIC care manager to put you in touch with other spouses of severely injured service members. You can also ask your health care provider or visit online resources such as: the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.
- Get professional assistance. It is very important that you're able to get objective help for your ongoing stress, frustrations and sadness. There are even therapists who specialize in dealing with being a spouse's caregiver. You can get a referral through your care manager.
- Find out about alternatives to home care. Caring for your spouse may prove too difficult for you, even with assistance. You may want to ask your MSIC care manager for information about Department of Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.

Written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is certified employee assistance professional and a board certified expert in traumatic stress. She is a corporate consultant and CEO of The Full Spectrum in New York City. © 2005 Ceridian Corporation. All rights reserved.

Becoming a Caregiver for Your Adult Son or Daughter

[This article is provided to service members and their families as part of the Army OneSource program, which offers information and support on a wide range of family and personal issues. To access the program just go to www.armyonesource.com or call Army OneSource today. From the United States, call 800-464-8107. From overseas, call toll free 800-4648-1077 or collect 484-530-5889.

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When the reality of your son's or daughter's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- one you hadn't expected. Becoming your adult child's caregiver will affect you emotionally and physically. You may feel overwhelmed by all that is involved and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life, and the life you had envisioned for your son or daughter. At this point it's important to accept that things have changed and to surround yourself with resources and support.

How you may be feeling

It's common to experience many different emotions when a loved one requires long-term care at home, including:

- **Grief.** It's natural to mourn the loss of your child's good health, as well as your own expectations of what you had hoped your child's future would be like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your son or daughter. You may also worry that you won't be able to keep up with medical and household expenses.
- **Fear.** You may be afraid that this won't be a temporary situation, and that you won't be able to cope or manage if it becomes a more permanent arrangement. If you are involved in a long-term situation, you may be anxious about your ability to care for your son or daughter as you age.
- **Anger.** You didn't choose to be your adult child's caregiver. It's not a position you asked for. It's normal to feel angry about being expected to handle this role.
- **Isolation.** There may be times when you feel very much alone -- that nobody else could possibly understand what you are going through. As a result, you may not share with others what your concerns are or what you're actually thinking and feeling.
- **Guilt.** It's common to feel burdened by this new role even though you love your child very much and want to help with the challenges ahead. And it's normal to feel guilty about feeling burdened.

When to seek help

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, it's important to speak with a mental-health professional about getting help. Your Military Severely Injured Center (MSI Center) care manager can put you in touch with someone you can talk to. (Call 888-774-1361, 24 hours a day, 7 days a week.)

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, interrupted sleep, or oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your son or daughter
- difficulty concentrating, remembering, making decisions
- persistent physical symptoms that don't respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek professional help immediately if you or your loved one talks about or has thoughts of death or suicide.

Learning about your loved one's condition and available resources

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available for their loved ones and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your son's or daughter's condition and the resources that are available aren't good just for your son or daughter -- it's also good for you.

- Educate yourself about your son's or daughter's condition. Become a knowledgeable member of your loved one's health care team by learning everything you can about your child's condition. This will allow you to ask health care providers the right questions, to anticipate your son's or daughter's needs, and to react appropriately when issues arise. It will also help you become more confident about being your child's advocate.
- Learn to communicate with members of the health care profession.

- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your son's or daughter's health care provider.
- Think about having someone else -- a friend or family member -- go with you to meetings with health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a degree of shock at this time.)
- Learn the routines of your son's or daughters medical facilities. Ask about office hours, the best time to reach the health care provider, what to do if there is a medical emergency, and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mail addresses of doctors and other care providers; information about special diets; other pertinent information (for example, banking and insurance information; a living will, health care proxy). Be sure to write down the names and doses of your son's or daughter's medications to bring with you to health care appointments.
- Learn about assistive devices. Seek out information about devices and tools that can help make life easier for you and your son or daughter. Many resources are available through the Internet and from associations such as the Paralyzed Veterans of America (<http://www.pva.org>), United Spinal Association (<http://www.unitedspinal.org>), and the Amputee Coalition of America (<http://www.amputee-coalition.org>). For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at 703-681-8813 (voice) or 703-681-0881 (TTY). Your MSI Center care manager (call 888-774-1361, 24 hours a day, 7 days a week), can help you find devices appropriate to your son's or daughter's condition.
- Take advantage of supportive and skilled-care assistance. Different levels of assistance that may be available to you and your loved one. For example, home health aides, home care aides, and nursing assistants can help with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand the benefits for which your son or daughter may be eligible.

This article was written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is a certified employee assistance professional, a board-certified expert in traumatic stress, and CEO of The Full Spectrum in New York City. © 2006 Ceridian Corporation. All rights reserved.

Taking care of yourself

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, irritable, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your son or daughter.

- Know your strengths and weaknesses. You may enjoy preparing your son's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that task for you if possible. There are also professionals who will make home visits to attend to your son's or daughter's needs, such as beauticians, podiatrists, and physical therapists.
- Take breaks. Care giving is all-consuming and demanding work. It's important to give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies can take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted family members to sometimes take over care, or look into respite care (provided for a weekend, a week, or even longer). Your MSI Center care manager should be able to help you locate resources for respite care.
- Take care of your own health needs. Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs, but if you become sick yourself; your situation can only become more complicated.
- Learn to lift properly. If lifting is part of your care giving routine, have someone show you how to do it without damaging your back. Your MSI Center care manager can help you find the right resource.
- Create a team of professionals to help you. To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, family, friends, and co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help to reduce your own stress.
- Accept help. Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your child's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your son or daughter while you take a break.
- Hold a family meeting. Call together other children and family members, even if they

live far away, to discuss your injured son's or daughter's needs. Determine how each family member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. Someone who lives far away can be given the task of making phone calls and following up. People who live far away can also make tapes and send pictures if they can't visit.

- Understand the tendency towards isolation. Your son or daughter may want to stay away from people. He or she may feel uncomfortable and embarrassed about the injuries, and not want to answer questions about them. You may even feel that way, too. Wanting to isolate yourself is a normal reaction to a traumatic event.
- Ask people to visit. Having company can lift your spirits and your loved one's, too. Invite your son's or daughter's friends for a visit. Ask your own friends to come over for a cup of tea, a game of cards, or to watch the ballgame on television. This can be very helpful, especially if you or your child have a tendency to isolate.
- Discuss what your son or daughter wants you to tell people about their injury and experiences, and what they don't want you to discuss. It's a good idea to talk to your child in advance about what information they do and don't want to share with others. Knowing what they want revealed and what they want to remain private will help everyone address the inevitable questions. Dealing with this ahead of time can help everyone feel better equipped to handle potentially stressful situations.
- Set realistic expectations for your son or daughter and yourself. No one is able to do anything "perfectly" at all times. This is true for caretaking and recovery, too. When you adjust realistically to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.
- Subscribe to care giving newsletters and magazines. Two helpful Web sites and magazines are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>). While these publications primarily address issues related to caring for older people, their information can be applied easily to any form of caretaking.
- Connect with other caregivers. Whether it's a formal support group or an informal network of other caregivers, having people to turn to can ease feelings of isolation and stress. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn care giving tips, and gain insider's information about available resources and services. Ask your MSI Center care manager to put you in touch with other parents of severely injured service members. You can also visit online resources such as the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.

- Find out about alternatives to home care. Caring for your son or daughter may prove too difficult for you, even with assistance. You may want to ask your care manager for information about Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.
- Get professional help. It's important to get objective help for your ongoing stress, frustrations, and sadness. There are counselors and therapists -- even those who specialize in dealing with being a family member's caregiver -- who can help. Ask your MSI Center care manager about services available to you.

Traumatic Injury Protection Insurance (TSGLI)

To see if your soldier qualifies for this payment, contact the Army TSGLI Points of Contact using the contact information below. Your AW2 SFMS can assist you with the process of filing this claim.

Army

Phone: (800) 237-1336 Email: tsgli@hoffman.army.mil Web site:

<https://www.hrc.army.mil/site/crsc/tsgli/index.htm>

Submit Claims via fax :(866) 275-0684 Submit Claims via email:

tsgli@hoffman.army.mil

Submit Claims via postal mail: U.S. Army Physical Disability Agency Attn: TSGLI 200 Stovall Street, Suite 8N63 Alexandria, VA 22332-0470

What is TSGLI?

Traumatic Service members' Group Life Insurance (TSGLI) is a traumatic injury protection rider under Service members' Group Life Insurance (SGLI) that provides for payment to members of the uniformed services who sustain a traumatic injury that results in a qualifying loss.

Who is eligible for payment under TSGLI?

Those eligible for payment under TSGLI are:

1) Soldiers who suffer a qualifying loss due to a traumatic injury incurred on or after 7 October 2001 through and including 30 November 2005, in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom. For the purposes of TSGLI only, "incurred in Operation Enduring Freedom or Operation Iraqi Freedom" means that the member must have been deployed outside the United States on orders in support of OEF or OIF, or serving in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under the Internal Revenue Service Code. Coverage under SGLI is not required.

2) Soldiers who are covered under SGLI and suffer a qualifying loss due to a traumatic injury on or after 1 December 2005.

What Injuries Are Covered?

TSGLI covers a range of traumatic injuries, including, but not limited to:

- Total and permanent loss of sight in one or both eyes;
- Loss of hand or foot by severance at or above the wrist or ankle;
- Total and permanent loss of hearing in one or both ears;
- Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- Quadriplegia, paraplegia, or hemiplegia;

- 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face.
- Coma or the inability to carry out two of the six activities of daily living.

For the complete schedule of losses, go to

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

What Are The Eligibility Requirements For Payment Under TSGLI?

To be eligible for payment of TSGLI, you must meet all of the following requirements:

- You must be insured by SGLI.
- You must incur a scheduled loss and that loss must be a direct result of a traumatic injury.
- You must have suffered the traumatic injury prior to midnight of the day that you separate from the uniformed services.
- You must suffer a scheduled loss within 365 days of the traumatic injury.
- You must survive for a period of not less than seven full days from the date of the traumatic injury. (The 7-day period begins on the date and time of the traumatic injury, as measured by Zulu [Greenwich Meridian] time and ends 168 full hours later).

How the amount of money awarded is determined?

TSGLI coverage pays a benefit of between \$25,000 and \$100,000 depending on the qualifying loss incurred. The amount paid for each qualifying loss is listed on a schedule available at the following website:

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

What are some examples of losses that would award the maximum payment of \$100,000?

- Loss of both hands at or above the wrist
- Loss of both feet at or above the ankle
- Total and permanent loss of sight in both eyes

What are some examples of awards of lesser amounts?

- Loss of one hand at or above the wrist-\$50,000
- Permanent loss of speech- \$50,000
- Loss of thumb and index finger on the same hand- \$50,000
- Loss of one foot at or above ankle
- Total and permanent loss of sight in one eye

Will the money always be paid to the Soldier?

Yes, unless the Soldier is incapacitated or deceased. If the member is incapacitated, the Soldier's guardian or attorney-in-fact will receive payment. If the member is deceased, payment will be made to the member's SGLI beneficiary.

How Does A Member Make A Claim For TSGLI?

In order to make a claim for the TSGLI benefit, the member (or someone acting on his or her behalf) should:

1. Download the TSGLI Certification Form GL.2005.261 at <http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>. You can also obtain this form from the your service department point of contact or from the Office of Service members' Group Life Insurance by toll-free phone at 1-800-419-1473 or by email at osgli.claims@prudential.com.
2. Contact your service department point of contact to begin the certification process.

The certification form has three parts:

- Part A is to be completed by the service member or, if incapacitated, by the member's guardian, or the member's attorney-in-fact.
- Part B is to be completed by the attending medical professional.
- Part C is to be completed by the Branch of Service prior to submission of the claim form to OSGLI.

The TSGLI is a one time payment. As with any lump sum payment, take time to consider how best to utilize the money. There are many considerations to keep in mind such as housing, saving for the future, etc. The payment is intended for the soldier. While it may be tempting to spend the money and indulge in a shopping spree or luxury item, the road ahead is long and the money could be better spent at a later time. Army Community Service offers financial planning and investment information.

SECTION 5

MEDICAL EVALUATION PROCESS

- a. MEB/PEB Overview
- b. MEB/PEB Process Question and Answer Format
- c. MEB/PEB Process Technical Explanation

Overview of the Medical Evaluation Board/Physical Evaluation Board

The processes described below are a military function and involve only the soldier. These boards are designed to protect the soldier and have the best interest of the soldier as the focus. The boards also address the need of the Army to have soldiers capable of performing their given duties. The processes of these boards are complicated, take time, and can be appealed. The decisions of these boards will affect both the soldier and the family and are included here for your benefit.

It is a good idea for you as a family member to gain an overall understanding of what these boards do and what the possible outcomes of these boards are. There are two overviews provided here. One is a technical review and the other is a lay review of the process. They are included here for your benefit and do not reflect legal advice. There are legal resources at the MTF. There may be others who offer advice on how to navigate through the board process, but when in doubt, it is best to consult and depend on a professional.

While going through the board process, it is important to keep the soldier on track with the various appointments necessary to provide the most complete and up to date picture of the health status. The case manager will assist with this as will the PEBLO (Physical Evaluation Board Liaison Officer). There are various points throughout this process that allow the soldier to appeal. The soldier **SHOULD NOT** sign anything without a complete understanding of what it is that they are signing and what the ramifications are. If the soldier does not understand, seek further clarification from the PEBLO or legal resources.

The first review presented will be an easy to understand question and answer review of the MEB/PEB process followed by an extensive technical explanation of the process.

These reviews do not cover the Veteran's Administration (VA) benefits. That is a separate process and can result in a different disability rating as the Army rates only the disability that affects your soldier's ability to do their specific job. The VA rates the soldier on their total ability to live life at its fullest using a whole person concept. There are specific time limits for applying for VA benefits, it is not automatic. Please see the section on Seamless Transition Assistance Program.

The following questions and answers were developed by CSM Rob McAvoy.

Q: What does MEB/PEB stand for?

A: MEB means Medical Evaluation Board; PEB means Physical Evaluation Board.

Q: When does the board process start?

A: The process starts when it is decided that your soldier has attained "Optimum Hospital Improvement."

Q: What does Optimum Hospital Improvement mean?

A: It is the point where your soldier's fitness for further military can be decided.

A2: Further treatment in a military medical facility will probably NOT result in material change in your soldier's condition OR alter their disposition or amount of separation benefits.

Q: What are the steps?

A: When "Optimum Care" has been reached and it appears that your soldier is NOT medically qualified to perform their duty, your soldier is referred to the MEB (Medical Evaluation Board). At this point your soldier will be assigned a PEBLO (Physical Evaluation Board Liaison Officer). The PEBLO may be a civilian, an officer (CPT, etc), or a Non-Commissioned Officer (SGT, etc). The PEBLO's job is to guide and assist you through the board process and answer any and all questions you may have.

STEP 1: MEB (Medical Evaluation Board)

The MEB documents your soldier's medical status and duty limitations against the medical standards for Army retention in Army Regulation AR 40-501, Chapter 3. If the MEB determines that your soldier DOES NOT meet those retention standards, it will recommend referral to a PEB (Physical Evaluation Board). You will be advised by your PEBLO of the results of the MEB.

STEP 2: PEB (Physical Evaluation Board)

The PEB's job is to

1. Evaluate your soldier's degree of disability.
2. Evaluate your soldier's physical condition against requirements of their job, rank and duty position.
3. Provide a full and fair hearing for your soldier's concerns.
4. Make findings and recommendations to establish your soldier's eligibility to be separated OR retired based on their disability.

The following determinations are made by the PEB:

1. Eligibility for benefits.
2. The permanency of the disability. This means, will the disability get better or worse, or, is it stable and will it remain the same?
3. The percentage of disability is determined. This is based on how the disability affects your soldier's ability to do their specific job.

STEP 3: PEB “The Informal Board”

The informal Board is the first consideration of your soldier’s case. The findings and recommendations are recorded on DA for 199. Your soldier then reviews the document and goes to Block 13, which lists the following choices:

- a) Concurrence with the finding and recommendations the WAIVER of a Formal Board.
- b) Non-concurrence with the findings and recommendations; submittal of a rebuttal explaining the soldier’s reason for non-concurrence, and WAIVER of a formal hearing.
- c) Demand for a formal hearing with or without a personal appearance.
- d) Choice of counsel if a hearing is demanded.

** If your soldier concurs with the findings, the PEB proceedings will be forwarded to the appropriate places for review and orders to separate or retire your soldier.

** If your soldier does not concur with the findings, the soldier must now submit reasons and documents supporting the claim and/or prepare for a formal board.

STEP 4: PEB “Formal Board”

Your soldier must decide whether to appear before the “Formal Board” or not. They may choose someone to represent them such as a DAV (Disabled American Veteran) representative if they choose not to appear in person.

** TIP: If your soldier requests a formal board they should appear in person.

Appearing in person is like a promotion board. Your soldier must present a good appearance as a soldier. They can bring further documentation, new documentation, witnesses on their behalf, and legal counsel. If bringing legal counsel it is a good idea to get in touch with the legal counsel as soon as the soldier makes the decision to demand a formal hearing. The Formal Board concludes the opening hearing and then deliberates in private.

Once the PEB “Formal Board” concludes its deliberations, it will provide the soldier with a new DA Form 199. Your soldier then completes a DA Form 199-1 (Election to Formal Physical Evaluation Board Proceedings). Your soldier has three choices to make:

- a) I concur
- b) I do not concur
- c) I do not concur with an attached statement

** If your soldier concurs with the PEB Formal Board, they will then forward for review and orders for separation or retirement are published.

** If your soldier did not concur, the PEB Formal Board is sent to the APDAB (Army Physical Disability Board) for review and consideration. Once all PEB paperwork and rebuttals are received, they are forwarded to the USAPDA (US Army Physical Disability Agency) for review. The results are reviewed for accuracy, completeness, fairness, and consideration of any and all rebuttals.

Q: What are some additional terms we may hear during our soldier's board proceedings?

A:

1) TDRL- Temporary Disability Retirement List
Must be rated at 30% or greater by the US Army. Can be re-evaluated at least every 18 months up to a maximum of 5 years.

**TIP: Always ensure the Army has a valid address and contact number while the soldier is on the TDRL.

2) PDRL- Permanent Disability Retirement List

3) COAD- Continuance of Disabled personnel on Active Duty

4) COAR- Continuance of Disabled personnel on Active Reserve

Q: When will my soldier's PEBLO be assigned?

A: As soon as your soldier is referred to the MEB.

Q: Who makes the election for COAD or COAR?

A: Your soldier does! They MUST request to stay on Active Duty or Active Reserve; if that is what they desire to do.

Q: What is the difference between separation and retirement?

A: When a soldier has less than 20 years of service and they are rated at less than 30%, they are separated with separation pay. When a soldier has 30% or greater rating, they are retired with all the standard retirement benefits, to include retirement pay.

Q: Why is the Army rating lower than what the VA (Veterans' Administration) says they will rate my soldier?

A: The Army rates only the disability that affects your soldier's ability to do their specific job. The VA rates your soldier on their total ability to live life at its fullest using a whole person concept. *NOTE: It does not always turn out with a different rating between the Army and VA.

Additional web resources:

USAPDA

<https://www.persom.army.mil/tagd/pda/pdapage.htm>

Army Wounded Warrior Program (AW2)

<http://www.aw2.army.mil>

Walter Reed Army Medical Center

<http://WRAMC.army.mil>

PHYSICAL DISABILITY SEPARATION

Captain Robert E. Webb, Jr. and Major David C. White

1. Overview.

A soldier may be separated from the United States Army for a physical or mental impairment, whether a disease or injury, if it renders the soldier physically unfit for duty. Fitness for duty is a function of the soldier's ability to perform the duties of his or her primary military occupation specialty (PMOS) or officer specialty (OS) at a minimum level of competence given the soldier's rank and current duty position. The Physical Evaluation Board (PEB) is the sole forum within the Army to determine a soldier's unfitness for duty as a result of a physical impairment. Failure on the part of a soldier to be worldwide deployable by reason of a physical disability does not by itself render a soldier unfit for duty. The factual determination as to whether a soldier is fit or unfit for duty exclusively focuses upon duty performance. A soldier carrying multiple diagnoses may nonetheless be found fit for duty if there has been no significant diminution in the soldier's duty performance. It is only when a physical disability has risen to the high level of interrupting the soldier's service career, or term of service, that a PEB will make a factual finding of unfitness. To illustrate how this is so strongly a performance based system, it is not unusual to come upon the paradox wherein two soldiers of equal rank with identical medical conditions of equivalent severity, have contradictory fitness findings. This is where one soldier is found fit for duty and the other is not. This apparent contradiction in outcome is explained by the fact that one soldier can still perform the duties of his/her PMOS, while the other cannot. Consider the example of two PFCs, one an 11B5P airborne infantryman and the other a 71L administrative specialist, both of whom are afflicted with constant, moderate knee pain. This medical condition will render an infantryman unfit for duty given the demanding physical requirements of the Airborne Infantry, whereas the administrative specialist with only light physical requirements can still perform clerical duties at a minimum level of competence or higher, and will, therefore, be found fit within the limits of his/her physical profile.

The process for making a fit for duty determination begins with the medical evaluation board (MEBD). A soldier may be referred to an MEB from a MOS/Medical Retention

Board (MMRB) or by a reviewing or treating physician. The results of the MEB are forwarded to the Physical Evaluation Board (PEB) for adjudication. After adjudication, the PEB results are forwarded to the Physical Disability Agency (PDA) for review and final approval. The PDA is a Department of the Army agency that has final approval authority for disability cases adjudicated by the PEB.

2. The Medical Evaluation Board (MEBD).

The treating physician, company/battery commander, or a convened Medical/MOS Retention Board (MMRB), each possess the authority to refer a soldier to a MEBD if separation for medical reasons is immediately foreseeable. The soldier's servicing medical treatment facility (MTF) convenes a MEBD to document the soldier's medical history, current physical status, and recommended duty limitations. The soldier's command prepares a memorandum on the commander's position on the soldier's physical abilities to perform PMOS/OS duties in the currently assigned duty position. The MEBD's mission is to determine if the physically-impaired soldier meets retention standards in accordance with AR 40-501, Standards of Medical Fitness. The PEB, however, is the sole determiner of the soldier's physical fitness for duty, as measured by duty performance, in accordance to AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.

The MEBD forwards the soldier's case to the PEB for review if the MEBD finds that the soldier does not meet retention standards, according to PMOS/OS and grade, as prescribed by chapter 3, AR 40-501.viii However, a soldier is not automatically unfit because of a failure to meet the retention standards. AR 635-40 precludes the doctors at the MEBD from making a factual determination as to the soldier's physical fitness for duty. This fact-finding authority is solely within the purview of the PEB. If the physician violates this prohibition and renders a fitness assessment, it will simply be ignored by the PEB.

The MEBD findings are recorded on DA Form 3947 (Medical Evaluation Board Proceedings). This form documents the physical or mental conditions that preclude the soldier's retention. If the soldier does not agree with the findings, he may so indicate on DA Form 3947 and attach a written appeal that sets forth the reasons he or she disagrees. If the Medical Treatment Facility's (MTF) approving authority does not make a favorable change in the original MEBD based upon the soldier's appeal, a copy of the soldier's appeal will be sent to the PEB along with the results of the MEBD.

3. Physical Evaluation Board Liaison Officers (PEBLO).

An important actor and source of information for soldiers throughout the PEB process is the PEBLO. The PEBLO collects and prepares the soldier's medical packet for presentation to MEBD and PEB. A soldier's medical packet consists of medical records, medical narrative summary of present disabling conditions, commander's memorandum and physical profile, along with other related information. Each MTF should have a designated PEBLO available to provide counseling for soldiers

from the time they are identified as requiring a MEB through the time that they are separated. The PEBLO will work with the Soldier's Legal Counsel and PEB to obtain required documentation and other medical information, and will also serve as the point of contact between physicians and board members. The PEBLO is usually located in the Patient Affairs Division.

4. The Physical Evaluation Board (PEB).

A. Informal Boards.

Each case forwarded by the MEBD is reviewed first by an informal PEB. An informal board consists of three voting members: a combat arms colonel/06 serving as the President of the Board; a personnel management officer (PMO), usually reserve combat arms Lieutenant Colonel, and; a physician, either a Medical Corps Officer or a Department of the Army civilian physician. The three board members determine by majority vote based upon a preponderance of the evidence the physical fitness/unfitness of the soldier based on PMOS/OS specific performance standards. If the Board determines that the soldier is physically unfit for duty in his/her present grade, rank, PMOS/OS and current duty position by reason of a physical disability, the PEB then recommends a disability rating percentage based upon the soldier's present degree of severity for each medical diagnosis found to be separately unfitting. The soldier processing for physical disability separation possesses no legal right to appear or otherwise participate in the informal board proceedings. The PEB records its informal factual findings and the recommended disability rating on DA Form 199 (Election to Formal Physical Evaluation Board Proceedings). Once the PEB has informally adjudicated a soldier's disability case, the soldier will consult with his or her PEBLO at the MTF for assistance in choosing an election option. The soldier is afforded the following election options: a) concur with the PEB's informal findings and recommendations; b) request a formal administrative hearing, either with or without personal appearance, which is a statutory right; or, c) non-concur and submit a written appeal in lieu of proceeding with a formal board. If electing to proceed with a formal hearing, soldiers have the option to request minority representation based on race or the female gender. The board typically grants the soldier's request if substitute officers are reasonably available.

The membership of the formal board will generally be the same as those members who sat on the informal board. If the informal board members are not available, then a qualified substitute officer will sit on the formal board. All board members are required to familiarize themselves with the case prior to the actual hearing. Once the soldier demands a formal hearing, he or she is entitled to regularly appointed military counsel. The soldier appearing before a formal hearing may elect to be represented by a private civilian lawyer at no expense to the government.

B. The Formal Physical Evaluation Board.

The formal Physical Evaluation Board is an administrative, fact-finding de novo hearing.

The hearing is non-adversarial in nature, that is to say it is a “friendly hearing.” In this regard, there is no government representative to oppose or counter the soldier’s position at hearing. Generally, the formal board is not bound by the military rules of evidence except insofar as the evidence adduced at hearing must be relevant and material to the soldier’s case. Although termed a formal hearing, the actual proceedings are somewhat relaxed to provide the soldier a fair hearing within a friendly atmosphere. Soldiers usually request a formal hearing to argue for a higher disability rating, believing that the recommended disability made informally did not accurately reflect their current level of severity. Some soldiers, who were found unfit by the Informal Board, request a formal hearing to argue that they are fit for duty based on uninterrupted and undiminished duty performance. This serves to underscore the fact that PEB proceedings, unlike those of the MEBD, are performance based. It should be noted that soldiers who are found fit for duty at an informal Board, have no legal right to request a formal hearing. The President of the Board, however, has the discretion to direct a formal hearing when one board member strongly feels that the soldier is unfit. A soldier may otherwise waive his/her right to a formal hearing should they concur in the finding and recommendation of the informal board.

The mission of the formal PEB is twofold: 1) to determine whether the soldier can reasonably perform the duties of his or her primary MOS/OS and grade; and if not, 2) to determine the present severity of the soldier’s physical or mental disability and rate it accordingly. The three members of the Board--the President, the Personnel Management Officer (PMO) and the medical doctor--may be challenged for cause and replaced if the challenge is sustained. The medical member of the Board is a physician (military or civilian) who may be a general medical officer or a practitioner in any specialized field of medicine. It is administratively impractical to have a physician sitting on the board whose medical specialty pertains to the soldier’s unfitting condition. The two other board members are active component, reserve component or a DA civilian employee who do not need to be from the same branch or career management field as the boarded soldier. The PMO, however, is usually a reserve AGR officer. This is to accommodate Reserve Component soldiers processing for physical disability separation who are entitled to have a Reserve Component Officer sitting on the Board.

As the formal hearing is de novo, the PEB is not bound to its previous findings and recommendations. All issues are decided anew which means that the soldier’s disability rating could be raised, remain the same, or be lowered. The focus of the formal hearing is the medical evidence of record primarily contained in the narrative summary written by the MEDB along with any subsequent medical addenda.

Following the closed board deliberations, the soldier is recalled to the hearing room where he/she is immediately notified of the Board’s decision and given up to ten calendar days to make an election to concur or non-concur with the formal decision. If the soldier disagrees with the formal board results, the soldier may submit a written rebuttal to the board’s findings and recommendations. The Board will consider the written appeal and issue a written decision to the soldier either reaffirming or modifying its formal decision. If the board reaffirms or modifies their decision, AR 635-40 requires the board to forward

the entire formal board record to the Physical Disability Agency (PDA) in Washington, D.C., for final approval. The formal board proceedings are tape-recorded for final review by the PDA.

5. The Physical Disability Agency (PDA).

The PDA reviews all cases prior to final disposition in which the soldier has non-concurred with the decision of the PEB. The PDA may modify the PEB's findings and recommendations if it concludes that PEB made an error. Departing from generally accepted medical principles to adjudicate a case would, for instance, constitute error on the part of the PEB. The PDA reviews, through its staff psychiatrist, all psychiatric cases. The PDA, moreover, conducts random disability case reviews based either on selected categories of medical impairments or reviewing every tenth case received for final disposition. The PDA conducts random reviews to assure uniformity of result from the three regional PEBs located at Walter Reed Army Medical Center, Fort Sam Houston, and Fort Lewis. This means that the final result of a soldier's disability case should be the same irrespective of which regional PEB adjudicated the case. In reviewing disability cases, the PDA has full authority to accept or modify the findings and recommendations of a PEB. In modifying a soldier's case, the PDA may reverse the factual finding of unfitness for duty made by a PEB. Therefore the PDA could find a soldier fit for duty who had been previously found unfit by a PEB. With respect to the PEB's recommended disability rating, the PDA can raise, affirm or lower the disability rating to reflect accurately the soldier's present level of physical impairment caused by the unfitting condition. When the PDA makes a modification after reviewing a particular case, it gives the affected soldier written notice of such, and provides a sufficient period of time to respond in writing prior to finalization of the case.

6. Rating Disabilities Found To Be Unfitting.

Only those service-connected physical impairments which render the soldier unfit are ratable under the U.S. Army Physical Disability System. As stated before, "unfitting" is interpreted to mean service or career interruption. For soldiers with multiple diagnosed physical impairments, each is potentially ratable provided that the PEB finds each physical impairment to be separately unfitting. The Department of Veteran's Affairs (VA), on the other hand, will rate any and all service-connected conditions. Many people mistakenly believe that the Army follows the same rules as the VA. This is not the case. The Army rates an unfitting condition for present level of severity whereas the VA rates for future progression, which is the prognosis of the illness or injury, and for adverse impact on employability within the civilian job sector.

When a PEB determines that a soldier is unfit for continued military service by reason of a physical disability, the disabling condition is rated in accordance with the Veteran's Administration Schedule for Rating Disabilities (VASRD) as modified in AR 635-40, Appendix B, and DOD Directives 1332.38 and 1332.39. The mere fact that a soldier has an impairment that appears in the VASRD does not automatically result in entitlement to disability rating. As will be remembered, the PEB must first determine that the

impairment renders the soldier unfit for duty. Contrariwise, when the VA rates a service-connected physical impairment or disease, there is no consideration of performance-based factors.

The VASRD specifies diagnostic codes for a wide spectrum of diseases and physical impairments covering all major body systems. By way of example, there are injuries/diseases of the cardiovascular, respiratory and musculoskeletal systems. Each specific diagnostic code specifies disability ratings percentages in increments of ten, beginning with 0% and continuing to 100%, if so indicated. The specific disability rating expressed as a percentage indicated the degree to which the rated condition has impaired the whole person. Again it must be remembered that the Army and VA rate for different purposes. A particular VASRD diagnostic code may have a rating ceiling of 30%. The Army cannot exceed the specified upper limit, but the VA can award a 100% disability rating for that condition if it were to find that the severity of this condition rises to the level of rendering the soldier incapable of being trained for any type of gainful civilian-sector employment. If an impairment is so mild that it fails to meet the minimum criteria listed for an assigned rating under the VASRD, AR 635-40 and DOD directives, the PEB may recommend a zero percent disability rating even if not indicated on the applicable diagnostic code. A zero percent rating is a minimum rating and, as such, is a compensable rating and carries the same Army benefits, to include severance pay, as a 10 or 20 percent rating. Zero percent ratings will not be awarded if a mandatory minimum rating is specified. Convalescent ratings contained in the VASRD are for VA use only and do not apply to the Army.

7. Physical Evaluation Board Recommendations.

A. Existed Prior to Service (EPTS).

A soldier will not receive a rating for a disability that preexisted entry into military service if the PEB finds that the unfitting condition has not been permanently aggravated by military service. This creates a very difficult standard of proof, especially for reserve component members who must establish a nexus between their unfitting condition and military service. Service aggravation has a narrow definition in AR 635-40, Chapter 5-2, that requires a permanent aggravation of the soldier's condition beyond what would have occurred as result of "natural progression." The PDA will conclude that a chronic illness existed prior to service (EPTS) if it manifests itself within a very short period of time, usually 90 days, after entry onto active duty. The Army uses accepted medical principles to determine the natural progression or onset of an impairment. For example, it is not unusual for a small number of soldiers to display bizarre behavior sometime during basic training, AIT or during the first few months of their first overseas assignment. Subsequently, these soldiers in question are often diagnosed as being schizophrenic. In such cases, the onset of the developmental or prodromal period is dated 90 days prior to the first display of bizarre symptoms. This typically makes this form of mental illness EPTS without permanent aggravation. Therefore, the PEB will find the soldier unfit and recommend separation without entitlement to disability benefits.

As in the above example, if the PEB considers a soldier's impairment EPTS without permanent service aggravation, the soldier will not receive a disability rating.^{xxv} The PEB will recommend separation without disability benefits (i.e. without entitlement to lump sum severance pay) and the soldier is medically discharged. By way of further example, the condition of flat feet is a common EPTS condition which often becomes symptomatic for pain as a function of physical activity. The Army's physical training requirements of running, rucksack marches and other equally demanding physical activities, function to increase the intensity of pain for soldiers whose flat feet have become symptomatic for pain. While these physical activities temporarily aggravate the pain experienced in flat feet, it cannot serve as the basis for "permanent service aggravation" of a congenital condition. The cited condition would be seen merely as natural progression of an EPTS condition. To succeed in gaining a disability rating for an unfitting case of flat feet, the soldier would need to show a specific trauma or surgical mishap that has permanently aggravated his/her flat feet. Permanent service aggravation equates to a level of severity caused by military service that is far above a level of severity that can be attributed to natural progression and for which there will be no significant improvement following cessation of physical activity known to aggravate temporarily the unfitting condition. An acceleration of natural progression attributed to military service would also constitute permanent service aggravation.

B. Fit by Presumption.

The presumption of fitness applies whenever a soldier's military service is terminated for reasons other than the soldier's diagnosed physical impairment. Examples include bars to reenlistment, voluntary or involuntary retirement, Qualitative Management Program (QMP), administrative separations under the provisions of AR 635-200, and the like. The presumption will apply whenever the approval date or imposition date of the cause of termination precedes the dictation date of the MEBD narrative summary. A ruling that the presumption of fitness applies does not necessarily mean that a soldier is fit for duty. It merely means that the soldier's impairment is not the cause for separation from the service.

A soldier can overcome the presumption if he or she shows, by objective medical evidence, that his/her military service was effectively interrupted by reason of a physical impairment. Evidence of prior unfitness may be found in counseling statements for unsatisfactory performance caused by the soldier's physical impairment. Comments on OERs/NCOERs pertaining to the soldier's/officer's diminished duty performance by reason of a physical impairment are effective in rebutting the presumption of fitness.

The PEB presumes that soldiers who become retirement eligible or who are within one year of their retention control point (RCP) are fit for duty. If a soldier has been able to perform at a minimum level of competence the duties of his/her PMOS up to the point of becoming retirement eligible or reaching the retention control point, he/she cannot convincingly argue sudden unfitness for duty by reason of a physical disability.

If there were either an abrupt onset of a disease process or if there were a sudden acute change in a long-standing diagnosed condition (with either event resulting in diminished duty performance falling below a minimum level of competence), the affected soldier might well succeed in rebutting the presumption of fitness and thereby gain a disability rating.

C. Separation with Severance Pay.

A soldier separated from the service with less than a 30% disability rating will receive severance pay as financial compensation from the Army. Severance pay is calculated by doubling the soldier's monthly base pay multiplied by the number of active federal service years, not to exceed 12 years. This is a one-time lump sum payment, and may affect any monetary VA benefits for which the soldier may qualify. Unlike the VA monthly stipend, severance pay from the Army may be taxable income for the soldier. Severance pay is not taxable for those soldiers who were in the Armed Forces on 24 September 1975 or if the disability is due to a combat-related injury or from an instrumentality of war (such as a parachute related injury). If the VA rates the soldier for the same condition which the PEB found unfitting and awarded a disability rating, the severance will then become nontaxable income to the separated soldier. If the calendar year during which the soldier was separated has not passed, the soldier can write to the Army Finance Center in Indianapolis requesting that the withheld taxes be rebated. Once the calendar year has passed, the Army has already transferred the severance pay tax withholdings to the Internal Revenue Service. A soldier must then request a refund with the IRS by filing a 1040X form along with his/her tax return. The soldier must also attach a copy of her DD 214, DA Form 199, and a letter from the VA documenting the soldier's disability percentage. The IRS will review and consider the soldier's filed tax return on a case by case basis.

D. Permanent Disability Retirement.

A soldier with less than 20 years of active federal service qualifies for disability/medical retirement if his/her disability rating is 30 percent or higher. Disabled soldiers with a medical retirement rated at 30% will draw for a lifetime 30% of their base pay calculated at their retirement date. Active component soldiers with vested retirement based of 20 or more years of active federal service, who are found unfit and awarded a disability rating of 30% or higher, being eligible for both a longevity and medical retirement, will always draw a retirement based on the higher amount. If, for instance, a soldier's disability rating percentage exceeds that percentage of retired pay based on years of service, he/she will receive as retired pay the higher amount based on the disability rating percentage. Contrariwise, if the percentage of retired pay based on years of service is higher than the disability rating percentage, the retired pay based on years of service will take precedence over the disability rating percentage. By way of a specific example, an unfit soldier with 22 years of service is entitled to receive 55% of his/her base pay as regular retirement pay. But if the PEB were to rate the unfitting condition at a 60% disability, that soldier would receive a monthly pension equal to 60% of his/her base pay. Additionally, the soldier's retired pay will be classified as disability retired pay. There is, however, no "double

dipping”; the 60% disability amount will not be added to the soldier’s 55% retirement amount. If that same soldier received a disability rating of 40%, and qualified for 55% of his/her current base pay; the soldier will receive 40% of base pay for disability retirement, and 15% of base pay for standard longevity retirement.

This distinction is significant for two reasons: (1) it can figure in reducing tax liability, and (2) disability retirement pay is not subject to division under the Former Spouses’ Protection Act.

Note that by law a retired soldier is prohibited to receive more than 75% of his/her military base pay, whether retired medically or retired for years of service. A disability rating less than 75% will result in pensions equal to that amount of base pay (e.g., a soldier with 24 years service who is rated at a 40% disability rating, disability retired pay will be 40% of base pay with an additional 20% in ordinary retired pay). Permanent disability ratings in excess of 75% will result in compensation limited to 75% of the soldier’s base pay. Soldiers placed on the Temporary Disability Retirement List by regulation will receive no less than 50% of their current base pay, even if their disability rating is 30%.

Reserve component members found unfit at a disability rating of less than 30%, but who have a vested reserve retirement as evidenced by a twenty year retirement letter, have the election of choosing between immediate receipt of disability severance pay or delayed receipt of the vested reserve retirement at age 60. The reserve component member will not be able to receive both benefits and should base an election upon factors such as age, immediate financial needs, life expectancy, and other relevant factors. It is usually to the financial benefit of the Reservist to retain the retirement based on years of service.

E. Temporary Disability Retirement List (TDRL).

Soldiers rated at 30% or more and whose impairments are considered to be unstable for rating purposes are placed on the TDRL and required to be re-examined in 12 or 18 months. This is a “wait and see” approach for medical conditions that are likely to either improve or deteriorate within the next 18 months. Such conditions are not considered stable for rating purposes inasmuch as the PEB rates solely for present severity and not for future progression. The soldier can be retained on the TDRL for a maximum of five years if the soldier’s condition remains unstable and continues to meet the minimum criteria for a rating of 30% or more. If a soldier’s impairment stabilizes within the five year period, the PEB will recommend a permanent disability rating and remove the soldier from the TDRL. All of the initial options (fit for duty, separation with severance pay, separation without benefits, and permanent disability retirement) are available to the PEB when making a final adjudication of the case. Should the soldier disagree with PEB’s final findings and recommendations, he/she has a right to demand a formal hearing. If a soldier’s unfitting condition has not stabilized within the five year period, the PEB will proceed to rate the soldier for the level of severity attained at the end of the five year period.

8. Line of Duty Determinations (LOD).

Injuries or diseases contracted in the line of duty entitle the unfit soldier to disability compensation in the form of severance pay or a medical retirement. An unfavorable LOD determination disqualifies a soldier from receiving disability compensation. If, for example, the PEB receives a negative line of duty determination after it has adjudicated a disability case, it will revise its findings and recommendations, reversing any award of benefits. Usually, if an active duty soldier is pending an LOD, the PEB will conditionally adjudicate (noted on DA Form 199 as such) the case pending final outcome of the LOD. In the case of Reservists, the PEB will not recommend a disability rating without first having received a LOD determination for the unfitting disability.

Although the PEB cannot modify the LOD determination, it can return the case to the casualty branch. The casualty branch determines if there are LOD issues which require further examination.

9. Eligibility for Processing.

Soldiers who are under investigation or pending charges which could result in dismissal, punitive discharge, or an administrative separation under other than honorable (OTH) conditions, are not eligible for processing for physical disability separation. The PEB will return the soldier's case file to the MTF awaiting resolution of the charges before the PEB will take additional action. If the action is favorably resolved for the soldier and the possibility of an adverse discharge or separation no longer exists, processing will then continue. Additionally, cadets, AWOL soldiers, and soldiers confined for civil offenses are not eligible for processing through the physical disability system.

10. CONCLUSION.

The U.S. Army Physical Disability System is a complex and esoteric system for medically separating or retiring soldiers found to be unfit for duty. The system strives to balance the best interests of soldiers afflicted with physical impairments with the Army's paramount mission to maintain a fit fighting force. The Army policy of rating unfitting physical impairments or diseases is predicated on following established medical principles to rate physical disabilities on the basis of impaired function of the whole person. This approach measures the severity of a rated disability relative to all possible injuries and disease processes that degrade human bodily function. The consequence is that the Army disability ratings, based on increments of ten, actually yields higher disability ratings than comparable civilian disability systems such as state workers' compensation systems. Nonetheless, some soldiers being processed for physical disability separation express dissatisfaction with the Physical Disability System, especially with respect to the way disabilities are rated and how financial compensation is awarded. On the matter of compensation, disabled veterans must be reminded that when Congress enacted Public Law creating the Physical Disability System for the US Military establishment, it was envisioned that disabled service members, though assisted financially by their branch of service and the VA, would still be expected to contribute to their own support by working to the extent permitted by their physical impairment. This

partnership arrangement between the government and the disabled veteran is virtually unrivaled by any other country in the world. A comparative study reveals that most countries have no comparable system for compensating disabled soldiers. A case in point is the paraplegic Russian Army veteran from the war in Afghanistan who can routinely be seen begging for money in the Moscow subway.

SECTION 6

TRANSITION

x. Considerations for the Family

Y. Transition Resources

For those exiting military service, there are many resources to ease the transition. For the family, there are many considerations to reflect on as actual homecoming approaches.

While at the MTF, you have been surrounded by other families and soldiers who have experienced journeys similar to your own. There is a shared sense of “being in the trenches” with others living at the post lodging. The focus has been on healing and rehabilitation. The medical and support services at the MTF are superb. There are agencies available to help with just about any need that the soldier or family has had while at the MTF. All this is about to change.

Though you may have been home with your soldier already during periods of convalescent leave, there is a difference when it is time to go home to stay. A new normal will have to be established, and like any change, this will take some getting used to. Even if your soldier has healed to the point of returning to active duty/active reserve, you have been changed by the experiences endured. The entire family has been through a tremendous ordeal, and the full extent of how your lives have been changed will become even more evident once beginning your “new normal” routines.

Some changes you may be facing are:

- Adapting your home to be accessible to your soldier
- Resuming/redefining parenting roles, especially if your children were not with you at the MTF
- Getting back to household chores, i.e. cooking and cleaning
- Going back to work or having to find a job
- Reunion with friends and family
- Being the only family of a seriously wounded soldier in your community
- Becoming your spouses or adult child’s caregiver away from the MTF community (see chapter 4c)
- Relinquishing your role as the care giver as your soldier regains health
- Sharing your role as head of household after separation
- Relocating and all that entails
- Using a new medical facility and establishing relationships with new health care staff
- As a parent of a seriously wounded soldier, allowing the adult child to resume control of their lives

- Dealing with a change in status from Army family to civilian family
- Redefining life goals
- Sending your soldier back to duty or even returning to theatre

These are just a few of the changes and challenges that could be looming ahead. While the medical team has been busy from day one with discharge planning for your soldier, it is critical that the family do some family “discharge planning”. Make a conscious effort to devise an action plan for your transition home. Begin constructing your support network and thinking of local resources to tap into. Develop an action plan for the transition home.

Develop your plan with your soldier. Communicate your thoughts, feelings, and ideas so that you both develop realistic expectations about this final homecoming. Listen to your soldier’s concerns, thoughts and feelings. Problem solve together to help forge a strong family team. The transition home could bring about more reunion related issues. Keep in mind that this is normal and to be expected. Review the reunion material and seek out more information from the resources provided. Military OneSource can refer you to local resources for reunion counseling. Getting help is not an admission of failure, it is an admission of caring.

There are professionals at many of the organizations supporting wounded soldiers and their families who can help you through this time of transition and beyond. This is not a journey that you have to make alone. For assistance connecting to these resources, utilize your Soldier Family Management Specialist with the AW2 program (1-800-337-1336) and the Military Severely Injured Center (1-888-774-1361). You, as a family member, have support through these programs and can utilize Military OneSource (1-800-342-9647) as well. The Department of Veteran Affairs (or VA) also has programs for counseling families through Vet Centers.

It is critical to mention at this juncture that transitioning for many soldiers means working through the VA system to get a disability rating which is not always the same (often greater) as the disability rating given by the Army. Get in touch with the VA and begin working to determine how to best navigate their system. There are organizations listed in the resource section of this handbook that can assist you with obtaining VA benefits. There is a time limit for signing up for VA benefits so make an appointment with the VA representatives at the MTF to begin the process.

Transition Resources:

Recovery and Employment Lifelines

www.dol.gov/vets/programs/Real-life/main.htm

1-888-774-1361

The program seeks to support the economic recovery and reemployment of transitioning wounded and injured service members and their families by identifying barriers to employment or reemployment and addressing those needs.

The program facilitates collaboration of federal and state programs and services with follow-up and technical assistance to assure success of wounded and injured service members.

E-VETS Resource Advisor

www.dol.gov/elaws/vets/evets/evets.asp

The e-VETS Resource Advisor assists veterans preparing to enter the job market. It includes information on a broad range of topics, such as job search tools and tips, employment openings, career assessment, education and training, and benefits and special services available to veterans.

The e-VETS Resource Advisor was created to help veterans and their family members sort through the vast amount of information available on the Internet. Based on your personal profile and/or the various services you select, the e-VETS Resource Advisor will provide a list of Web site links most relevant to your specific needs and interests.

The e-VETS Resource Advisor is one of several elaws Advisors developed by the US Department of Labor to help employees and employers understand their rights and responsibilities under numerous Federal employment laws. The e-VETS Resource Advisor has two sections: General Services and Personal Profile. You are encouraged to use both sections to achieve the best results.

Army Community Service

Employment Readiness Program

The goal and focus of this program is to help the military spouse find employment. The program provides education, employment, and volunteer information as well as career counseling and coaching. Job search assistance is provided.

Transition Assistance Program (TAP)

Program is geared to soldiers separating from the service. Pre-separation counseling, veterans' benefits briefings, and pre-discharge program are offered.

Heroes to Hometowns: Helping severely injured Service Members and their families connect with their hometowns or new communities

MISSION

The recuperation time after hospitalization and rehabilitation is crucial to an individual's recovery. Knowing that they are welcome in their new community and that there is a new life ahead can be the most significant part of this process.

The purpose of the Heroes to Hometowns Program is to help communities:

- Recognize the severely injured and embrace them as part of the community
- Assist them in making a seamless transition into their new hometown
- Provide a support network they can access when needed

This program will promote community growth and:

- Bring in a "champion" to support your community, or reach out to assist another community in need
- Rally the community to provide what is needed
- Connect the community with nation-wide efforts and nationally accessible resources
- Keep the community informed of severely injured Service Members interested in becoming a member of the community
- Comfort all active duty and reserve military and their families by knowing that their communities support them

Call the Military Severely Injured Center 1-888-774-1361 for more information or Pentagon Severely Injured Center at 1-703-692-2052.

Seamless Transition Assistance Program for all veterans:

<http://www.seamlesstransition.va.gov/SEAMLESSTRANSITION/index.asp>.

Seamless Transition Benefits:

- Compensation and Pension - VA web site hosting benefits information for veterans with disabilities.
- Education - Information on the VA education benefits available for veterans.
- Home Loan Guaranty - VA's Home Loan Guaranty eligibility web site.
- Vocational Rehabilitation and Employment - Rehabilitation counseling and employment advice for veterans who are disabled and in need of help readjusting.
- Insurance - VA life insurance program for disabled veterans.
- Burial - Information on burial benefits for certain qualified veterans.
- Women Veteran Benefits and the Center for Women Veterans - Two separate web sites

where you will find benefits issues and other programs unique to women veterans.

- Health and Medical Services - VA web site for complete health and medical services information.
- Medical Care for Combat Theater Veterans - VA web site with specific information for veterans of combat theater of operations.
- Special Health Benefits Programs for Veterans of Operations Enduring Freedom / Iraqi Freedom - VA health information web site for OEF/OIF veterans specific to environmental agents issues.
- HealtheVet Web Portal - VA's NEW health portal has been developed for the veteran and family -- to provide information and tools to enable one to achieve the best health.
- CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) -- CHAMPVA is a federal health benefits program administered by the Department of Veterans Affairs. CHAMPVA is a Fee for Service (indemnity plan) program. CHAMPVA provides reimbursement for most medical expenses - inpatient, outpatient, mental health, prescription medication, skilled nursing care, and durable medical equipment (DME). There is a very limited adjunct dental benefit that requires pre-authorization. CHAMPVA is available to certain veteran's family members who are not eligible for TRICARE.
- Transitioning from War to Home - Go the VA web site of the Vet Center Readjustment Counseling Service. Provides war veterans and their family members quality readjustment services in a caring manner, assisting them toward a successful post-war adjustment in or near their respective communities.
- State Benefits - Many States offer benefits for veterans. You should contact the VA regional office that serves your area to find out what your State may offer. You will find the area(s) served in the right hand column of the web page at the other end of the link.

VA Health Care Eligibility

Find out if you are eligible for benefits, how to apply, and what it will cost, then complete an application form online. Have a question? Call the VA Health Benefits Service Center toll free at 1-877-222-VETS.

Quick Tips for Veteran Affairs Benefits

One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of "should I," "would I qualify," "how do I apply," or "where do I go for help" can be a frustrating experience. VA intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for benefits.

Documents Needed for:

Non-Medical Benefits

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available

- b. Your VA claim number or Social Security number if receiving benefits under prior service
- c. A copy of all marriage certificates and divorce decrees (if any)
- d. A copy of each child's birth certificate (or adoption order)
- e. A copy of your birth certificate if there are living parents dependent on you for support
- f. A copy of any service medical records for disabilities you intend to claim
- g. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension. Or, you may obtain a copy of the form from any VA Regional Office.

Medical Benefits

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available.
- b. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:
 - 1. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
 - 2. Receipt of the Armed Forces Expeditionary Medal
 - 3. Kosovo Campaign Medal
 - 4. Global War on Terrorism Expeditionary Medal
 - 5. Southwest Asia Campaign Medal
 - 6. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
 - 7. Orders to a theater of combat operations.
- c. Complete VA Form 10-10EZ, Application for Health Benefits, online. Or, you may obtain the form by:
 - o calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS(8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Time)
 - o calling or visiting any VA health care facility or VA regional office. To find the facility nearest you, visit the VA Facilities web page.

Where to Get Help

- a. VA web site
- b. Contact VA through on-line messaging. This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program where you can leave questions, by subject matter, that are not answered by the FAQ's.

c. Federal Benefits for Veterans and Dependents. An informative benefits pamphlet in PDF format.

d. Health Benefits Service Center. Call toll free 1-877-222-VETS (8387)

e. Visit VA's health eligibility web site for questions about medical benefits and application procedures.

f. VA benefits counselors can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".

g. State, local and National Veteran Service Organization representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: <http://www.va.gov/vso/>

h. Mobilization Information and Resources Guide. A DOD web site containing multiple links to mobilization and resources information.

Questions? - Questions about benefits for OEFIF veterans may be directed to the "Contact VA" web site.

Home Modification Resources:

The MSI Center (Department of Defense joint resources) 1-888-774-1361, 24 hours a day, 7 days a week

U.S. Army Wounded Warrior Program (AW2) (formerly called DS3)
<https://www.aw2.army.mil>

These two agencies can help answer questions in all areas, including home modification and can direct you to other resources as well. Some of these other resources are found below.

Department of Veterans Affairs (VA)

www.va.gov (access specific information on the programs at this website)

Depending on your service-connected disability, you may be eligible for assistance under one or more of the following programs administered by the Department of Veterans Affairs:

- Specially Adapted Housing (SAH) grants
- Special Home Adaptations (SHA) grants
- Loan Guaranty Service: VA Home Loans
- Vocational Rehabilitation and Employment (VR&E): Independent Living Services
- Veterans Health Administration (VHA) Home Improvement and Structural Alterations (HISA) grants

U.S. Department of Housing and Urban Development 203(k) Rehab Program

<http://www.hud.gov/localoffices.cfm>.

ABLEDATA

800-227-0216

<http://www.abledata.com>

ABLEDATA is a comprehensive, federally funded project that provides information on assistive technology and rehabilitative equipment available sources worldwide. Offers fact sheets and consumer guides through the Web site or by mail.

Adaptive Environments Center, Inc.

<http://www.adaptiveenvironments.org>

The Center provides consultation, workshops, courses, conferences, and other materials on accessible and adaptable design. Also offers publications through the Web site and by mail, including A Consumer's Guide to Home Adaptation.

Army Emergency Relief (AER)

866-878-6378

<http://www.aerhq.org>

This private nonprofit service organization provides interest-free emergency loans and grants to eligible recipients.

Center for Universal Design 1-800-647-6777 <http://www.design.ncsu.edu/cud/>

Website is a listing of helpful advice and links, including state-by-state information.

Salute America's Heroes

<http://www.saluteheroes.org>

Provides financial assistance for wheelchair-bound or blind veterans to purchase homes that will accommodate their disabilities.

State and Local Government on the Net. Thousands of state agencies and city and county governments.

Serving Those Who Serve

<http://www.servingthosewhoserve.org>

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom, and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their families by providing independence and mobility.

This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

CAP (Computer and Electronic Adaptive Program) Supports Wounded Service Members

Our soldiers, sailors, airmen and marines are returning everyday from deployment in Operation Enduring Freedom and Operation Iraqi Freedom. Yet, many of them are not returning to their duty assignments. Instead, they are recovering at various Military Treatment Facilities (MTFs) because of injuries they sustained in the Global War on Terror.

CAP is committed to providing assistive technology and support to returning wounded service members. Accommodations are available for wounded service members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment. CAP is available to provide accommodations to service members in the following phases:

Phase 1: Recovery and Rehabilitation

CAP has been working closely with key staff at MTFs to provide information and assistive technology to wounded service members and their families. By working directly with staff in the intensive care units, physical and occupational therapist, audiologist and ophthalmologist, we can begin to introduce service members to assistive technology and accommodation support, reducing frustration and providing encouragement. One example of this technology is an augmentative communication device which enables easy communication between the patient and medical staff as well as family members.

Phase 2: Transition

In our efforts to ensure a smooth transition from patient to independent living, CAP is working to integrate assistive technologies into housing facilities and employment

training centers at the MTFs to support the reemployment process. This technology includes alternative pointing devices, assistive listening devices, voice recognition software and Closed Circuit Televisions. The technology is being introduced to wounded services members to use at their living quarters, allowing them to email family and friends, improve their quality of care and begin the process of finding employment opportunities.

Phase 3: Employment

CAP is working with the Department of Defense (DoD) and the Department of Veterans' Affairs to assist in the "reemployment process." If a service member remains on active duty or becomes a civilian within DoD or another Federal agency, CAP can provide the work related accommodation to the agency free of charge for internship and/or permanent employment.

The CAP staff is dedicated to ensuring all resources and assistive devices are available to assist our nation's service members in their rehabilitation process, successful treatment outcomes and future employment opportunities. For more information, contact Megan DuLaney at 703-998-0800 x27 (Voice), 703-681-0881 (TTY), or megan.dulaney.ctr@tma.osd.mil.

Resources:

Military Severely Injured Center: www.military.com/support

The U.S. Army Wounded Warrior Program (AW2): www.AW2.army.mil

Seamless Transition: www.seamlesstransition.va.gov/

REALifelines: www.dol.gov/vets/programs/Real-life/main.htm

Section 7

Military OneSource

1-800-342-9647

www.militaryonesource.com

Military OneSource is a “one stop shop” for information on all aspects of military life. From information about financial concerns, parenting, relocation, emotional well-being, work, and health, to many other topics, Military OneSource can provide a wealth of information. There are many informative topics on the website specific to wounded soldiers and families. For example, by clicking on Personal & Family Readiness and selecting Severely Injured Service Members, you can access topics such as “Coping with Compassion Fatigue”, “Finding Temporary Work During a Loved One’s Extended Hospitalization,” and “Re-establishing Intimacy After a Severe Injury.”

In addition to the comprehensive information available online, there is 24 hour a day seven day a week (24/7) representatives available at the 800 number provided above. Calling will provide you with personalized service specific to answering your needs. You can call the same representative back for continuity of service, as each person has their own extension. Military OneSource is closely aligned with the Military Severely Injured Center. You can call Military OneSource as a parent, spouse or soldier. The information you need is a phone call away.

Military Severely Injured Center (MSI Center)

The Military Severely Injured Center (MSI Center) is dedicated to providing seamless, centralized support -- for as long as it may take -- to make sure that injured service members and their families achieve the highest level of functioning and quality of life. If you are a severely injured service member or the family member of a severely injured service member, the MSI Center can help you cut red tape; understand what benefits are available to you; identify resources; and obtain counseling, information, and support.

Injured service members and their families can call us 24 hours a day, 7 days a week, at 1-888-774-1361 for this free service. A care manager will give you personal, ongoing assistance related to:

- financial resources
- education, training, and job placement
- information on VA benefits and other entitlements
- home, transportation, and workplace accommodations
- personal, couple, and family issues counseling

- personal mobility and functioning

MSI Center coordinates closely with AW2. There is a MSI Center representative at the MTF.

The MSI Center also provides educational materials that can help you understand and tackle issues related to concerns that injured service members often have. This can be anything from helping children and spouses with the challenges they face, to concerns about making homes and vehicles accessible, to building new relationships.

The MSI Center also provide a Career Center at <http://www.military.com/support> that supplements the services related to career planning, including employment and benefits information for both injured service members and their spouses.

The MSI Center differs from other resources in that it has representatives from other government agencies available to them as part of the Center. It also works with non government (non-profits) organizations.

You do not need a physician referral to use this resource. You can use this service regardless of other agencies you may be dealing with.

AMVETS

301-459-9600 Toll-Free: 1-877-726-8387

www.amvets.org

As one of America's foremost veteran's service organizations, AMVETS (or American Veterans) assists veterans and their families. A nationwide cadre of AMVETS national service officers (NSOs) offers information, counseling and claims service to all honorably discharged veterans and their dependents concerning disability compensation, VA benefits, hospitalization, rehabilitation, pension, education, employment, and other benefits.

Blinded Veterans Association

1-800-669-7079

www.bva.org

If you are a blind or visually impaired veteran; if you are a relative or a friend; or if you just want to get involved; write, email, or give BVA a call. The Blinded Veterans Association (BVA) is an organization specifically established to promote the welfare of blinded veterans. BVA is here to help veterans and their families meet the challenges of blindness. The BVA promotes access to technology and guidance about the practical use of the latest research. The BVA will also advocate for the blinded veteran and their families in both the private and public sectors.

Disabled Veterans of America (DVA)

(202) 554-3501 or 1-877-426-2838

www.dav.org

Disabled Veterans of America (DAV) provides a variety of free services to veterans and service members and their families. Services of interest include a review of the Medical Evaluation Board (MEB) review, representation before a Personnel Evaluation Board (PEB), and submission of claims before the Department of Veterans Affairs for disability compensation, as well as rehabilitation and other benefit programs.

The American Legion

202/861-2700, Fax: 202/861-2728

www.legion.org

Provides free, professional assistance for any veteran or veteran's survivor to file and pursue claims before the Department of Veterans Affairs; assists deployed service members' families with practical and emotional support; and offers temporary financial assistance to help families meet their children's needs. As the nation's largest service organization with about 15,000 local "posts" and nearly 2.7 million members, the American Legion is accessible near most hometowns.

The Military Order of the Purple Heart 703-642-5360

www.purpleheart.org

The Military Order of the Purple Heart provides support and services to all veterans and their families. This web site includes information on VA benefits assistance, issues affecting veterans today, and links to other key web sites for veterans.

The National Amputation Foundation

516-887-3600

Email: amps@aol.com

www.nationalamputation.org

The National Amputation Foundation has programs and services geared to help the amputee and other disabled people. The AMP to AMP Program provides a home, hospital, or nursing home visit for peer counseling and support to any person who has had or will be having a major limb amputation. If the person does not live within a drivable distance, we will call them to offer the same support. The Medical Equipment Give-A-Way Program offers to any person in need, donated medical equipment. This includes wheelchairs, walkers, commodes, canes and crutches. Other Services include information on recreational activities for amputees; booklets and pamphlets providing information specific to the needs of above-the-knee, below-the-knee, and arm amputees; hospital visits and running bingo games; contact information for Veterans Benefits; and referral service to other amputee organizations.

Paralyzed Veterans of America (PVA)

email: info@pva.org

www.pva.org

The PVA has a wide range of expertise in representing veterans with severe injuries, especially spinal cord dysfunction. Assistance is provided in all areas of benefits and health care issues, including: compensation, prosthetics, specially adapted housing, education and employment services, automobile adaptive equipment, health care advocacy, and other areas to assist in the transition to civilian life.

Veterans of Foreign Wars

202-453-5230

www.vfw.org

The VFW has more than 100 trained service officers to assist any veteran, or their dependents, obtain federal or state entitlements. Annually, VFW service officers process thousands of veteran's claims, which have resulted in the recovery of hundreds of millions dollars in disability compensation claims for veterans. Service officers, who must pass rigorous testing and annual certification, also assist veterans in discharge upgrades, record corrections, education benefits and pension eligibility. In addition, service officers regularly inspect VA health care facilities and national cemeteries, and employment specialists monitor laws concerning veterans' preference in federal employment. The VFW also monitors medical and health issues affecting veterans as well as providing veterans with up-to-date information on diabetes, post-traumatic stress, Agent Orange exposure and Persian Gulf Syndrome. To help veterans, the VFW Tactical Assessment Center is a 24-hour help line for veterans with questions or concerns about VA entitlements. (1-800-vfw-1899)

United Spinal Association

1-800-807-0192

Email: info@unitedspinal.org

www.unitedspinal.org

United Spinal Association is dedicated to enhancing the lives of all individuals with spinal cord injury or disease by ensuring quality health care, promoting research, advocating for civil rights and independence, educating the public about these issues, and enlisting its help to achieve these fundamental goals. Programs include: counseling and referral, accessibility training and education, assistive technology resources, inclusion and integration advocacy, disability information and publications, educational outreach and training, wheelchair repair and parts, counseling and referral, accessibility training and education, individual and system advocacy, benefits advisement and assistance, Americans With Disabilities Act (ADA) technical assistance and advocacy, sports and recreation opportunities, and peer counseling.

Wounded Warrior Project

1-540-342-0032

Email: info@woundedwarriorproject.org

www.woundedwarriorproject.org

The WWP seeks to assist those men and women of our armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other locations around the world. At the Wounded Warrior Project we provide programs and services designed to ease the burdens of the wounded and their families, aid in the recovery process, and smooth their transition back to civilian life. Our work begins at the bedside of the severely wounded, where we provide comfort items and necessities, counseling, and support for families. We help to speed rehabilitation and recovery through adaptive sports and recreation programs, raising patients' morale, and exposing them to the endless possibilities of life after an injury. Finally, we provide a support mechanism for those who have returned home by providing outreach and advocacy on issues like debt and disability payments that will affect their family's future.

Computer/Electronic Accommodations Program (CAP)

www.tricare.osd.mil/cap/

CAP is committed to providing assistive technology and support to returning wounded service members. Accommodations are available for wounded service members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment.

National Military Family Association

www.nmfa.org

NMFA's primary goals are to educate military families concerning their rights, benefits and services available to them; to inform them regarding the issues that affect their lives; and to promote and protect the interests of military families by influencing the development and implementation of legislation and policies affecting them. Great publications online such as "Resources for Wounded and Injured Service members and their Families" and "Your Soldier Your Army- A Parent's Guide".

America Supports You

www.armericasupportsyou.mil

This website can link you to many other websites specific to your needs.

Coalition to Salute America's Heroes

www.saluteheroes.org

Our mission is to help provide the support needed to overcome the many challenges our returning wounded heroes face so that they may regain a rewarding and productive life.

Operation First Response

www.operationfirstresponse.org

Operation First Response's mission is to assist the wounded military and their families with personal and financial needs who are serving our country during Operation Iraqi Freedom and forward. Website includes online application for assistance.

Operation War Fighter

The purpose of this program is to provide Service members with meaningful activity outside the hospital environment, and to offer them a formal means of transition back into the work force. This is a voluntary program and has orientation sessions at the MTF. Call Military Severely Injured Center for details. 1-888-774-1361

Army Emergency Relief

www.aerhq.org

AER is the Army's own emergency financial assistance organization and is dedicated to "Helping the Army Take Care of Its Own". AER provides commanders a valuable asset in accomplishing their basic command responsibility for the morale and welfare of soldiers.

Serving Those Who Serve

www.servingthosewhoserve.org

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their families by providing independence and mobility. This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

Helping our Heroes Foundation

www.hohf.org

HOHF provides funding, services, and volunteers to complement the support of our military injured in either Operation Enduring Freedom or Operation Iraqi Freedom. We provide mentors and patient advocates, identify and fund educational opportunities for the soldier, coordinate specialty counseling (financial assistance, career, housing, etc.), and assist with emergency funding needs. We ask that service members approach official resources and channels for assistance before requesting support from the Foundation, as we are a volunteer organization with limited financial resources. This special fund is to help service members and their families on a case by case basis. The Army Wounded Warrior Program makes referrals to this foundation.

Sew Much Comfort

www.sewmuchcomfort.org

Their mission is to design, create and deliver specialized clothing to recovering service members. Sew Much Comfort is an all volunteer organization that provides free underwear, pants, shorts and shirts. The adaptive clothing uses Velcro seams enabling you to dress with ease and access your wounds for treatment.

This free clothing is available to you at most MTFs. Please ask for a sample and give it a try. You may also order what you need on line. Check out the website at sewmuchcomfort.org. Click on "Contact", then click on "Soldiers" and submit your personalized order.

Fallen Patriot Fund

www.fallenpatriotfund.org

The Fallen Patriot Fund was established to provide support to the spouses and children of U.S. military personnel who were killed or seriously injured during Operation Iraqi Freedom. Within that group, grant recipients will be selected in accordance with criteria established by The Mark Cuban Foundation. As the guidelines of the fund are to provide for relief from immediate financial distress, those who are staying on permanent active duty despite their injuries are not eligible for a grant from the fund.

USA Cares

www.usacares.us

USA Cares is dedicated to helping service members and their families with quality of life issues using grants, counseling and mentorship. Requests for financial assistance can be done online.

Homes for our Troops

www.homesforourtroops.org

Private organization providing free handicapped accessible to severely injured

Unmet Needs

www.unmetneeds.com

VFW sponsored program to help military families with financial hardship. Apply online or download application from this website.

Association for Service Disabled Vets

www.asdv.org

Rehabilitation programs serving military veterans who sacrifices their wee being for the freedom of the world

Disability Info Gov

www.disabilitinfo.gov

Official benefits website of the U.S. Govt. Information and benefits on over one thousand benefits and assistance programs.

Gov Benefits

www.govbenefits.gov

ResourcesForSoldiers.com

www.resourcesforsoldiers.com

Many topics are covered on this website and links provided to even more resources.

DISABILITY Information and Resources

www.makoa.org

Helpful sites ranging in topics from assistive technologies, accessible home design, adaptive clothing, to resources for caregivers.

Traumatic Brain Injury Survival Guide

www.tbiguide.com
Online book regarding TBI.

The Brain Injury Information Network

www.tbinet.org
Started by Caregivers who had loved ones with various types of brain injuries.

Brain Injury Association of America

Family help line 1-800-444-6443
www.biausa.org
Leading National Organization Serving and representing individuals, families and professionals who are touched by a life- altering often devastating traumatic Brain Injury

Amputee Coalition of America

www.amputee-coalition.org
To reach out to people with limb loss and empower them through education support and advocacy.

Amputee Resource Foundation of America

www.amputeeresource.org
Perform charitable services, and to conduct research to enhance productivity and quality of life for amputees in America.

National Spinal Cord Injury Association

www.spinalcord.org
Leading the way in maximizing the quality of life and opportunities for people with spinal cord injuries and diseases since 1948

Neurotrauma Registry (for brain and spine injuries)

www.neure.org
To provide an inclusive resource list for those with acquired brain injury spinal cord injury or others complex neurotrauma.

National Family Caregivers Association

www.nfcacares.org
NFCA educates support empowers and speaks up for the more than 50 million Americans who care for loved ones with a chronic illness.

America Foundation for the Blind

www.afb.org
Expanding possibilities for people with vision loss.

Recording for Blind & Dyslexic

www.rfbd.org

Our vision is for all people to have equal access to the printed word.

Guide Dogs

www.guidedog.org

NLS administers a free library program of Braille and audio materials circulated to eligible borrowers in the US by postage free mail.

League for the Hard of Hearing

www.lhh.org

The worlds leading not - for – profit hearing rehabilitation and human service agency for infants, children, and adults who are hard – of – hearing, deaf and blind.

Self Help for the Hard of Hearing

www.shhh.org

The hearing loss assistance of America exists to open the world of communication for people with hearing loss through information, education, andvocacy, and support.

Hooah 4 Health

www.hooah4health.com

Website specifically designed to address the force health protection and readiness requirements of the Army.

Army Reserve Websites

U. S. Army Reserves

www.armyreserve.army.mil

Army Reserve Family Programs Online

www.arfp.org

Army Reserve Family and Readiness Program

Army National Guard Websites

Army National Guard

www.1800goguard.com

National Guard Website

Guard Family Program

www.guardfamily.org

One stop to find information on programs, benefits, resources on National Guard family programs.

ESGR (Employment Support for the Guard and Reserve)
www.esgr.org

ARMY WEBSITES

Army Families Online

www.armyfamiliesonline.org

The well-being liaison office assists the Army leadership with ensuring the effective delivery of well being programs in the Army.

Military Homefront

www.militaryhomefront.dod.mil

Website for reliable quality of life information designed to help Troops, families, and service providers.

The Military Family Network

www.emilitary.org

One nation, one community, making the world a home for military families.

My Army Life Too

www.myarmylifetoo.com

Website of choice for Army families providing accurate, updated articles and information on various topics.

Army Morale Welfare and Recreation

www.armymwr.com

Army recreation programs

Military Connection

www.militaryconnection.com

Army recreation programs.

Military Connection

www.militaryconnection.com

Comprehensive military directory providing information on job postings, job fairs, and listings.

COMMON TERMS AND ABBREVIATIONS

AAFES: Army Air Force Exchange Service

Advance or travel advance: Money received in advance of filing travel voucher

AIREVAC: Air Evacuation – usually mode of transportation soldier comes to Walter Reed Army Medical Center

American Red Cross

AW2: Army Wounded Warrior Program

BAMC: Brooke Army Medical Center

CAC: Casualty Assistance Command

Case manager: Person in charge of coordinating care for patient

CDC: Child Development Center

CYS: Child and Youth Services

COMMISSARY: Grocery store

CON LEAVE: Convalescent Leave

CONUS: Continental United States – within the United States not including Hawaii or Alaska

DA: Department of the Army

DA WIA: Department of the Army Wounded In Action Branch

DA 2984: Official request for families to travel, done by attending physician

DOD: Department of Defense

HERO MILES: Fisher House Foundation program offering free airline travel

ID: Identification Card

JAG: Judge Advocate General (legal branch of Army)

LES: Leave and Earnings Statement – pay stub

MAMC: Madigan Army Medical Center

MEB: Medical Evaluation Board

MP: Military Police

MTF: Military Treatment Facility

NEEDS ASSESSMENT CHECKLIST: DA WIA listing of family needs for travel purposes done after notification

NMA: Non medical attendant

NNMC: Bethesda / National Naval Medical Center

NOTIFICATION: Families told of injury/illness of soldier

OCONUS: Outside of the Continental United States – any place overseas to include Hawaii and Alaska

OIF/OEF: Operation Iraqi Freedom / Operation Enduring Freedom

PAO: Public Affairs Office

PEB: Physical Evaluation Board

PEBLO: Physical Evaluation Board Liaison Officer

POA: Power of Attorney

POST: Army installation

POV: Privately Owned Vehicle

PX: Post Exchange – like a department store

REAR – D: Rear Detachment Commander – liaison with the soldier's unit

SFA: Soldier Family Assistance Center

SFMS: Soldier Family Management Specialist associated with AW2

SHOPPETTE: like a convenience store

T&TO: Transportation and Travel Orders

TRAVEL VOUCHER: Paperwork filed to receive reimbursement for T&TOs

TRICARE: Military health insurer

UNIT: All soldiers are a part of a military unit or organization.

WRAMC: Walter Reed Army Medical Center

Quick Reference Phone Guide

Armed Forces Emergency Center

1-877-272-7337

Army Wounded Warrior Program

1-800-237-1336

DA WIA

1-888-331-9369

Military OneSource

1-800-342-9647

Military Severely Injured Center

1-888-774-1361

VA Benefits Service Center

1-877-222-8387

Wounded Soldier and Family Hotline

1-800-984-8523

Acknowledgements

This book would not have come into being without the initial efforts of the original committee represented by 1LT D.J. Skelton, Lisa McCaffrey, Andrea Schail and Sherri Becker of the 1/25th SBCT who sought to provide aid and comfort to families experiencing the effects of traumatic injury and the long road of recovery.

WRAMC; AW2; CMDR Julien, Mary Craig and staff at both the Military Severely Injured Center and Military OneSource; the folks at CSFC for their interest and support, especially Donna Finney and Veronica Thomas; Ruth Berkheimer of the VA; Megan DuLaney of CAP; Barbara Green of ACS; and the many others who through their conversations and sharing of resources provided insight into the care of wounded soldiers and their families. To all the organizations, agencies, individuals and volunteers who, through their dedication and effort, make the care given to our wounded soldiers the best in the world, we salute you and thank you for sharing your experiences with the committee.

Most of all, to the soldiers and the families whose sacrifice we honor with this effort, we extend our heartfelt wishes for recovery.

The Hero Handbook
Editors:
MSG Dexter Foster

A big HOOAH goes to MSG Dexter Foster, the NCOIC of the Soldier Family Assistance Center for his contribution with editing the revised version of our Hero Handbook. It is his intent to better equipped our Soldiers and their Families with a updated guide towards take care of their wounded warriors

This handbook is dedicated to all the wounded warriors.

Filename: Document in Microsoft Internet Explorer
Directory: C:\Documents and Settings\kbeck\Desktop
Template: C:\Documents and Settings\kbeck\Application
Data\Microsoft\Templates\Normal.dot
Title:
Subject:
Author: Dexter.Foster
Keywords:
Comments:
Creation Date: 7/12/2007 10:49:00 AM
Change Number: 2
Last Saved On: 7/12/2007 10:49:00 AM
Last Saved By: larry.foote
Total Editing Time: 2 Minutes
Last Printed On: 9/28/2007 8:50:00 AM
As of Last Complete Printing
Number of Pages: 134
Number of Words: 40,183 (approx.)
Number of Characters: 229,049 (approx.)